

[How Breast Cancer Affects Pregnancy]

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The most prevalent form of cancer that affects women accounts for a significant portion of the global disease burden. Breast cancer can be difficult to diagnose because of the changes that occur during pregnancy in the breast and breastfeeding. However, because chemotherapy and radiotherapy can harm the unborn child, pregnant women with cancer are advised against it. After the birth of their child, external radiation therapy may be administered to breast cancer patients in the early stages. This fact is due to radiotherapy is typically required following breast-conserving surgery, but not all women who have a mastectomy need it. Most of the time, getting treatment doesn't affect future fertility.

Introduction

Women are most likely to develop breast cancer, which accounts for a significant portion of the global disease burden. It has long been known that the likelihood of a woman developing breast cancer is influenced by the number and timing of her childbirths (Husby et al., 2018). Humankind has been aware of breast cancer since ancient times. In almost every period of recorded history, it has been mentioned (Mandal, 2019). Owing to Physicians have documented growth-promoting nodules from an early stage due to significant side effects, especially at later stages (Topher, 2022). This idea is especially true because, unlike other types of internal cancer, breast lumps typically appear as tumors that are easy to see. However, in the past, it was a subject of embarrassment and taboo, making detection and diagnosis uncommon (Mandal, 2019). Breast cancer was rarely mentioned in literature other than in medical books and journals. The involvement of more women and disclosure of the disease is a relatively recent phenomenon that dates back approximately three to four decades. A revolution against breast cancer was ignited in the 1990s by the pink ribbon, a symbol of the disease. Unless women delay conceiving

until later in life, when the risk of developing breast cancer is higher during his, her, their, etc. pregnancy will rise, breast cancer does not affect pregnancy. These ideas will be seen through a background analysis of fertility, different treatments, and breastfeeding.

Recent Progress

There has always been a big question with women who get diagnosed with breast cancer at a young age, can I still get pregnant or will this cause me to get pregnant? Breast cancer caused by his, her, their, etc. pregnancy is uncommon, affecting about one in three thousand pregnant women. After receiving a diagnosis of breast cancer, many women have gone on to have healthy children and live healthy lives; In point of fact, studies have shown that pregnant women who are diagnosed with breast cancer fare as well as, if not better than, women who are not pregnant. Pregnancy-related breast cancer is any breast cancer discovered during pregnancy, while breastfeeding, or within a year of giving birth. Breast cancer can be difficult to diagnose because of the changes that take place in the breast during pregnancy and breastfeeding. As a result, breast tumors caused by his, her, their, etc. pregnancy typically have a higher stage and

are typically larger. However, there are a lot of diagnostic procedures and treatments that are safe for pregnant women and their unborn children. After receiving treatment, roughly half of young breast cancer patients say they would like to have children, according to studies. However, infertility can result from some treatments for breast cancer, like some types of chemotherapy. Fertility preservation can be difficult after a breast cancer diagnosis. Some aspects of cancer treatment must be postponed for weeks or months in order to collect a woman's eggs and possibly fertilize embryos for storage, even though men can quickly bank sperm. Even more than that, hormones that raise estrogen levels are used in methods for preserving fertility at diagnosis and later in assisted reproductive technology, such as in vitro fertilization (IVF), to conceive (Potter, 2018). In the past, doctors were concerned that these procedures might put women with breast cancer at risk, particularly those with tumors that were hormone receptor-positive. After having breast cancer surgery, many women continue to take hormone-blocking medications for up to five years. Dana-Farber, Cancer Institute clinic director Ann Partridge, MD, for young breast cancer survivors but was not involved in the study, explained that if they want to become pregnant during that time, they must interrupt their treatment. Dr. Partridge said that "Although those concerns have largely been put to rest, it's reassuring that there was no apparent harm in having a pregnancy or using assisted reproductive technology after breast cancer for these women" (Potter, 2018). The chances of getting pregnant while having breast cancer decreased by 60% (Depolo, 2022). These women were more likely to have a low birth weight baby, have a baby that is small at its gestational age, have it early, and have a cesarean section (Depolo, 2022). Although, compared to the general population, women treated with breast cancer did not have a high risk of miscarriage, congenital deformities, bleeding before or after giving birth, and other delivery complications (Depolo, 2022) Breast cancer patients are less likely than average woman to become pregnant and are more likely to experience certain complications, such as preterm labor, but the majority of them birth healthy children whose long-term survival is unaffected by childbirth. Is it likely that a child born to a pregnant woman with cancer will also develop cancer, or will the child be healthy? Although it is possible, it is extremely uncommon for a pregnant woman to transmit cancer to her unborn child. Only 17 suspected cases have been

identified to date, most of which have involved patients with leukemia or melanoma but not breast cancer (Melbourne, 2022). Cancer cells, on the other hand, are unable to pass from mother to child in the vast majority of cases in which it is discovered during pregnancy—which is extremely uncommon in the first place. Breast milk cannot pass cancer cells from mother to child. However, because chemotherapy and radiotherapy can harm the unborn child, pregnant women with cancer are advised against it. In a research project conducted by two scientists named Laura Knabben and Michel Mueller, they studied the general rise in breast cancer incidence and the trend toward postponing childbearing are two potential explanations. They found that data collection is required to further enhance the management of pregnant women with breast cancer, and multidisciplinary treatment is required.

