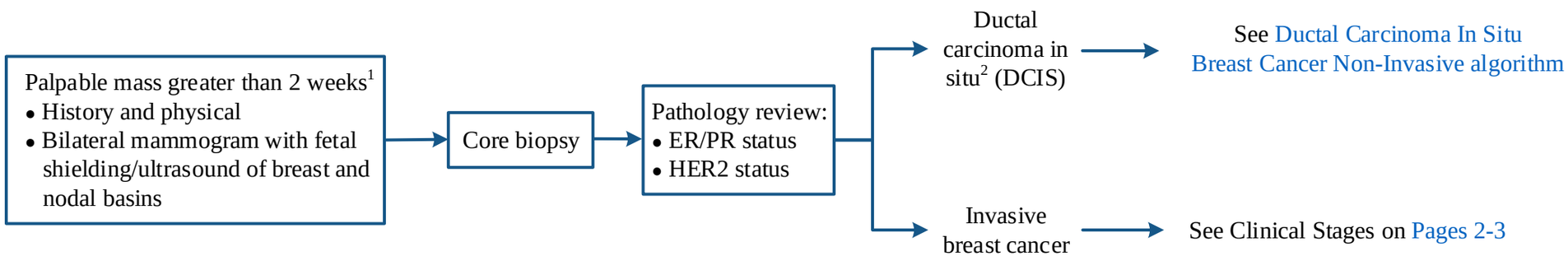
Pregnancy and Breast Cancer

Note: Any pregnant patient presenting to MD Anderson should have a Maternal Fetal Medicine (MFM) consult prior to initiation of any treatment.

INITIAL EVALUATION



Special considerations:

- There should be open communication with the patient, obstetrician, and medical, surgical and radiation oncologists
- Surveillance of children exposed in utero to chemotherapeutic agents should be documented
- Surgery will not be performed at MD Anderson post 22 weeks gestation

[1] If metastatic disease at diagnosis, individualize treatment with multidisciplinary planning
[2] Patients with DCIS should not receive chemotherapy

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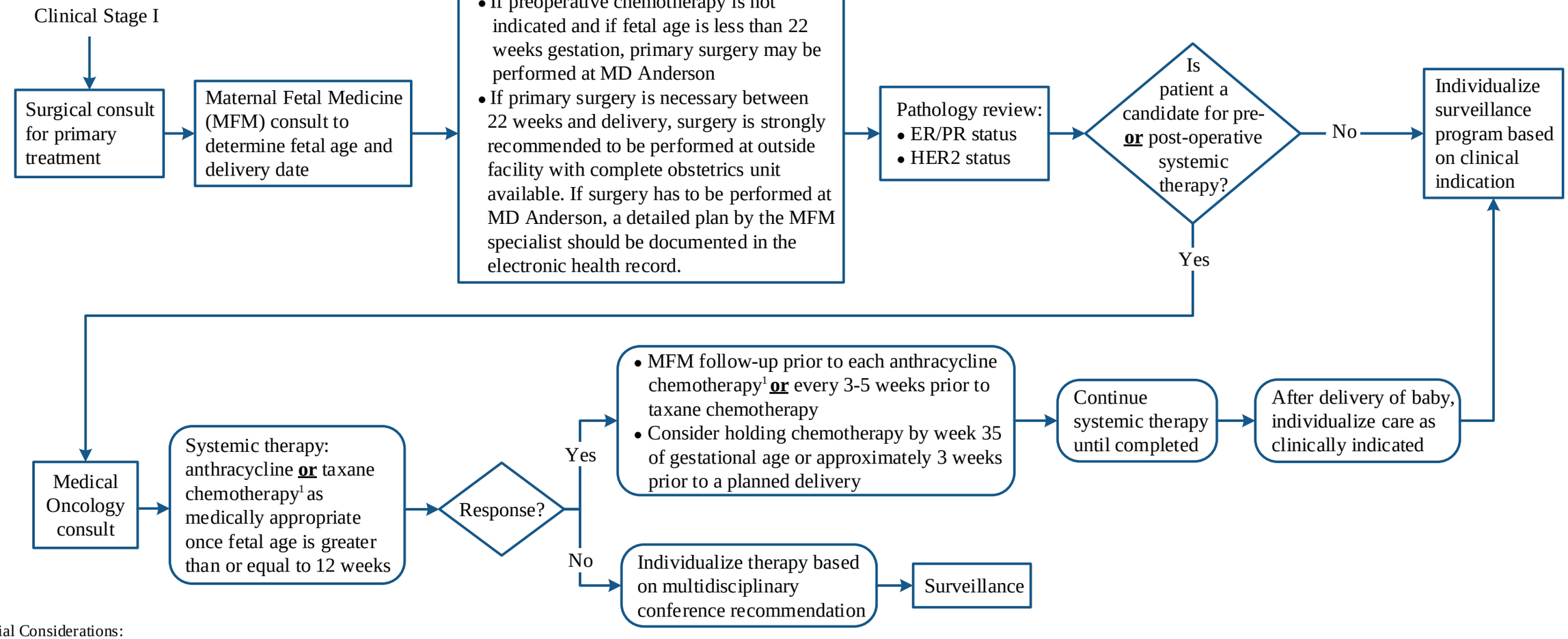
CLINICAL STAGE



