

Breast Cancer and Pregnancy – Am I Alone?

You are pregnant, and you've just been diagnosed with breast cancer. If you are like other women who have been in this situation, you probably have many concerns about the treatment for cancer.

Pregnancy alone can bring about many anxieties, but when complicated by breast cancer, special concerns are raised. Some women wonder if they should have treatment while pregnant, if they should terminate the pregnancy, if treatment will affect the baby, or if treatment will be effective. Other concerns may include how you will feel and look.

It is not unusual to think about these things. Many women have had treatment for breast cancer while they were pregnant. Each of them have had concerns about the impact of breast cancer on the pregnancy.

This information sheet will let you know what to expect from the time you are diagnosed until after delivery. It may also help the special people in your life who are concerned about your well-being.

Treatment Options

Today, many doctors will treat pregnant women who have breast cancer. The decision to do so depends on a number of factors, including the extent of cancer at the time of diagnosis, the type of treatment needed, the patient's age and medical history, the type of tumor and the week of pregnancy.

Your pregnancy is considered high risk because you have breast cancer. This does not mean that your baby will not be healthy; it means that because your pregnancy is complicated by a major disease, you need special care. Though breast cancer treatment may increase the risk to your pregnancy, it need not cause a permanent risk to you or your child's future. Your doctor will determine your specific treatment plan, and will take steps to see that you and your baby are healthy and can lead an active and full life.

- **Surgery** to remove the tumor is the most common treatment for breast cancer, and can be safely done during pregnancy. Your doctor may recommend a mastectomy (removal of the breast) or a lumpectomy (removal of the tumor and some breast tissue), and/or removal of any affected lymph nodes. After a mastectomy, some women wear an artificial breast form, called a prosthesis, inside their bras. Some women who have a mastectomy have breast reconstruction, which is the "rebuilding" of the breast to regain its shape. If you have a mastectomy while you are pregnant and want to have breast reconstruction, it must be done after the baby is born.

In addition to surgery, chemotherapy is often given to treat breast cancer in pregnant women.

- **Chemotherapy** is the use of drugs to treat cancer. It is thought that chemotherapy can be given safely during the second and third trimester, and generally can be given in the same way as for non-pregnant women. Many patients can receive chemotherapy without having to stay in the hospital. You may receive chemotherapy in the clinic as an outpatient, or portable chemotherapy pumps can deliver chemotherapy while you rest at home. From time to time though, you will have to come to the clinic for checkups.
- **Radiation treatment** is the use of radiation to treat breast cancer. If your doctor recommends radiation treatment, it will not be given until after the baby is born.

Informed Consent

The decision to have any test or treatment rests solely with you. But to make a good decision you must be well informed of your options and their risks and benefits. Before agreeing to any test or treatment, be sure your doctor tells you:

- What the test or treatment involves and why it is recommended
- Risks and side effects of the test or treatment
- What is likely to happen with and without treatment
- Available alternatives
- Advantages and disadvantages of one treatment over another

After you have been given this information, you will be asked to sign an **informed consent** form. This form certifies that you understand what procedures will be done, the risks involved, and that you have agreed to have them done.

Questions to Ask Your Oncologist Before Beginning Treatment

The following are common questions about cancer treatment during pregnancy. You may want to ask your **oncologist** (who is your cancer doctor) these questions before starting treatment.

1. How will you work with my obstetrician?
2. What kind of chemotherapy do you recommend?
3. What are the risks and benefits of chemotherapy?
4. Can I have any other type of treatment?
5. What are the risks and benefits of those other types?
6. How should I expect to feel during chemotherapy?
7. Will the chemotherapy affect my delivery?
8. Will I be able to breast feed?
9. What can I do to ensure a safe delivery and recovery?
10. What problems should I report to you?
11. What type of activity or exercise should I do?
12. How often should I see you for a checkup?
13. How often should I see my obstetrician?
14. Do I need to have any special tests?

How Chemotherapy Is Given During and After Pregnancy

Your chemotherapy will be scheduled around your due date to minimize risks to you and your baby. Chemotherapy is usually stopped about three weeks before your due date. Your oncologist will work closely with your obstetrician to provide the best care for you and your baby. If your due date changes, tell your oncologist.

Before you receive chemotherapy, you will have a **central venous catheter** placed in your upper chest area. This catheter will stay in place until you finish chemotherapy. Chemotherapy will be given through a tube (*called an IV*) that will be connected to the catheter when treatment begins. Lab work will usually be done before you begin chemotherapy. You will receive chemotherapy based on your lab results, physical exam, recent weight, and side effects of treatment.

Chemotherapy is generally administered in the second and third trimesters whenever possible. It does not seem to harm the growing fetus when given in this way. Your oncologist will be in frequent contact with your obstetrician during the months you receive chemotherapy. Your obstetrician may see you more often than other pregnant patients because you are receiving chemotherapy.

Before you start chemotherapy, your doctor will order a medicine (which is not known to harm the fetus) to help prevent nausea. You will receive a prescription for this medicine. Many patients receive more than one type of chemotherapy drug. Your health care team will teach you about the drugs and how they are given.