Breast cancer treatment is safe for pregnant women, although the type and timing of the treatment may be affected by the pregnancy. Treatment recommendations are influenced by several factors, including your health, the stage of your pregnancy, the size of the tumor, and the location of the tumor if it has spread. Generally, having surgery for breast cancer while pregnant is safe (Alteri, 2018). If chemotherapy is administered in the second or third trimester of pregnancy, it appears to be safe for the baby; however, it is not safe in the first trimester. Cancer treatment can take many different forms. Specifically, there are certain treatments four different times throughout the pregnancy, which are talked about later in the paper. The most popular treatments are chemotherapy and radiotherapy. Chemotherapy is a type of cancer treatment that uses drugs to either kill cancer cells or stop them from growing again (Gale, 2023). When taken orally or injected into a vein or muscle, chemotherapy drugs can enter the bloodstream and reach cancer cells throughout the body (Gale, 2023). Another research team created a treatment plan for pregnant breast cancer patients by taking into account as much as possible the safety of the unborn child. They found that it is possible to treat pregnant women with cancer, which want to breastfeed. During the first half of the pregnancy, radiotherapy, and surgery are both options. Chemotherapy can be given to a pregnant woman as early as 12 weeks (Boere et al., 2022). Chemotherapy is typically not given to pregnant women during the first three months. After this point, chemotherapy is usually not harmful to the fetus, but it

may cause early labor or low birth weight (National Cancer Institute, 2022). Radiation treatment, which is a therapy for the disease, utilizes high-energy x-beams or different kinds of radiation to either kill malignant growth cells or prevent them from developing (Boere et al., 2022). In external radiation therapy, radiation is directed toward the cancerous area by a machine outside the body. Women who are pregnant and have early-stage (stage I or II), after giving birth, women with breast cancer may receive external radiation therapy. External radiation therapy may be administered to women with late-stage (stage III or IV) breast cancer after the first three months of pregnancy, or, if possible, it may be delayed until after the birth of the child (National Cancer Institute, 2022). During pregnancy, efficacious breast cancer treatment is available. In most cases, the kind and extent of the breast cancer, as well as the stage of the pregnancy, will determine the course of treatment. Surgery is performed to provide the safest possible treatment for breast cancer (Topher, 2022). If the pregnancy is nearing its end, the treatment may be delayed until after the birth. During the first trimester, the first 12 weeks, of pregnancy, a mastectomy can be performed. This event is because radiotherapy is typically required following breast-conserving surgery, but not all women who have a mastectomy need it. Owing to the small risk of radiation to the unborn child, radiotherapy is generally not recommended during pregnancy. Having breast-preserving surgery or chemotherapy following your surgery during the second trimester, 13 to 27 weeks, may be an option. This idea is because radiotherapy will be administered following the completion of your chemotherapy and the birth of your child (Topher, 2022). Since radiotherapy can be administered after the baby is born, breast-preserving surgery may be an option during the third trimester. This event occurs during the end of the pregnancy.

Discussion

Ultimately, breast lumps typically present as easily observable tumors, in contrast to other kinds of internal cancer. However, in the past, it was stigmatized and taboo, making diagnosis and detection difficult (Mandal, 2019). Other than in medical publications and journals, breast cancer was rarely mentioned in literature. Some aspects of cancer treatment must be postponed for weeks or months in order to collect a woman's eggs and possibly fertilize embryos for storage (via cryopreservation), despite the fact that men can quickly

bank sperm. In the past, doctors were concerned that these procedures might put women with breast cancer at risk, particularly those with tumors that were hormone receptor-positive. Dr. Ann Partridge, who heads a Dana-Farber Cancer Institute clinic for young breast cancer survivors but was not part of the study, explained that they must interrupt their treatment if they want to become pregnant during that time. Is it possible that a child born to a pregnant woman with cancer will also develop cancer, or is the child likely to be healthy? They discovered that multidisciplinary treatment and data collection are required to further improve breast cancer management for pregnant women. Although the type and timing of breast cancer treatment may be affected by a pregnancy, they are safe for pregnant women. According to Alteri (2018), it is generally safe to undergo surgery for breast cancer while pregnant. They discovered that pregnant women with cancer who wish to breastfeed can be treated. A pregnant woman can receive chemotherapy as early as 12 weeks (Boere et al. 2022). Effective breast cancer treatment is available during pregnancy. A mastectomy can be performed during the first 12 weeks of the first trimester of pregnancy. Radiotherapy is generally not recommended during pregnancy due to the small risk of radiation to the unborn child. According to Lasley (2018), treatment may have damaged the tissue on the affected side, making it difficult for the baby to latch on or uncomfortable for you to breastfeed. The bosom's ability to create milk can be impacted by bosom a medical procedures and radiation. Chemotherapy can stop menstrual periods. Alkylating specialists are a group of chemotherapy tranquilizers that are likely to affect ripeness. Breast cancer risk increases unless women delay having children until later in life. Breast cancer has no effect on pregnancy, so there will be more babies born. This has been proven as a strong evident statement due to the research and data found by other scientists. As women get older, it is necessary and evident to increase awareness of breast cancer and the confidence to recognize its symptoms.

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