Breast cancer during pregnancy

This booklet is for women who have been diagnosed with breast cancer during pregnancy or within a year of giving birth. This is often referred to as pregnancy-associated breast cancer.
Introduction

Breast cancer during pregnancy is rare and women who are diagnosed during pregnancy can feel very alone. Finding out that you have breast cancer can cause many different emotions, including shock, fear, sadness and anxiety at a time that is often considered to be a happy one.

We hope this booklet answers some of your questions and helps you to discuss your treatment options and other issues that are important to you and your family with your specialist team. We recommend that you read it together with our Treating breast cancer booklet. You may also find it useful to read our Younger women with breast cancer booklet that covers specific issues for pre-menopausal women with breast cancer.

Your specialist team will aim to ensure you get the best treatment for your breast cancer while also considering the effect on your baby. A pregnancy is measured in ‘trimesters’. Each trimester of pregnancy represents a number of weeks.

• First trimester – from conception to 12 weeks
• Second trimester – 13–28 weeks
• Third trimester – 28 weeks to delivery

How far you are into your pregnancy will affect the treatment options suitable for you.

How is breast cancer during pregnancy diagnosed?

Breast cancer is normally diagnosed by a method known as ‘triple assessment’ carried out at a specialist breast clinic. You can find out more about this in our Your breast clinic appointment booklet.

The first part of this assessment is a breast examination performed by a specialist at the clinic. You’ll then usually be offered an ultrasound scan that uses high-frequency sound waves to produce an image of the breast which will help make a diagnosis. This is completely safe and will not affect your baby in any way. You may also be offered a mammogram (breast x-ray). If this is the case, shielding can be used to protect your baby from the radiation used in the x-ray. The safety of using breast MRI (Magnetic Resonance Imaging) during pregnancy has not been established. However, most small studies looking at MRI during pregnancy show it’s safe.

The final part of the triple assessment includes either a core biopsy (uses a hollow needle to take a sample of breast tissue for analysis under a microscope - several tissue samples may be taken at the same time) and/or a fine needle aspiration (FNA) (uses a fine needle and syringe to take a sample of cells for analysis under a microscope). Core biopsies are more commonly used for pregnant women and may be more reliable. Both of these tests are safe for you and your baby. Bruising to the breast is common after a biopsy in pregnant women because of the increased blood supply to the breast at this time.

Occasionally it’s not possible to get a diagnosis using a core biopsy and a further procedure is needed to enable more tissue to be taken. This is called an excision biopsy and can be done under a local or general anaesthetic. If this is the case your specialist team will advise you on what would be best for you and your baby.

If you decide to breastfeed once your baby is born and are breastfeeding when you are having these tests you’ll usually be advised to stop and you may be given a drug to stop your breasts producing milk.
It’s usually recommended that the lymph nodes under the arm (axilla) are checked before surgery. Knowing whether the lymph nodes are affected by the cancer is important in deciding on additional treatments. The lymph nodes will be checked using an ultrasound scan and if any abnormal nodes are seen, a needle biopsy will be taken.

What are my treatment options during pregnancy?

Your specialist team will include cancer specialists and an obstetrician (a pregnancy and childbirth doctor). Effective treatment can be given during pregnancy and your team will discuss your options with you. Generally, the treatment you’re offered will depend on the type and extent of your breast cancer, the trimester of your pregnancy and your individual circumstances.

Continuing your pregnancy

Terminating the pregnancy isn’t usually recommended when breast cancer is diagnosed. Most women will be able to carry on with their pregnancy while having breast cancer treatment. However, some women choose not to. The decision to terminate a pregnancy is a very personal one. It can be made only by you, or you and your partner if you have one, following a discussion with your specialist team and obstetrician.

There’s no evidence to suggest that a termination will improve the outcome for women diagnosed with breast cancer during pregnancy. However, a termination may be discussed if chemotherapy is recommended during the first trimester (for example, if the breast cancer is a type that can grow more rapidly or has spread to other parts of the body). Whatever you decide, it’s important to make the right choice for you.

Can breast cancer during pregnancy affect the baby?

There’s no evidence that having breast cancer during pregnancy affects your baby’s development in the womb. You cannot pass cancer on to your baby and there’s no evidence that your child will develop cancer in later life as a result of you having breast cancer while pregnant.

Is breast cancer during pregnancy more aggressive?

There’s no conclusive evidence that breast cancer during pregnancy is more aggressive than breast cancer occurring at other times. However, because it may be difficult detecting a cancer in the breast during pregnancy there can be a delay in diagnosis, meaning the cancer could be found at a later stage of development.