In addition to treating the cancer cells, chemotherapy will also affect some of your normal blood cells (such as white blood cells, red blood cells and platelets). Your body will replace these cells, but it needs time to do so. For this reason, you will not receive chemotherapy for at least 21 days in between cycles so that your body can replace the necessary number of cells. Tests that monitor the number of blood cells are called **blood counts**. If your blood counts drop very low, you may need blood transfusions or medications. After 21 days your blood counts will start to rise. Your doctor will monitor these levels and start your next course of chemotherapy when it is safe to do so.

You may feel tired between treatments. You may also have some nausea, vomiting, bowel changes or mouth sores. If you have problems with eating or maintaining your weight during chemotherapy, ask your doctor, nurse or dietitian for advice. They can help you find ways to manage side effects from chemotherapy. If you have any unusual or severe problems, be sure to report them to your doctor or nurse.

When it is time for your baby to be born, your obstetrician will handle your delivery. After your baby is born, you will see your obstetrician for routine follow-up care related to your delivery.

You should also take your baby to a pediatrician for routine well baby care, which includes regular check-ups and immunizations.

You will continue to see your oncologist after your baby is born. Usually, patients see their oncologist for a follow-up visit within 2 to 4 weeks after delivery. You will have a series of tests called the staging work-up if it could not be done while you were pregnant. If necessary, you may also continue your chemotherapy after your delivery. After you have finished chemotherapy, or other treatment, you will need to see your oncologist routinely for follow-up care.

Tips for Staying Healthy During Your Pregnancy and Cancer Treatment

You can take special care of you and your baby's health while you're pregnant by following these steps:

- Eat a healthy, nutritious diet.
- Stay active, but don't begin any new exercise that you did not do before you were pregnant.
- Continue to take prenatal vitamins as recommended by your obstetrician.
- Get plenty of rest.
- Attend childbirth classes if available (usually at the hospital where you plan to have the baby).
- Take your temperature daily and report any fever higher than 101 F or 38.3 C.
- Use a soft toothbrush to clean your mouth.
- Drink lots of fluids (at least 8 eight-ounce glasses of water or juice daily)
- Continue to see your oncologist and obstetrician as scheduled.

Coping with Your Feelings and Concerns

After you have had a chance to discuss your diagnosis and treatment options, you will likely have many questions and concerns about what you are facing. You may think about the fact that your disease affects not only you but others. You might wonder how cancer and the treatment will affect your lifestyle and your personal relationships. You may be unsure how to act toward your family and friends.

Cancer and the treatment can change your appearance, and can also affect your self-image. Chemotherapy for breast cancer causes hair loss, which can be upsetting. Many women cope with hair loss by wearing scarves, hats or a wig. If you plan to wear a wig during chemotherapy, get one before you start treatment.

You may have a wide range of emotions and concerns related to breast cancer and your pregnancy. Pregnancy and cancer in themselves can bring about many feelings and anxieties, but when they occur together these emotions can seem even more intense. For example, women who have recently given birth often feel "blue" or depressed in the weeks following the baby's arrival. Coping with breast cancer in addition to adjusting to a new baby can compound such feelings.

Some of these feelings may be related to the cancer treatment itself. Chemotherapy can affect overall health, threaten a sense of well-being, disrupt day-to-day schedules and put a strain on relationships. It is not surprising that many people feel fearful, anxious, angry or depressed at some point during their chemotherapy.

Though every woman reacts to breast cancer and pregnancy differently, there are some common feelings and concerns. Many women feel isolated and lonely, and it may be difficult to handle your feelings and concerns alone. Share your feelings with the people closest to you and with your health care team. Talking with your family and friends gives them a chance to share your concerns and help you work through them. Let your health care team know your concerns so that they can understand your needs and help you with them.

Your family and close friends can be your strongest supporters, but chances are, they aren't quite sure how they can show their support. You can help them by being open and honest about the way you feel. You may also find it helps to join a support group so that you can talk with other women who have had breast cancer.

If these approaches to coping with your feelings don't work, consider professional help. Psychiatrists, psychologists, social workers, nurses, and chaplains are available to help you. Ask any member of your health care team for a referral.

Your Intimate Relationships

Whether you are single or married, you and your partner are likely to wonder how cancer will affect your relationship. You can help each other by talking about your concerns.

Intimate relationships are built on mutual love, trust, attraction, shared interests, common experiences and many other feelings. Breast cancer treatment and pregnancy will not necessarily change these feelings. What it may change is the physical aspect of love making, that is, what's pleasurable to you and what's not.

Sometimes your partner may assume that you do not want to have intimate contact while you are pregnant, let alone after being diagnosed with breast cancer. You can help your partner understand how you feel by letting them know what is pleasurable for you during this time. It is important for you to tell your partner that you need to know they still find you desirable and attractive.

After your pregnancy and treatment are over, you will still be the same person. You can bring new closeness to your relationship by talking about the changes in your body, accepting them, and reaffirming your own self.

