



The diagnosis and cure for cancer begins in the labs and hospitals, but the battle against cancer is fought in our patients' homes and in our communities. I have had not only the privilege of participating in your patient's personal battle with cancer but also experienced their sense of accomplishment when treatment was completed. The journey is not an easy one, but I hope to make something positive from it. Your patients have left an imprint in my heart, and I only hope that I have done the same.

Sandy Schwark, RN, BSN

Pregnancy After Breast Cancer is Possible

Most women are in their 50's or older and thinking about grandchildren when they are diagnosed with breast cancer. But what about that increasing number of women in their 20's and 30's who are diagnosed at a point when they are dating, getting married and just starting their family?

Despite toxic chemotherapy regimens that can mess with ovarian function, it is possible - and safe - for many women to conceive after breast cancer treatment, according to Daniel F. Hayes, M.D., clinical director of the Breast Oncology Program at the University of Michigan Comprehensive Cancer Center.

Several factors will affect ovarian function after cancer treatment, including whether a woman receives chemotherapy. Most chemotherapies do have an adverse effect on ovarian function, but a woman's age has a lot to do with that. Younger women have a much greater chance of retaining their periods after treatment than women closer to menopause.

For some women, newer hormone-based therapies can further affect fertility. These drugs are often given for longer periods of time, up to five years. To become pregnant, women would have to stop taking the hormone therapy for a period of time.

If a woman does become pregnant after breast cancer treatment, it does not seem to have an effect on her health or the baby's health. Studies show the risk of birth defects or miscarriages is not any higher in a woman who has had chemotherapy. Pregnancy also is not likely to cause a woman's breast cancer to return. At the same time, any traces of breast cancer that may be in a woman's bloodstream have never been shown to cross into the baby's.

(A University of Michigan Health Update on Important Health Issues)

What are the Different Treatment Options for Breast Cancer?

While there are several ways to treat breast cancer, all options can be divided into two categories: *local therapy or systemic therapy*.

Local therapy is directed only at the cancer cells in the breast area. Surgery and radiation are the two local therapies for treating breast cancer. Local therapies only treat a specific area of the body and they are often used in combination with systemic therapy. Systemic therapy may be used to help reduce the risk for recurrence after local therapy is completed.

Systemic therapy is the use of medications that travel in the bloodstream to affect or treat cancer cells. Systemic therapies are often used in combination with local therapy in early breast cancer. It may also be used alone in more advanced stages when cancer has spread to other parts of the body. Hormonal treatment, chemotherapy, and novel targeted therapy are the different types of systemic therapies used to treat breast cancer.

Initial Disease Stage At Diagnosis	Most Common Initial Treatment Options
Stage 0 or DCIS	Surgery \pm radiation \pm hormonal treatment
Stage I, II and IIIA	Surgery + lymph node dissection if node-positive \pm radiation \pm chemotherapy \pm hormonal treatment
Stage IIIB	Chemotherapy to shrink the tumor before surgery + surgery + radiation \pm postsurgical chemotherapy \pm hormonal treatment or chemotherapy \pm radiation \pm hormonal treatment
Stage IV	Hormonal treatment \pm chemotherapy or <i>Palliative care</i> to reduce breast cancer symptoms
Recurrence (local, regional or distant)	Hormonal treatment \pm chemotherapy \pm novel targeted therapy