Treatment during pregnancy and after the birth

The following treatments may be given depending on your trimester and whether you have delivered your baby. If you’re near the end of your pregnancy, your specialist team may decide to delay treatment until after the birth. If you’re breastfeeding you’ll be advised to stop before receiving any treatment.

Surgery

Surgery can safely be done during all trimesters of pregnancy. Many women with breast cancer are given a choice between mastectomy and breast-conserving surgery. A mastectomy is removal of all the breast tissue including the nipple area, while breast-conserving surgery, usually referred to as lumpectomy or wide local excision, is where the cancer is removed along with a margin of normal breast tissue.

During pregnancy you’re more likely to be offered a mastectomy. This is because not all women who have a mastectomy need radiotherapy whereas radiotherapy is needed after breast-conserving surgery. Radiotherapy is generally not recommended at any time during pregnancy. If breast-conserving surgery is considered an option in your case, this may be more likely during your third trimester, as radiotherapy can then be given after the baby is born. Due to changes in the breasts during pregnancy, and also to avoid a long time under anaesthetic, breast reconstruction will generally be offered at a later date rather than at the same time as a mastectomy.

If you’re diagnosed in your second trimester and will be having chemotherapy after your surgery, you may also be able to have breast-conserving surgery (if appropriate) instead of a mastectomy. This is because radiotherapy will be given after your chemotherapy treatment has finished, and after your baby has been born.
Your specialist team will want to check the lymph nodes under your arm (you may already have had a lymph node biopsy at the time of your diagnosis). If tests before your operation show that your lymph nodes contain cancer cells, an operation to remove all of your lymph nodes (a lymph node clearance) will be recommended. If not, you may be offered a sentinel lymph node biopsy to identify whether the first, or sentinel, lymph node (or nodes) are clear of cancer cells. If the biopsy shows the node (or nodes) are affected, you may be recommended an operation to remove some or all of the remaining lymph nodes.

A sentinel lymph node biopsy uses a small amount of radioactive material (radioisotope) which does not affect the pregnancy. However, the blue dye that is used alongside the radioisotope to identify the sentinel node is generally not recommended during pregnancy. Your surgeon will discuss whether sentinel node biopsy is a suitable option for you. You can find out more in our Treating breast cancer booklet.

Whichever type of surgery you have, it will involve having a general anaesthetic. This is generally considered safe to have while you are pregnant although there's a very slight risk of miscarriage associated with it, especially early on in the pregnancy.

**Chemotherapy**

Certain combinations of chemotherapy can be given during pregnancy. The anti-sickness and steroid treatments needed to control side effects are considered safe for pregnant women. Chemotherapy should be avoided during the first trimester as it may cause harm to the unborn baby or miscarriage. Generally, chemotherapy during the second and third trimesters is safe. Most women treated during this time go on to have healthy babies, although there’s some evidence to suggest a small increase in the risk of low birth weight and early delivery. However, you’ll be advised to stop having chemotherapy three to four weeks before your due date to avoid complications like infection during or after the birth of your baby. Chemotherapy can be continued after your baby is born.

Breastfeeding should be avoided while having chemotherapy as some chemotherapy drugs are passed through the blood stream into the breast milk. For more general information see our Chemotherapy for breast cancer booklet.

**Radiotherapy**

Radiotherapy is not usually recommended at any stage of pregnancy, as even a very low dose may carry a risk to the baby. If you’re diagnosed in your second trimester and are going on to have chemotherapy, you may be able to have radiotherapy once your baby has been born. If breast-conserving surgery is suitable for you and you’ve been diagnosed in the third trimester of pregnancy, it may be possible to delay radiotherapy until after the birth and after any chemotherapy has been completed. For more general information see our Radiotherapy for primary breast cancer booklet.

**Hormone (endocrine) therapy**

If your breast cancer is oestrogen receptor positive (which means the hormone oestrogen stimulates the breast cancer cells to grow) you may be offered hormone therapy. Pregnancy-associated breast cancers are less likely to be oestrogen receptor positive compared to non-pregnant women. The most commonly prescribed hormone therapies for younger women diagnosed with breast cancer are tamoxifen and goserelin (Zoladex). These are not given during pregnancy or breastfeeding. We have booklets on both these drugs.

**Targeted cancer therapies (sometimes called biological therapies)**

Targeted therapies block the growth and spread of cancer. They target and interfere with processes in the cells that cause cancer to grow. The most widely used targeted therapy is trastuzumab (Herceptin), which is used to treat breast cancers that are HER2 (human epidermal growth factor receptor 2) positive. Targeted therapies are not usually given during pregnancy and breastfeeding is not recommended while having trastuzumab or within six months of the last dose. For more information see our Trastuzumab (Herceptin) booklet.

