This information answers some commonly asked questions about pregnancy after treatment for early stage breast cancer.

Everyone’s situation is different. If you’re thinking about getting pregnant, talk with your healthcare team about what’s best for you.

Is it safe for me to get pregnant after treatment for breast cancer?

While it’s safe to get pregnant after treatment for breast cancer, some women are concerned about their estrogen hormone levels going up during pregnancy, and causing a recurrence (cancer coming back). But, women who get pregnant after treatment for breast cancer don’t have a higher risk of recurrence or death from breast cancer.

How long do I need to wait after treatment before trying to get pregnant?

It’s hard to give an exact length of time to wait before getting pregnant after treatment for breast cancer. These are some of the things your doctor will consider before you can start to try to get pregnant:

- The medications you took during your treatment need to be cleared from your body. The medications you took may affect the health of your future child. There are 2 things to keep in mind:
  - Chemotherapy can cause genetic mutations (changes in genes) in some of your eggs. These mutations could cause health problems in a child conceived from these eggs. You should wait at least 1 year after completing...
chemotherapy before trying to get pregnant so your body has time to clear out any damaged eggs.

- Chemotherapy and some other cancer treatments can harm a growing embryo or fetus. If you become pregnant while on one of these treatments, you may have a miscarriage or your child may have birth defects. Each medication takes a different amount of time to clear from your body, so the amount of time you should wait will depend on the type of treatment that you had.

- **The chance of your cancer coming back.** You should avoid getting pregnant during the time you’re at the greatest risk for your cancer coming back.

  - If your cancer comes back while you’re pregnant, your treatment options may be limited. The amount of time to wait before planning to get pregnant is different for everyone. Talk with your doctor to see how long they recommend that you wait before trying to get pregnant.

- **The need for endocrine (hormonal) therapy.**

  - Estrogen receptor positive (ER+) breast cancer is a type of breast cancer where the cancer cells need estrogen to grow. Endocrine therapy blocks estrogen from reaching the tumor, reducing the risk that the cancer will come back.

  - You will need endocrine therapy for 5 to 10 years. We don’t know if interrupting endocrine therapy to try to get pregnant will lessen its effect. The decision to interrupt therapy to try to get pregnant is a personal one. Talk with your healthcare team to decide what’s right for you.

  - You will need to wait for a certain period of time after you stop endocrine therapy before you try to get pregnant. This is to clear the medication from your body. If you do interrupt endocrine therapy, we recommend you restart it after your child is born or after you stop breastfeeding.

Use birth control to keep from getting pregnant until you talk with your healthcare team to come up with a plan that works for you. Copper-based intrauterine device (IUD) and condoms are forms of birth control that don’t have hormones. For more
Are there health risks to children I may have after being treated for breast cancer?

Children born to women who have been treated for breast cancer don’t have a higher risk of birth defects compared to children born to women who didn’t have cancer treatment. But, it’s important to wait until your doctor tells you it’s okay before trying to get pregnant. You will need to wait to get pregnant until all the medications from your treatment are completely cleared from your body.

If I have a genetic mutation associated with my cancer, is there anything I can do to keep from passing the mutation to my future children?

To keep from passing on an inherited (passed from a mother and father to their child) genetic mutation (such as BRCA1 or BRCA2) to your child, you could consider in vitro fertilization (IVF) to create embryos that can be tested for the mutation. During IVF, you will take hormones to stimulate your ovaries for about 10 days. Then, your eggs will be removed and fertilized with sperm to create embryos. About 5 days later, cells will be removed from the embryos to be tested for the mutation. This is called preimplantation genetic testing (PGT). When you’re ready to try to get pregnant, you can choose to use only embryos without the mutation. PGT can also be done if you froze eggs or embryos before your treatment. IVF and PGT can be expensive and may not be covered by insurance.

If I froze eggs or embryos before treatment, should I use them or should I try to get pregnant naturally?

If you finished your treatment, you can try to get pregnant naturally if you want to. If you don’t get pregnant after 3 to 4 months of trying, you may want to be evaluated by your reproductive endocrinologist (fertility specialist). If your egg supply is low, you may have more success if you use your frozen eggs or embryos.

If you’re interrupting treatment with endocrine therapy, it’s important to limit your time off of treatment. In this case, you may want to use your frozen eggs or embryos instead of trying to become pregnant naturally.
What if I’m in menopause when I’m ready to get pregnant?

If you’re in menopause (permanent end of your menstrual cycles) from your treatment, you won’t be able to get pregnant naturally. You will need to use eggs or embryos you froze before your treatment or get an egg from a donor. Unless you have other gynecologic or health problems, you should be able to carry a pregnancy. But, when you’re in menopause, your ovaries don’t make the hormones needed to thicken the lining of your uterus, getting it ready for an embryo to implant and grow. Your fertility doctors will prescribe you hormones to take before your embryo transfer. You will also need to take hormones for 3 months after the transfer to help you with your pregnancy.

Can I breastfeed after a lumpectomy, mastectomy, or radiation to the breast?

If you had a mastectomy, you won’t be able to breastfeed from the treated breast because the tissues in the breast that make milk have been removed. This is the case even if you had a nipple-sparing mastectomy.

If you had a lumpectomy with radiation, you won’t be able to produce enough milk from that breast to breastfeed. You will be able to breastfeed from your other breast.

If you had a lumpectomy alone, you will be able to breastfeed from both breasts. You won’t pass on cancer cells to the baby through your milk.

If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.