

Psychosocial care

PREGNANCY-ASSOCIATED BREAST CANCER

Jennifer Stephens, RN, BSN, MA, OCN, Leukemia/Bone Marrow Transplant Program, Vancouver General Hospital, BC. PhD student, University of British Columbia, Vancouver.

TRIAL SUMMARY: Program addresses social, emotional and physical needs of young women diagnosed with breast cancer during pregnancy or 1 year postpartum

Burlein-Hall S, Helwig C. Breast cancer and pregnancy: when two worlds collide. *CANO* 2011. Abstract II-05C

In 2010, the Canadian Cancer Society estimated that 23,200 women would be diagnosed with breast cancer. Approximately 8% of these breast cancers will occur in women under age 40

COMMENTARY: According to the Canadian Cancer Society, an estimated 23,400 women will be diagnosed with breast cancer in 2011. Breast cancer is the most common cancer in young adults (ages 25–44) and the leading cause of cancer death in this age group.¹ Trends have indicated that the risk of PABC has paralleled the increase in women postponing childbearing until their late 30s and early 40s. Breast cancer is the most common form of invasive carcinoma identified in pregnant women.² Since PABC was identified in the medical literature in the 1920s, prognosis for women has significantly improved. However, despite advances in diagnostics and treatment, breast cancer still carries a worse prognosis for age-matched young women who are pregnant vs those who are not pregnant.³

The Sunnybrook Health Sciences Odette Cancer Centre in Toronto is home to the PYNK Breast Cancer Program for Young Women. This program, founded in 2008 by Dr. Ellen Warner, was created by an interdisciplinary team including physicians, oncology nurses, a clinical psychologist and young breast cancer survivors. PYNK is the first program of its kind in Canada, supported by funds from private and corporate donors as well as a generous grant from Rethink Breast Cancer, a nonprofit organization dedicated to promoting breast cancer research and education. Successes of the PYNK program include a model of care that can be utilized by other treatment centres in Canada and internationally.

The presentation at the 2011 CANO/ACIO conference by Burlein-Hall and Helwig, both specialized oncology nurses, provided an overview of both PYNK and PABC. Highlighting the many challenges in diagnosis, treatment and prognosis faced by young PABC patients, the team used compelling case studies and current data to convey the continuum of care for this growing patient population.

PABC is defined as breast cancer diagnosed during any stage of pregnancy or within the 1st year postpartum. Within the PYNK program covering a 3-year period (2008–2011), 133 young women were seen with a diagnosis of breast cancer, the largest group being the 36- to 40-year-

who are of childbearing age. In the past 30 years, the age of first live birth for women in Canada has increased. As more women delay childbearing into their late 30s and early 40s, it is conceivable that, among young women diagnosed with breast cancer, many will have a pregnancy-associated breast cancer (PABC). In a 3-year period, a comprehensive cancer centre in a major urban centre provided treatment to 24 young women with PABC. The authors highlighted the challenges related to the diagnosis, treatments and provision of psychosocial care for this unique subset of women.

olds; 18% (n=24) were PABC, including 17 patients with an infant under the age of 1 year and 7 patients who were pregnant at the time of diagnosis. The merger of joy and anticipation associated with pregnancy or a new baby with the fear and uncertainty of a breast cancer diagnosis reflects the conflicting psychologic status of the PABC patient. Five areas were identified as dominant concerns: increased rates of breast cancer morbidity and mortality for these patients compared with their same-age counterparts; threat to continued fertility and future child-bearing; impact to the unborn or newborn; body image concerns; and risk of early menopause after treatment.

More than half the audience expressed surprise that women can still carry a pregnancy to term after a breast cancer diagnosis. Surgery (mastectomy or lumpectomy) in the second trimester is considered safe per current treatment protocols, along with certain chemotherapy regimens such as cyclophosphamide, fluorouracil or epirubicin.⁴ Radiation is not recommended during pregnancy. A sentinel lymph node biopsy without low-radioactive dye, along with complete staging, is often deferred until after childbirth. Adjuvant therapies such as trastuzumab or tamoxifen should also be delayed. Delivery for a woman with PABC is ideally postponed until 32 to 36 weeks, with cesarean section preferred in cases sensitive to treatment delays. Depending on the type and timing of therapy, the risk to infants includes possible anemia, alopecia or neutropenia, with chemotherapy ceased 3 to 4 weeks predelivery. In all PABC cases, the placenta should be sent to pathology to look for metastases. New mothers receiving chemotherapy or those with radiation or surgical interventions should avoid breastfeeding. According to the literature, effects on children of the mother undergoing PABC treatment are minimal; however, ongoing clinical trials research and monitoring will provide further information on the long-term status of these children.^{4,5}

The greatest recurrence of breast cancer for women is within 3 years. Women who are estrogen-receptor negative could potentially attempt another pregnancy after this period,

depending on ovarian reserve and in consultation with their healthcare team. The PYNK program aligns with American Society of Clinical Oncology (ASCO) guidelines that recommend early referrals to fertility specialists upon breast cancer diagnosis. Delay in breast cancer diagnosis in young women is a concern, as lumps or other breast deformations have been attributed to hormonal changes or blocked milk ducts.⁶ The PYNK model promotes collaboration with lactation specialists in increasing awareness and education that can enhance early diagnosis in PABC patients. Finally, promotion of collaborative peer counselling has been identified as a key component in addressing some of the psychosocial needs of PABC women.

The complicated continuum of care for young women with PABC requires careful planning and coordination on the part of the healthcare team. Programs such as PYNK are working to provide a model for inclusive care addressing social, emotional and physical needs, and will become more essential as the number of women delaying childbearing increases.

References

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IN BRIEF

Already known

- Pregnancy is safe after a diagnosis of breast cancer.
- As women are delaying childbearing, incidence of pregnancy-associated breast cancer (PABC) is increasing.

What this study showed

- PABC has major social, emotional and physical impacts on young women who are diagnosed.
- Delays in breast cancer diagnosis during pregnancy or immediately postpartum have been attributed to blocked milk ducts or pregnancy-associated hormonal changes.
- Dominant concerns for patients with PABC include increased rates of morbidity and mortality, distress over continued fertility, impact of disease and treatment on the newborn, body image anxiety, and higher risk of early menopause.

Next steps

- Increased awareness of the incidence of PABC is necessary for earlier diagnosis, treatment and discussion about fertility preservation.
- The successful PYNK program provides a model for timely and appropriate care for PABC patients both in Canada and internationally.

Disclosure:

The author reports no conflicts of interest relevant to this article.