APPENDIX

Supplementary Table 1. Summary of published case reports of adult Wilms tumour occurring during or immediately following pregnancy

Author (Year)	Age (yr)	GA at Dx	Presenting symptom	COG stage	Surgical timing	Adjuvant therapy	Neonatal outcome	Patient F/U
Eserky (1947)	24	Postpartum*	Left flank pain ("enlarged spleen" noted during pregnancy)	II	Postpartum	Postpartum RN; RTx (15 deep x-ray treatments)	N/A	3yr; NED
Livermore (1953)	37	Prenatal (mass noted 3yr prior during pregnancy)	Flank pain	III	Postpartum	Postpartum RN; RTx (4100 rads)	N/A	11yr; NED
Davis (1987)	19	32wk	Gross hematuria	I–II	Prenatal RN (32wk)	Postpartum CTx: DACT + VCR	None reported	15mo; metastatic disease
Bozeman (1995)	21	32wk	Flank pain	IV	Postpartum	Postpartum RN; IFO/CBDCEPEG ×3 cycles; RTx (whole abdomen + lungs); lung wedge resection; alternative CTx (DOX, DACT)	None reported	40mo; NED
Singh (1999)	25	Postpartum*	Abdominal swelling	IV	Postpartum (biopsy only)	Refused treatment	None reported	4wk; deceased

Wynn (2003)	19	Postpartum* (×2, 16yr apart)	Abdominal mass (both presentations)	V (1st); III (2nd)	Postpartum (both presentations)	1st: postpartum RN; VCR + DACT + DOX; RTx; contralateral wedge biopsy. 2nd: postpartum RN; CTx (VCR, DACT, DOX); RTx; intraoperative RTx 1500 cGy to tumour bed	None reported	Deceased (6mo after 2nd presentation)
Carapciog lu (2004)	19	25wk (recurrence during pregnancy; primary left RN pre-pregnancy, lost to f/u 8mo post-surgery)	RLE weakness + paresthesia; cauda equina syndrome; recurrent Stage IV disease	IIA→IV (recurrent; diffuse anaplasia — unfavourable histology)	N/A during pregnancy (left RN pre-pregnancy); C/S 28wk	Prenatal: VCR + DACT (emergency, from 25wk, cauda equina compression); postpartum: RTx 3000 cGy to tumour bed + paraspinal; 5 cycles ICE/VAC alternating (abandoned after 5th cycle in complete remission)	Female; 1130 g; RDS; NICU ×2mo; healthy at 10 postnatal months	11mo; NED (persistent neurologic deficit from cauda equina)
Rehman (2008)	36	3rd trimester	Gross hematuria	II	Postpartum laparoscopic RN	18wk VCR + DACT	None reported	18wk; status unclear
Maurer (2009)	31	18wk (hyperemesis gravidarum; 3rd pregnancy; G3P2)	Hyperemesis gravidarum; incidental right lower-pole renal mass (8×6×4 cm)	II (NWTS-5; right kidney; renal pelvis invasion; favourable histology)	Prenatal RN without adrenalectomy (19wk)	Prenatal: VCR 1.5 mg/m² weekly + DACT 45 µg/kg q3wk (from 22wk); C/S 33wk (after lung maturation confirmed); postpartum: VCR +	Male; 2400 g; APGAR 8+9 (5 and 10 min); mild anemia; no bone	4yr; NED

			on abdominal US			DACT + DOX 50 mg/m² ×6 cycles	marrow suppression; normal development at 4yr	
Rodrigues (2009)	17	20wk	Gross hematuria	I	Prenatal RN	Refused adjuvant CTx	None reported	24mo; NED
Mahmoud (2016)	24	Prenatal (2 cm mass found incidentally 2010; slight progression on US during 2012 pregnancy; formal diagnosis and treatment 2014, postpartum)	Incidental (initially misdiagnosed as metanephric adenofibroma on FNA)	III	Postpartum laparoscopic left RN + adrenalectomy + para-aortic LND (2014)	Postpartum: DACT + VCR + DOX (NWTS roadmap protocol)	None reported	2yr; NED
Walker (2018)	23	14wk	Right flank pain; mass misdiagnosed as bleeding AML → angioembolization; biopsy at 26wk confirmed WT; referred tertiary care	IV	C/S 28wk then immediate RN + LND under same anesthetic	Prenatal angioembolization (26wk); postpartum: RTx 10.5 Gy flank + 12 Gy whole lung; 30wk UH-1 CTx (alternating VCR/DOX/CYC and CP/carboplatin/etoposide)	Girl; 980 g; APGAR 5+8; NICU 42d (non-ventilator); tumour screen negative; discharged at adjusted term age	14mo; NED (pulmonary metastases resolved)

