



PREGNANCY OUTCOMES
IN BREAST CANCER
PATIENTS

**ISAR FERTILITY PRESERVATION
SPECIAL INTEREST GROUP**

Breast cancer is the most common malignancy in women of reproductive age. Breast cancer chemotherapy commonly causes premature ovarian failure and infertility.

With improvements in screening and treatment, women with breast cancer can have a good prognosis.

As the awareness of the adverse effects of breast cancer chemotherapy on reproduction is increasing, many patients are seeking assisted reproductive strategies to preserve their fertility.

Does pregnancy after breast cancer increase the chances of recurrence?

As ER positive breast cancer is fueled by estrogen, the fear is that hormone levels during pregnancy could coax any occult cancer cells to grow. Pregnancy after breast cancer is no more discouraged even in women with ER positive.

However, when deciding on how long to wait before becoming pregnant, one should consider each woman's personal risk of recurrence particularly for women who need adjuvant hormone therapy.

Could pregnancy and breast-feeding make my breast cancer come back?

There is no proof that breast-feeding after breast cancer treatment increases the risk of recurrence. In fact, some research suggest that having a history of breast-feeding might actually lower the risk of cancer recurrence.

How long after breast cancer treatment, should I wait before becoming pregnant?

There are no established guidelines regarding the timing of conception after diagnosis and treatment of breast cancer.

Waiting until the completion of adjuvant therapies may be advised especially for women at higher risk of recurrences. It is recommended to wait for at least 6 months from the end of chemotherapy before becoming pregnant. Most patients wait for at least 2 years before starting a pregnancy.

Would use of hormonal medications increase the chance of my cancer aggravating if I opt for fertility preservation?

As breast cancer, cell proliferation and dissemination can be induced by estrogen, conventional ovarian stimulation regimens are considered by many oncologists to be contraindicated in these patients.

Use of aromatase inhibitors like tamoxifen and letrozole in ovulation induction regimens in patients who have breast cancer have provided the ART specialists the advantage of obtaining greater number of oocytes and embryos for cryopreservation without exposing the patient with breast cancer to the risks of elevated levels of estrogen.

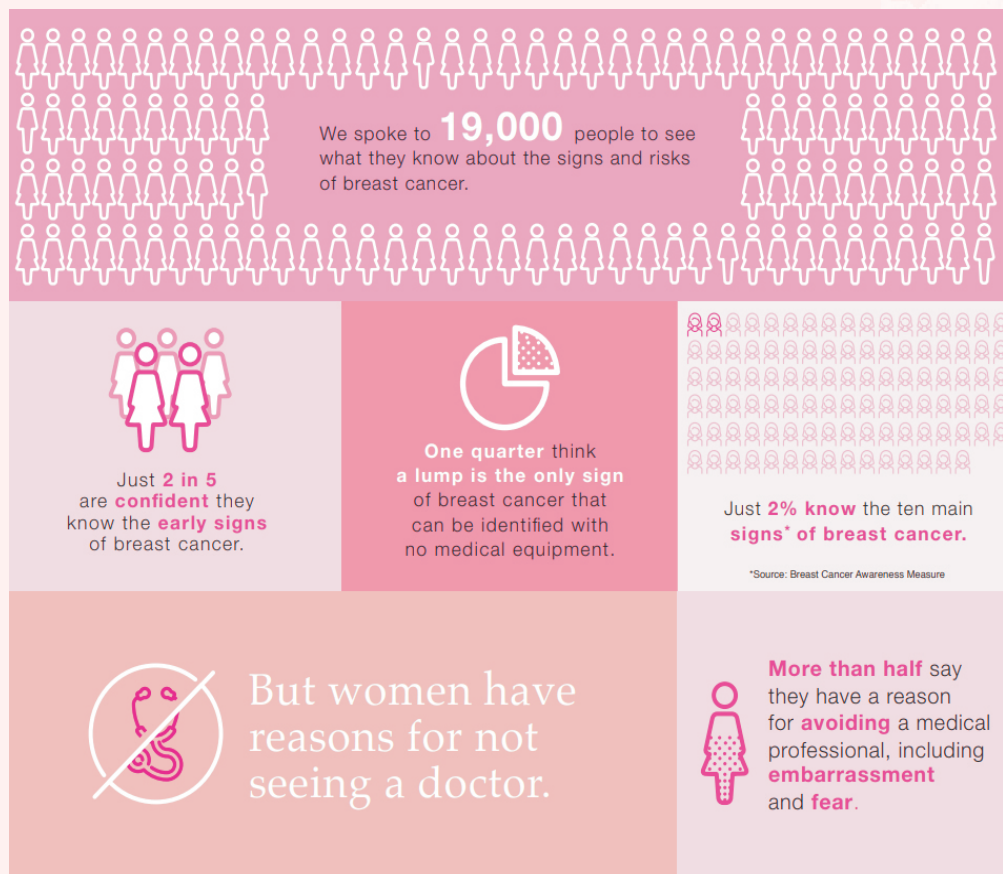


Could breast cancer effect my unborn baby?

Use of chemotherapy or hormone therapies could effect a growing fetus. So it is safer to wait until all treatment is complete before getting pregnant.

References :

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