

Is it prudent to consent to or recommend pregnancy in breast cancer survivors?

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ABSTRACT

Background: Female breast cancer survivors and some health professionals may have doubts about the advisability of pregnancy after breast cancer. Such doubts concern possible recurrences, increased mortality, and adverse effects on the newborn.

Purpose: The aim of this report is to present the case of a woman who, after 48 months of breast cancer survival, wished to start a pregnancy. A further aim is to indicate whether it is prudent to consent to or to recommend pregnancy after a breast cancer diagnosis.

Case report: This report concerns a patient without satisfied parity, who, at the age of 36 years, presented left breast carcinoma with negative nodes: estrogen receptors in less than 2% of the studied cells and negative progesterone receptors. She received surgical management, chemotherapy and radiotherapy. At 48 months of survival, she wished to start a new pregnancy. On requesting a risk/benefit recommendation from her treating doctors, she did not obtain a unanimous position. By her own decision, she sought and achieved a spontaneous pregnancy, which led to a live birth. Five years later, her child shows normal growth.

Conclusion: Evidence suggests increased survival in mothers with a breast cancer history and subsequent pregnancy. Despite being high-risk pregnancies due to the increased possibility of low birth weight, preterm delivery, and small fetus for gestational age, studies suggest that pregnancy may be consented to or recommended in breast cancer survivors.

KEYWORDS

Breast neoplasms, survival, cancer survivors, pregnancy.

Introduction

When considering the statistics of neoplastic diseases worldwide, breast cancer is found to have the highest incidence, followed by lung and colorectal cancer ^[1]. Breast cancer is present both in developed and in developing countries. Screening, early diagnosis, prompt treatment, and follow-up of the disease are all crucial. According to the Global Cancer Observatory (GLOBOCAN), 2,088,849 new cases of breast cancer occurred worldwide in 2018 ^[2]. For the same year, in Latin America and the Caribbean, the incidence was 27%, that is, more than 462,000 cases, according to the Pan American Health Organization ^[3]. Meanwhile, for 2019, the American Society of Clinical Oncology (ASCO) estimated 325,010 breast cancer cases in the United States, including in situ and invasive cancers ^[4]. The Spanish Association Against Cancer reported 33,307 new cases in 2019 ^[5]. In Colombia, an increase from 7,000 cases in 2012 to 13,380 in 2018 has been observed ^[2,6].

The highest mortality rates from cancer are attributed to lung, colorectal and stomach cancer, while breast cancer in women is in fifth place ^[1,2]. In 2018, there were 626,679 deaths from breast cancer worldwide, most frequently in Western Europe, East Asia and North Africa, with 169,640, 119,678 and 53,917, respectively ^[2,5]. In Latin America and the Caribbean,

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14,097 deaths were identified, of which 3,702 occurred in Colombia ^[2].

Health care measures have reduced mortality and increased the rate of breast cancer survival ^[3,5], with survivors recovering productivity and returning to social and family interactions. More than 80% of women with early diagnosed breast cancer become over-10-year survivors ^[7]. Several variables influence survival: age, comorbidities, tumor extension, clinical stage at the time of diagnosis, time to the beginning of therapy, and presence of access barriers to health care, among others ^[4,8]. 12% lower five-year survival has been reported in women who had a delay of three months between diagnosis and the beginning of treatment, while 7% lower survival was recorded in those with delays of between three and six months ^[9]. Over the same number of years, 99% survival can be expected if the tumor is localized, 85% if it is regional, and 27% when there is