			with Stage IV disease					
Brown (2019)	34	15wk (pregnancy discovered day of planned surgery for known incidental left renal mass; mass grew 3.7 cm on pre-op MRI)	Asymptomatic; incidental left renal mass	III (focal anaplasia; upstaged due to prior biopsy; lymphovascular invasion in renal sinus)	Prenatal laparoscopic left RN (15wk)	Prenatal: VCR + DOX + CYC ×4 cycles (March–June 2018); postpartum: ×4 additional cycles (August–October 2018); postpartum RTx 19.8 Gy left flank (November 2018)	IOL 36w4d → arrest of descent → C/S; female; 2140 g; no fetal anomalies; maternal preeclampsia without severe features	12mo; NED
Graham (2019)	31	16wk (bilateral masses on workup)	Right flank pain + low-grade fever; bilateral renal masses (right 16 cm; left 4.7 cm)	V (bilateral; no distant metastases)	Prenatal open right RN (20wk); postpartum left open partial nephrectomy (1mo post-delivery; pathology: treatment effect, no viable tumour — pathologic CR)	Prenatal: VCR + DACT + DOX ×2 cycles at 25wk and 28wk (AREN0534 protocol); postpartum: left partial nephrectomy only (confirmed pathologic CR)	IOL 36wk → SVD; healthy baby; all developmental milestones met at follow-up	18mo; NED; stable renal function

Kasenda (2019)	23	15wk (incidental during recurrence workup; pre-existing Stage IV AWT diagnosed UK 2014; nephrectomy + RTx 2015 pre-pregnancy)	Dyspnea + chest pain + lower back pain; hypercalcemia (3.2 mmol/L); recurrent disseminated disease (lung + mediastinum + right kidney)	IV (recurrent; original left RN Jan 2015; RTx left flank 24 Gy + whole right lung 18 Gy Feb 2015 — all pre-pregnancy)	N/A during pregnancy	Zoledronate 4 mg IV (during pregnancy for hypercalcemia) → miscarriage 2 days later at 25wk; salvage IFO/carboplatin/etoposide initiated postpartum	Miscarriage at 25wk gestation (2 days post-zoledronate)	Deceased (lung failure 2 days after initiating salvage CTx)
Sepenu (2023)	23	6wk (pregnancy discovered postoperatively; recurrence + hepatic mets found at 24w6d)	Left flank swelling + hematuria (1yr hx); pregnancy discovered post-RN; disseminated recurrence at 24w6d	III at RN (tumour rupture) → IV at 24wk (disseminated; liver mets)	Left RN performed before pregnancy was known; no surgery during pregnancy	Prenatal: DOX + CYC ×2 cycles (3rd suspended at 34wk — pancytopenia); dexamethasone 28wk + 34wk (lung maturation); postpartum: VCR + DACT + DOX + CYC; planned RTx 19.8 Gy whole liver after cycle 6	Elective C/S 37w6d; female; 2435 g (3rd %ile); APGAR 8+9; healthy; formula-fed; postplacental copper IUD inserted	Ongoing treatment at publication; residual hepatic lesions 5.2 cm + 3.2 cm; doing well at last radio-oncology review
Present case (2024)	31	11wk (routine first-trimester dating US,	Asymptomatic (incidental)	III (suspicious positive hilar margin; 17p13.1	Prenatal open left RN + paraaortic LND	DD-4A (VCR, DACT, DOX) initiated ~27wk; escalated to Regimen M (VCR, etoposide,	SVD 38+6wk; female; 3.11 kg; APGAR	2yr; NED (CT chest/abdomen/pelvis October 28, 2025)

		November 1, 2023)		LOH+; CTNNB1 p.S33F+)	(20wk); obstetrics on standby; combined general + epidural anesthesia; EBL 100 mL	CYC) ~35wk after 17p13.1 LOH identified; 1 cycle Regimen M completed pre-delivery; patient declined remaining 6mo CTx + RTx post-delivery	9+9; no resuscitation required; formula-fed; maternal PPH (600 mL, managed with oxytocin)	

*Diagnosed in the postpartum period following a mass noted during pregnancy. C/S: cesarean section; CTx: chemotherapy; DACT: actinomycin-D (dactinomycin); DOX: doxorubicin; F/U: followup; GA: gestational age; IFO: ifosfamide; IOL: induction of labour; LOH: loss of heterozygosity; NED: no evidence of disease; NR: not reported; PPH: postpartum hemorrhage; RN: radical nephrectomy; RTx: radiotherapy; SVD: spontaneous vaginal delivery; VCR: vincristine.