

When breast cancer occurs during pregnancy

Breast cancer during pregnancy is very rare. It occurs in about one out of every 3,000 pregnant women. Still, it is one of the most common cancers in pregnant women.

Breast cancer during pregnancy is most often diagnosed after a lump is found in the breast. It can be hard for

pregnant women to find a lump, because the breasts become large and tender during pregnancy. Also, many women can get benign (not cancer) cysts during pregnancy. It can be hard to tell the difference between these changes and breast cancer.

What you may be thinking about

A breast cancer diagnosis during pregnancy is upsetting. At a time when you're happily waiting the birth of your child, you are now forced to confront cancer. It is normal for women to feel many emotions: sadness, anger, fear, etc. Some of the most common concerns and questions are below.

- **Your health** — *Can the cancer be treated?* The stage of breast cancer is the biggest factor that affects prognosis. Many pregnant women with breast cancer can be treated, have healthy babies and go on to lead their lives.
- **Your baby's health** — *Will the cancer hurt my baby?* The breast cancer itself will not hurt the baby. The cancer cannot be "passed on" to your baby. However, certain breast cancer treatments such as radiation or hormone therapy are not offered during pregnancy. You and your doctor will go over your treatment options to find the safest ones.
- **Parenting** — *What if I'm too sick to care for my baby?* Talk to your doctor about your prognosis so that you can make plans. Should you need help, after the baby arrives. You may never need to put your plans into place but it may bring peace of mind to know you have them.
- **Passing on the risk of breast cancer to your child** — *Will my child be at higher risk of getting breast cancer?* Only about 5 to 10 percent of women

in the U.S. with breast cancer have an inherited gene mutation (such as a *BRCA1* or *BRCA2* gene mutation) that places them at higher risk of breast cancer. If a woman has one of these gene mutations, but her child's father does not, their baby has a 50 percent chance of getting the mutation and being at higher risk of breast cancer. If you have concerns about passing on a gene mutation, talk to your doctor or a genetic counselor.

For a woman who does not have an inherited gene mutation related to breast cancer, her child will have a somewhat higher risk of getting breast cancer compared to someone with no family history of breast cancer. The breast cancer research field is dynamic. We know much more about breast cancer now than in the past. As we learn more, there may be advances by the time your child is at an age where she/he would have to worry about breast cancer.

- **Your partner** — *How will breast cancer affect my partner?* This is a hard time for your partner, too. Talk to each other and share your concerns.

Treatment options

Treatment is based on the stage of your cancer and how far along you are in the pregnancy. Talk with your doctor to choose the best options for you and your baby.

Treatment Options	Stages of Pregnancy	
Surgery	Trimesters 1	Trimester 2 and 3
	Mastectomy is most often recommended. Lumpectomy (breast conserving surgery) is not recommended. Radiation therapy is needed with lumpectomy and radiation can harm the baby.	Can have lumpectomy if radiation therapy is delayed until after the baby is born (this does not worsen prognosis).
Radiation therapy	Trimesters 1, 2 and 3	
	Will harm the baby. Radiation therapy should be delayed until after the baby is born.	
Chemotherapy	Trimester 1	Trimesters 2 and 3
	Will harm the baby.	Some (but not all) chemotherapy drugs can be safely used during the second and third trimesters. Women who are in the third trimester when diagnosed often wait until after the baby is born to have chemotherapy.
Tamoxifen and trastuzumab	Trimesters 1, 2, and 3	
	Not given to pregnant women because it can harm the baby.	

Pregnancy after treatment

Some women are concerned that the high levels of hormones in the body during pregnancy can cause breast cancer to return. However, being pregnant after treatment for breast cancer does not seem to lower rates of survival. However, some breast cancer treatments can affect fertility.

As a result of chemotherapy, some women may go through early menopause. If a woman is close to her natural menopause, it is more likely chemotherapy will bring on early menopause. And, some breast cancer treatments can shorten the window of time to have children. For example, women should not become pregnant while taking tamoxifen (given for up to 10 years).

If you think you may want to have a child after breast cancer treatment, talk to your doctor or a fertility specialist about treatment options. You may be able to store embryos before treatment begins or use a drug during treatment to help protect your ovaries from damage.

Resources

Susan G. Komen
1-877 GO KOMEN (1-877-465-6636), www.komen.org

LIVESTRONG Fertility
1-855-220-7777,
www.livestrong.org/we-can-help/fertility-services/

Hope for Two: Pregnant with Cancer Network
1-800-743-4471, www.hopefortwo.org

Young Survival Coalition
1-877-YCS-1011, www.youngsurvival.org

Related fact sheets in this series:

- Diet and Nutrition During Treatment
- Genetics and Breast Cancer
- How Hormones Affect Breast Cancer Risk
- Making Breast Cancer Treatment Decisions
- Support After A Breast Cancer Diagnosis

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