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[1] Anthracycline therapy prior to taxane therapy is the preference

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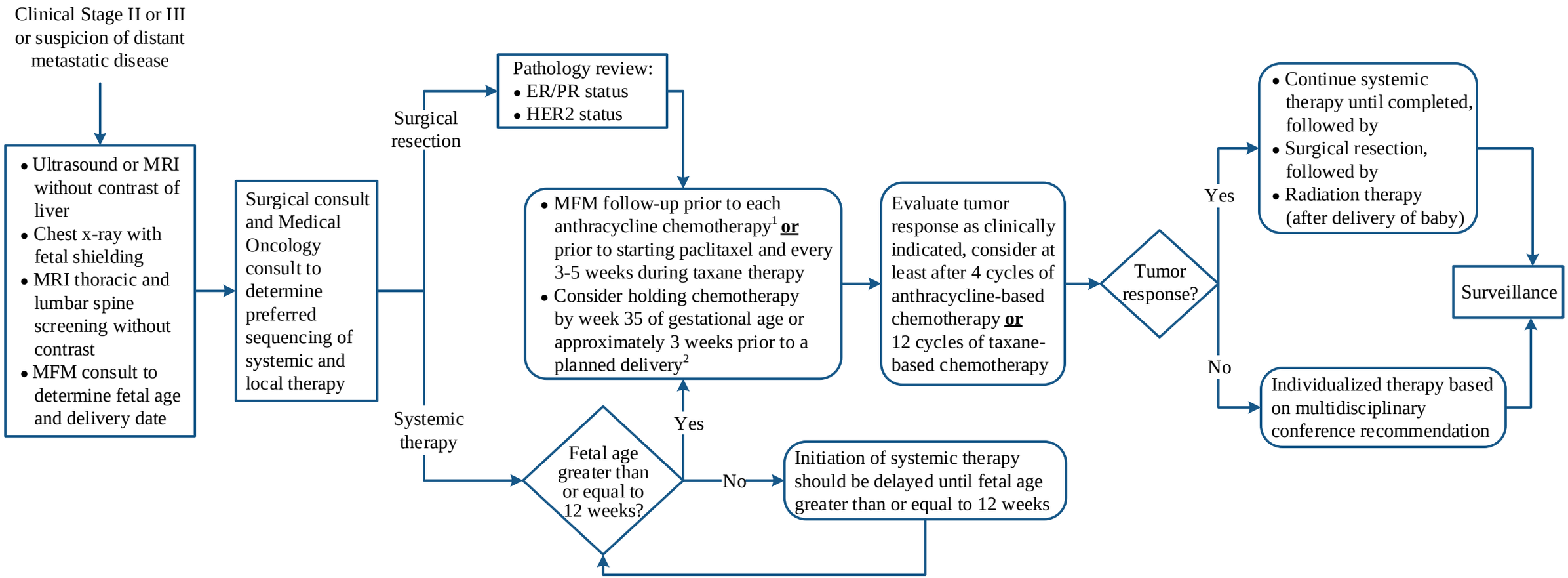
CLINICAL STAGES



Special Considerations:
- There should be open communication with the patient, obstetrician, and medical, surgical and radiation oncologists
- Surveillance of children exposed in utero to chemotherapeutic agents should be documented
- Surgery will not be performed at MD Anderson post 22 weeks gestation

[1] Anthracycline therapy prior to taxane therapy is the preference
[2] Following the delivery of baby:
- Additional chemotherapy, endocrine, biologic therapy **and/or** radiation as clinically indicated
- Review labor, delivery, and neonatal records

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Pregnancy and Breast Cancer

SUGGESTED READINGS

Amant, F., Halaska, M. J., Fumagalli, M., Steffensen, K. D., Lok, C., Van Calsteren, K., … Maxwell, C. (2014). Gynecologic cancers in pregnancy: Guidelines of a second international consensus meeting. *International Journal of Gynecological Cancer*, *24*(3), 394-403. doi: 10.1097/IGC.0000000000000062

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Invited Articles

Litton, J. K., & Theriault, R. L. (2010). Breast cancer and pregnancy: Current concepts in diagnosis and treatment. *The Oncologist*, *15*(12), 1238-1247. doi:10.1634/theoncologist.2010-0262

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DEVELOPMENT CREDITS

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