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Pregnancy-associated Breast Cancer

Pregnancy-associated breast cancer (PABC) is defined as being diagnosed with breast cancer anytime during pregnancy, within one year postpartum, and when still lactating. Breast cancer occurs in an estimated 1 in every 3,000 pregnant women.¹ There are physiological changes that occur in the breast during pregnancy and lactation. Some of these changes include breasts becoming larger and more tender due to hormonal increases in estrogen and progesterone. This can contribute to a delayed diagnosis.⁶ Early diagnosis and treatment are essential as studies have proven that the prognosis of PABC is comparable to non-PABC when diagnosed at a similar stage. Research has also confirmed that ending a pregnancy does not improve outcomes.^{1,2,3} Rest assured knowing that treatment options have come a long way, and with the right medical support team, you will get through this.

Your Baby and Treatment

Certain treatments may be harmful to your baby. Your care will be very specialized and require a multidisciplinary approach. Your medical team will likely include a radiologist, breast surgeon, oncologist, fertility specialist, and cancer support navigator. Many factors will affect your treatment strategy including tumor size, location, trimester, personal health status, and personal choice.⁴ Surgery when pregnant is generally considered safe, as is chemotherapy if given in the second or third trimester. The health of both mother and baby is always at the forefront of medical decision-making. Hormone medications and treatments such as radiation need to be delayed due to the safety of the fetus. Hormonal medications and chemotherapy make breastfeeding unsafe, while surgery and radiation may possibly make breastfeeding more challenging.⁵ Your providers will come up with a plan that is safe for you and your baby during the entire pre and postnatal process. And remember, your personal opinion and feelings matter in this decision-making.

Breast Care During Pregnancy

Clinical and [self-breast exams](#) are still an important part of pre-and post-natal care. This includes having your provider check your breasts during annual visits and performing monthly self-breast exams. Discuss with your provider if a routine mammogram during pregnancy is right for you. Let your provider know if you notice any of these [symptoms](#): a palpable mass, nipple discharge (clear, bloody, or spontaneous), skin dimpling (orange peel appearance), thickening, redness, nipple inversion (sunken nipple), or nipple crusting. Diagnostic imaging is always warranted in these situations.

You Are Not Alone

Becoming a mother may look and feel different than you had planned, and you will undoubtedly be challenged emotionally and physically. But here is the good news: there is a fight within you that you didn't know existed and it *will* bring you through to the other side. The side where breast cancer is behind you. And when you look at your baby, you will be reminded that even in the most isolating times, you are never alone on your journey.

References

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