Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

Pregnancy After Treatment for Early Stage Breast Cancer

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

If you're thinking about getting pregnant, talk with your care team about what's best for you. Here are some things to think about.

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 people are concerned about recurrence (cancer coming back) from estrogen hormone levels going up during pregnancy. People who get pregnant after treatment for breast cancer do not 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 medicine you took during your treatment needs to leave your body.** The medicine you took may affect the health of your future child. There are 2 things to keep in mind:
  - Chemotherapy can cause genetic changes (mutations or variants) 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. This gives your body 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 medicine takes a different amount of time to clear from your body. 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, you may not have as many treatment options. The amount of time to wait before planning to get pregnant is not the same 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. This lowers the risk the cancer will come back.
  - You will need endocrine therapy for 5 to 10 years. You may be able to pause endocrine therapy after 2 years to try to get pregnant. The decision to pause therapy to try to get pregnant is a personal one. Talk with your care team to decide what's right for you.
  - After you stop endocrine therapy, you must wait for a period of time before you try to get pregnant. This is to let the medicine leave your body. Your doctor will let you know how long to wait.
  - If you do pause endocrine therapy, we recommend you restart it. You can do this after your child is born or after you stop breastfeeding.

Use birth control to keep from getting pregnant. You first should talk with your care team to come up with a plan that works for you. Copper-based intrauterine device (IUD) and condoms are forms of birth control that do not have hormones. Read *Sex and Your Cancer Treatment* (www.mskcc.org/pe/sex-cancer-treatment) for more information.

Are there health risks to children I may have after being treated for breast cancer?

Children born to people who were treated for breast cancer do not have a higher risk of birth defects. Still, it's important to wait until your doctor tells you it's OK before trying to get pregnant. You must wait to get pregnant until all the medicine from your treatment is completely cleared from your body.

Is there anything I can do to keep from passing an inherited gene mutation to my future children?

An inherited gene mutation is a gene mutation that's passed from parent to child before the child is born. You may want to try to prevent passing an inherited gene mutation (such as BRCA1 or BRCA2) to your child. You could consider in vitro fertilization (IVF) so your embryos can be tested for the mutation.

During IVF, you will take hormones to stimulate your ovaries for about 10 days. Then, the 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. You can also test eggs and embryos you froze before your treatment. Your health plan many not cover IVF and PGT.

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 do not get pregnant after 3 to 4 months of trying, you may want to talk with a 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 pausing treatment with endocrine therapy, it's important to limit how much time you take off from 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), you will not 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.

When you're in menopause, your ovaries do not make certain hormones. These are 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 will not be able to breastfeed from the treated breast. This is because the tissues in the breast that make milk were removed. This is true even if you had a nipple-sparing mastectomy.

If you had a lumpectomy with radiation, you will not be able to make enough milk from that breast to breastfeed. You will be able to breastfeed from your other breast.

If you had a lumpectomy without radiation, you will be able to breastfeed from both breasts. You will not pass on cancer cells to the baby through your milk.

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

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

Pregnancy After Treatment for Early Stage Breast Cancer - Last updated on February 29, 2024
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