

Pregnancy After Breast Cancer

A breast cancer diagnosis is complex, particularly for young adults. Many individuals with breast cancer have concerns about fertility and pregnancy considering their treatment. This information sheet provides information about these issues, and we recommend discussing your specific situation with your oncology care team.

Research has shown that having a pregnancy after being treated for breast cancer does not impact the risk of recurrence (the cancer returning in the initial breast or elsewhere in the body). This is true among those with estrogen receptor (ER) positive (ER+) and estrogen receptor negative (ER-) breast cancers, and those with known BRCA1 or BRCA2 mutations/pathogenic variants. A recent study even showed no increase in the risk of breast cancer returning among those with ER+ breast cancer who paused their hormone therapies, such as tamoxifen, Lupron, or aromatase inhibitors, to become pregnant. In this study, participants had completed between 18-30 months of treatment before interrupting and returning to treatment after pregnancy. Studies have also shown that it is safe to bank eggs/embryos prior to breast cancer treatment to preserve fertility. Additionally, use of banked eggs/embryos to become pregnant has no impact on the risk of recurrence.

The decision to try to become pregnant after breast cancer depends on individual preference as well as the ability to become pregnant (fertility). Chemotherapy can directly impair fertility, with greater impact as a person ages. Some chemotherapy drugs have greater risks to fertility than others. Hormonal therapies do not appear to directly impair fertility. However, fertility declines naturally while a person is completing hormone therapy and should not become pregnant during hormone therapy as it can cause harm to a fetus. There are other breast cancer treatments not compatible with pregnancy. Decisions to become pregnant may also be impacted by the underlying risk of the breast cancer. For example, some may delay a pregnancy to get through the early risk of breast cancer coming back and to complete additional treatment. Others may be more comfortable trying to become pregnant sooner. Every situation is unique – it is recommended to talk to your oncologist, and potentially a fertility specialist, to discuss the need for fertility preservation and the best timing of a pregnancy based on your preferences, individual breast cancer risk, treatment(s) recommended, and the risk of infertility over time.

Although it may be scary to stop the breast cancer treatments that are used to prevent breast cancer recurrence (a return of breast cancer), pregnancy after active breast cancer treatment does not appear to increase the chance of the breast cancer returning. However, other considerations may impact your decision to become pregnant. Some people may have a strong family history of breast cancer and may be worried about passing on an inherited mutation, in genes such as BRCA1 or BRCA2, that would increase the risk of their children developing cancer. These individuals can consider using preimplantation genetic diagnosis (PGD) to only implant embryos that do not have the affected gene. With PGD, a person undergoes in vitro fertilization (IVF) to collect eggs. These eggs are then fertilized to form embryos. Genetic testing is then performed on the embryos to find which embryos have the affected gene and which do not. The person is then able to decide to implant the embryos that do not have the mutation if they desire. Some individuals with a high risk of cancer recurrence (a return of breast cancer), may worry about experiencing a recurrence while pregnant or after delivery. These are issues that should be discussed with your oncologist.

It's important to remember that having a child is a personal decision. It may be helpful to talk to your oncologist, healthcare provider, fertility specialist, OB/GYN, and/or mental health provider as well as seeking guidance and support from your family and friends. You can also utilize [Dana-Farber's Young](#)



[and Strong Program](#) as a resource – this program has a lot of [information about pregnancy after breast cancer](#), and they can offer the opportunity to connect with others in very similar situations.

Talk To Your Doctor

Talk to your doctor about how your treatment may impact your ability to become pregnant in the future. Fertility and pregnancy counseling and support is available before, during, or after breast cancer treatment. This can provide individualized support for each individual's diagnosis and treatment plan. Continuing mental health and social support, such as talk therapy, can be helpful for those who are struggling with concerns about fertility and/or pregnancy after a breast cancer diagnosis.

Additional Resources

- [American Cancer Society – Pregnancy after Breast Cancer](#)
- [Breastcancer.org – Fertility and Pregnancy after Breast Cancer](#)
- [Breastcancer.org – Young Women Can Safely Pause Hormonal Therapy to Attempt Pregnancy](#)
- [Breast Cancer Now – Planning Pregnancy after Breast Cancer Treatment](#)
- [Dana-Farber Cancer Institute – Young and Strong Program](#)
- [Dana-Farber Cancer Institute – Young and Strong Program; Pregnancy After Breast Cancer](#)
- [FORCE.org – Pregnancy after Cancer](#)
- [New England Journal of Medicine – Interrupting Endocrine Therapy to Attempt Pregnancy after Breast Cancer](#)
- [Memorial Sloan Kettering Cancer Center – Pregnancy after Treatment for Early Stage Breast Cancer](#)
- [Susan G. Komen – Having Children after Breast Cancer](#)
- [Young Survival Coalition – Fertility and Family Planning after Breast Cancer Diagnosis](#)