Cancer Association of South Africa (CANSA)

Fact Sheet
on
Breast Cancer, Pregnancy and Breastfeeding

Introduction

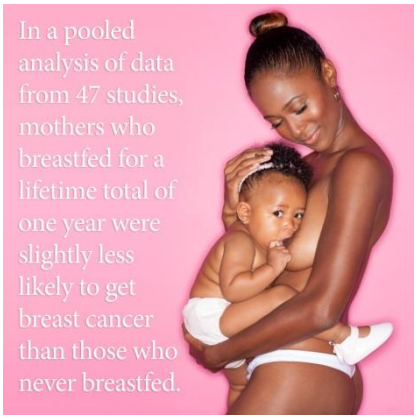
To have breast cancer diagnosed during pregnancy is very rare. As more and more women choose to have children later in life, and the risk of breast cancer increases with age, doctors expect there will be more cases of breast cancer during pregnancy in the future.

In the United States of America, breast cancer is diagnosed in about one in every 3 000 pregnant women. Breast cancer is, however, the most common type of cancer found during pregnancy or while breastfeeding, immediately or within the first year after delivery.

[Picture Credit: Breastfeeding]

'Pregnancy-associated breast cancer' means the cancer is diagnosed while a woman is pregnant or during the first year after pregnancy. Women diagnosed with pregnancy-associated breast cancer were more likely to have later-stage breast cancer compared to the other women. This may be because pregnancy may make it harder to detect breast cancer symptoms. Pregnancy also may cause women to wait to get a mammogram.

Most women are able to carry on with their pregnancy. Rarely, some may need to think about whether to end the pregnancy (termination). But usually this is only necessary if one needs chemotherapy and are less than 14 weeks pregnant. Usually it is possible to delay chemotherapy treatment until after you have reached the 14 weeks stage of pregnancy.



[Picture Credit: Benefits of Breastfeeding]

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Breast Cancer Diagnosis During Pregnancy
Women who are pregnant, nursing, or have just given birth usually have tender, swollen breasts. This can make small lumps difficult to detect and may lead to delays in diagnosing breast cancer. Because of these delays, cancers are often found at a later stage in these women.

To detect breast cancer, pregnant and nursing women should examine their breasts themselves. Women should also receive clinical breast examinations during their routine prenatal and postnatal examinations.

These and other signs may be caused by breast cancer or by other conditions. Check with a health professional if any of the following are detected:

- A lump or thickening in or near the breast or in the underarm area
- A change in the size or shape of the breast
- A dimple or puckering in the skin of the breast
- A nipple turned inward into the breast
- Fluid, other than breast milk, from the nipple, especially if it is bloody
- Scaly, red, or swollen skin on the breast, nipple, or areola (the dark area of skin that is around the nipple)
- Dimples in the breast that look like the skin of an orange, called *peau d'orange*.

A doctor should be seen if changes in the breast are noticed.

What the Research Says About Breast Cancer Diagnosis During Pregnancy
Women who are diagnosed with breast cancer during pregnancy may face tremendous additional strain due to concern for the safety of the unborn child.

It is possible to be diagnosed with breast cancer during pregnancy, although it is rare and the breast cancer is not caused by the pregnancy. Women who are diagnosed with breast cancer during pregnancy have tremendous additional strain due to concern for the safety of the unborn child. It can be a traumatic and extremely difficult situation, but there is still hope for both mother and child, thanks to the many treatment options available.

If one is pregnant and has been diagnosed with breast cancer, be sure to communicate carefully with the obstetric care team as well as the oncology team, and it never hurts to verify that they have open communication with each other. The medical team will take extra care in designing the treatment plan that best controls the breast cancer while protecting the unborn child.

Dabrosin, C. (2015):
According to Dabrosin, breast cancer during pregnancy may affect an increased number of women as the childbearing years are delayed. The survival rate after breast cancer has improved during the last decades, and many young breast cancer survivors will consider a pregnancy subsequent to the completion of adjuvant breast cancer therapy. Traditionally, many women are advised against a pregnancy due to a fear of increased risk of recurrence, especially women with oestrogen receptor-positive breast cancer. Due to feasibility issues, evidence from large prospective

randomized trials is missing regarding the safety of pregnancy after breast cancer. Today guidelines are based on cohort studies and population-based registry evidence with its limitations. Overall, data suggest that pregnancy after breast cancer therapy is safe.

Metalon, S.T., Shochet, G.E., Drucker, L. & Lishner, M.)(015):
"Cancer and pregnancy coincide in about one in 1,000 pregnancies. One of the most common malignancies associated with pregnancy is breast cancer. Women with pregnancy-associated breast cancer (PABC) have a higher likelihood of being diagnosed with metastatic disease and oestrogen receptor (ER) negative tumours than do non-pregnant women. Controversies exist regarding the effect of pregnancy on breast cancer prognosis. Some researchers suggest that pregnancy does not affect breast cancer prognosis, whereas others claim the opposite." (Metalon, et al., 2015).

Kasum, M., Beketić-Orešković, L. & Orešković, S. (2014):
In their research the researchers found that there is an increase in the incidence of breast cancer in women aged < 40 years in conjunction with a pronounced shift towards later childbearing. Because survival from breast cancer in women of childbearing age has significantly improved, they are often concerned whether subsequent pregnancy will alter their risk of disease recurrence. Ongoing and future prospective studies evaluating the risks associated with pregnancy in young breast cancer survivors are required.

Simoes, E., Graf, J., Sokolov, A.N., Grischke, E.M., Hartkopf, A.D., Hahn, M., Weiss, M., Abele, H., Seeger, H. & Brucker, S.Y. (2018):
"Pregnancy-associated breast cancer (PABC) is considered the second most common malignancy affecting pregnancy. They suggest that maternal medical assessment at the beginning of and during further course of pregnancy should include a scrutinized thorough breast examination. Conveying/delivering special competences to monitor these high-risk pregnancies at the interface of oncological care should be considered an obligatory part of academic medical education, obstetrical training and interprofessional midwifery education."

Breastfeeding During Cancer Treatment
Most health professionals recommend that women who have just had babies and are about to be treated for breast cancer should stop (or not start) breastfeeding.

If surgery is planned, stopping breastfeeding will help reduce blood flow to the breasts and make them smaller. This can help with any possible surgery. It also helps to reduce the risk of infection in the breast(s) and can help avoid having breast milk collect in biopsy or surgery areas.

Many chemotherapy, hormone therapy, and targeted therapy drugs can enter breast milk and be passed on to the baby. Breastfeeding is, therefore, not recommended if the mother is getting chemotherapy, hormone therapy, or targeted therapy.

If one undergoes radioactive isotope therapy or chemotherapy, however, one must stop breastfeeding until the radioactive elements or medications are completely gone from the body. One can still nurse if one is having radiation therapy, but having had radiation therapy, will usually limit milk production in the affected breast.

In the event of any questions, such as when it might be safe to start breastfeeding, be sure to talk with a health care professional.

Islami, F., Liu, Y., Jemal, A., Zhou, J., Weiderpass, E., Colditz, G., Boffetta, P. & Weiss, M. (2015).
"Breastfeeding is inversely associated with overall risk of breast cancer. Our meta-analysis showed a protective effect of ever breastfeeding against hormone receptor-negative breast cancers, which are more common in younger women and generally have a poorer prognosis than other subtypes of breast cancer. The association between breastfeeding and receptor-positive breast cancers needs more investigation."

Medical Disclaimer

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