

Title:

Breast Cancer And Pregnancy

Word Count:

541

Summary:

Although it is rare for breast cancer to strike younger women, the fact remains that all women are at risk. And for those of childbearing age, the first sign and symptoms of breast cancer leading to a diagnosis can not only be upsetting and unexpected, but complicated as well.

Developing breast cancer at a younger age—in a woman's 40s, 30s, even 20s—will mean making important and difficult decisions about one's life and future perhaps much sooner than originally expected.

...

Keywords:

breast, cancer, women, pregnant, pregnancy, survival, sick, chemo, therapy, babies, baby

Article Body:

Although it is rare for breast cancer to strike younger women, the fact remains that all women are at risk. And for those of childbearing age, the first sign and symptoms of breast cancer leading to a diagnosis can not only be upsetting and unexpected, but complicated as well.

Developing breast cancer at a younger age—in a woman's 40s, 30s, even 20s—will mean making important and difficult decisions about one's life and future perhaps much sooner than originally expected.

One concern is developing breast cancer during pregnancy, which although rare, can still occur. In this case, the treatment chosen will not only affect the patient and her body, but the growing baby inside her as well. It will depend on what stage of pregnancy she is in (first, second or third trimester) and what stage her cancer is in—such as whether or not it's advanced.

Most pregnant women can have treatment for their breast cancer without affecting the baby. But some might be advised by their obstetrician or health-care practitioner—or even decide themselves—to terminate the pregnancy, more so if the pregnancy is in its earlier stages, in order to receive certain treatments

that would be too risky otherwise. But it is essential to remember that it is a woman's own decision—it is not medically necessary to terminate a pregnancy if the expectant mother is diagnosed with breast cancer. All it does is limit treatment options. Breast cancer itself will not affect the fetus—only certain tests and treatments will.

Generally speaking, tamoxifen, chemotherapy, radiation, and other drug-related therapies are avoided if the woman is pregnant because of their associated risks with birth defects. Tamoxifen, especially, is considered very unsafe because it is a hormonal therapy and is never recommended if the woman is pregnant or planning on conceiving.

Surgery—either a lumpectomy or mastectomy—is the most common and preferred method of treatment for breast cancer in pregnant women.

Another concern is whether or not breast cancer survivors can or should go on to have children after treatment and recovery. It's a very controversial issue with firm advocates on both sides of the debate.

There are two main questions here, for both the medical and health community and breast cancer survivors wanting their own children: 1) Do certain breast cancer treatments affect fertility?; and 2) Is it actually considered safe to conceive and carry a baby to term following breast cancer and breast cancer treatments?

As far as fertility goes, there is no definite answer here. For chemotherapy, it depends on the age and what specific drug was used—some affect fertility more than others. And taking tamoxifen after chemotherapy to prevent recurrence is not recommended if the woman desires to become pregnant right away. Although tamoxifen is sometimes used as a fertility treatment, there is evidence to suggest that it damages developing embryos, and therefore is not considered safe to use.

Many doctors caution these women to wait several years to ensure receiving the best breast cancer treatment possible and to go past the point of the biggest threat of breast cancer recurrence. But some women decide to go ahead and have babies anyway, since it's so important to them.