Common Questions About Breast Cancer During Pregnancy

Question - How many women have breast cancer during their pregnancy?

Answer – 1% - 6% of breast cancer patients are diagnosed during their pregnancy. Breast cancer is found in about 1 out of every 3000 women who are pregnant.

Question - Can I pass the cancer on to my baby?

Answer - Breast cancer is not passed on to the baby during pregnancy. But you may pass on genes that increase your child's risk of breast cancer. In some families, breast cancer is genetically linked, but this is not due to having breast cancer during pregnancy.

Question - Will the chemotherapy hurt my baby?

Answer - As far as we can tell, the chemotherapy does not hurt the baby. Some children have been born early and had a lower birth weight. Doctors are following children born to women who received chemotherapy during pregnancy to see if there will be any late health effects.

Question - Will the pregnancy make my breast cancer worse?

Answer - This has not been a problem with the women who have been treated, so far.

Question - What are my chances of miscarriage?

Answer - The same as for other pregnant women, if treatment is begun after the first trimester.

Question - What are my chances of having a complicated delivery?

Answer - The same as for other patients, unless your blood counts are low. Your doctor will try to schedule you to be off chemotherapy long enough before your delivery date to help prevent this from happening.

Question - Will I be able to breast feed if I've had a mastectomy?

Answer - Many patients who have had a mastectomy have not had enough milk come down in the remaining breast to be able to breastfeed. However, recently one of our patients was somewhat successful in breastfeeding. With only one breast she felt it took about 3 or 4 months before she produced an adequate supply of milk. You cannot breast feed while receiving any therapy for your breast cancer. This may include chemotherapy, biologic therapy such as trastuzumab, or antiestrogen therapy such as tamoxifen.

Question - Will my obstetrician work with my oncologist?

Answer - Yes, they will talk with each other often about your condition and the baby's. They want to make sure that you have a safe delivery and a healthy baby, and that you have the best cancer treatment.

Question - Will I live to see my baby grow up?

Answer - This is a question to ask your doctor. Each person's risk is considered individually, based on her disease and other factors. Your doctor will do everything possible to eliminate the cancer.

Question - What if there is cancer elsewhere in my body?

Answer - If the doctor thinks another part of your body is affected with the cancer, he or she will monitor the lab tests for specific problems. After delivery, studies will be done to determine if the cancer has spread. In any case, the chemotherapy you are receiving while pregnant may be able to kill the cancer cells anywhere in your body.

Words to Know

- **Blood counts** - Indicate the amount of blood cells circulating in your bloodstream. Blood counts usually give the number of white blood cells (or WBC's, which fight infection), red blood cells (RBC's, which carry oxygen), and platelets (which help stop bleeding by forming a clot).
- **Breast cancer** - An uncontrolled growth of abnormal cells in the breast.
- **Breast prosthesis** - An artificial breast form often worn by women after a mastectomy.
- **Central venous catheter** - A thin, flexible tube placed into a vein for receiving chemotherapy.
- **Chemotherapy** - The treatment of cancer using drugs.
- **Informed consent** - The process by which a patient learns about and understands the purpose and means of treatment and agrees to participate.
- **Intravenous or IV** - Given through a vein.
- **Lumpectomy** - Surgery to remove a tumor and some breast tissue.
- **Mastectomy** - Surgery to remove the breast.
- **Obstetrician** - A doctor who specializes in the care and treatment of women during pregnancy and childbirth.
- **Oncologist** - A doctor who specializes in diagnosing and treating cancer.
- **Radiation treatment** - The treatment of cancer using radiation (x-rays, gamma rays, or electrons).
- **Reconstruction** - Surgery to regain the breast shape with either tissue or implants.
- **Staging work-up** - A series of tests to provide information about the extent of the cancer.

For More Information About Breast Cancer

Your Baptist MD Anderson Cancer Center nurse or doctor can give you other written materials to help you find more information on breast cancer, its treatment, and how to cope.

Listed below are some materials that may help:

- A Resource Guide for Persons with Breast Cancer
- Breast Cancer Diagnosis, Treatment and Follow-Up
- Questions & Answers About Sexuality: For Women with Breast Cancer
- Exercises After Breast Surgery (With Drains)
- Exercises After Breast Surgery (Without Drains)
- Lesion Care
- Lymphedema: Prevention and Treatment for the Arm
- Rehabilitation Services for Breast Cancer Patients

- Wound Care for Your Catheter Site
- Wound Drainage System Patient Instruction Guide

American Cancer Society

www.cancer.org

800-ACS-2345

The American Cancer Society (ACS) is a voluntary national health organization with local offices around the country. The ACS supports research, provides information about cancer, and offers many programs and services to patients and their families.

Cancer Information Service

800-4-CANCER (1-800-422-6237)

The Cancer Information Service (CIS) is a program of the National Cancer Institute (NCI). People who call the CIS speak with highly trained and caring information specialists who can answer questions about cancer screening tests, risks, symptoms, how cancer is diagnosed, the latest treatments and support organizations.