**Giving birth**

When you have your baby will depend on the treatment you need and your expected due date. Many women diagnosed during pregnancy go on to complete the full term of their pregnancy and don’t experience any problems during childbirth because of their treatment for breast cancer. If your baby is likely to be born early you’ll be offered a course of corticosteroid injections to help with your baby’s development and reduce the chance of the baby developing breathing problems.
Where possible your specialist team will try to avoid a caesarean section as there can be complications associated with it, such as infection, which can be more likely if your immune system has been affected by chemotherapy.

**Breastfeeding**

Many doctors recommend women who have just had a baby or are about to be treated for breast cancer should stop (or not start) breastfeeding. Breastfeeding may be possible for some women following completion of their breast cancer surgery if they don’t need chemotherapy, radiotherapy or hormone treatment. If you have questions about breastfeeding, talk to your breast specialist team and other breastfeeding experts like your midwife.

If you aren’t having any drug treatments you can breastfeed from the contralateral (non-treated) breast. Although many women are able to produce milk from the treated breast, the amount of milk is often reduced. Breastfeeding from a breast previously exposed to radiotherapy can cause mastitis (infection) and this can be difficult to treat.

**Coping with a diagnosis of breast cancer during pregnancy**

Being diagnosed during pregnancy or soon after the birth of your baby can be very distressing and caring for a new baby while having treatment is both physically and emotionally draining. Talk to people close to you about how you feel and take up any offers of practical support and help.

You might find it helpful to share your feelings with others who have had a similar experience to you. Breast Cancer Care can put you in touch with another woman who was diagnosed with breast cancer during pregnancy through our Someone Like Me service. Call 0345 077 1893 or email someoneilikeme@breastcancercare.org.uk to find out more.

**Further support**

There is a private Facebook group set up by younger women diagnosed with breast cancer called Younger Breast Cancer Network. You can find it on Facebook by searching ‘Younger Breast Cancer Network’. Several members of the group have been diagnosed during pregnancy or soon after giving birth.

**Mummy’s Star** is a charity supporting pregnancy through cancer and beyond.

www.mummysstar.org

**Further reading**

- **Pregnancy and breast cancer – Royal College of Obstetricians and Gynaecologists**
  - Royal College of Obstetricians and Gynaecologists (March 2011) Green-top Guidelines No.12. Pregnancy and Breast Cancer (This is a resource aimed at healthcare professionals.)
  - Royal College of Obstetricians and Gynaecologists (October 2014) for patients
Helping you face breast cancer

If you’ve been diagnosed with breast cancer there’s a lot to take in. It can be an emotional time for you, your family and friends. Our free information and support services are here to help – on the phone, or online 24 hours a day.

Ask us
Calls to our free Helpline are answered by specialist nurses and trained staff with personal experience of breast cancer. They’ll understand the issues you’re facing and can answer your questions. Or you can Ask the Nurse by email instead via our website.

Free Helpline 0808 800 6000 (Text Relay 18001)
Monday–Friday 9am–5pm, Saturday 10am–2pm
www.breastcancercare.org.uk/ATN

Expert information
Written and reviewed by healthcare professionals and people affected by breast cancer, our free booklets and other information resources cover all aspects of living with breast cancer. Download or order booklets from our website or call the Helpline.

Talk to someone who understands
Our Someone Like Me service puts you in contact with someone else who’s had breast cancer and who’s been fully trained to help. This can be over the phone or by email.

You can also chat to other people going through breast cancer on our online discussion Forum. It’s easy to use, professionally moderated and available to read any time of day.

Find out more about all of our services for people with breast cancer at www.breastcancercare.org.uk/services or phone the Helpline.
We’re here for you: help us to be there for other people too

If you found this booklet helpful, please use this form to send us a donation. Our information resources and other services are only free because of support from people such as you.

We want to be there for every person facing the emotional and physical trauma of a breast cancer diagnosis. Donate today and together we can ensure that everyone affected by breast cancer has someone to turn to.

Donate by post
Please accept my donation of £10/£20/my own choice of £

I enclose a cheque/PO/CAF voucher made payable to Breast Cancer Care

Donate online
You can give using a debit or credit card at www.breastcancercare.org.uk/donate

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We might occasionally want to send you more information about our services and activities

☐ Please tick if you’re happy to receive email from us
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We won’t pass on your details to any other organisation or third parties.

Please return this form to Breast Cancer Care, Freepost RRKZ-ARZY-YCKG, 5–13 Great Suffolk Street, London SE1 0NS
Breast Cancer Care is the only UK-wide charity providing specialist support and tailored information for anyone affected by breast cancer. Our clinical expertise and emotional support network help thousands of people find a way to live with, through and beyond breast cancer.

Visit www.breastcancercare.org.uk or call our free Helpline on 0808 800 6000 (Text Relay 18001).

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