Cancer breast in pregnancy and lactation

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Breast cancer is the most frequently seen cancer. But in pregnancy and lactation its incidence is low, the disease being seen in approximately0.03% of pregnancies, only (1-2%) of breast cancer over all is diagnosedduring pregnancy or lactation.There is no evidence to implicate pregnancy or lactation in either theetiology or the progression of breast cancer.Careful breast examination In pregnancy is very important to findmasses that require biopsy before breast engorgement hides them.Therapeutic option varies depending on the stage of the disease andthe stage of pregnancy.Operable disease in the first 6 to 7 months of pregnancy should betreated by mastectomy, irradiation is contraindicated late in the pregnancy.A lumpectomy and axillary dissection can be done with irradiation beingdelayed until after delivery.General anesthesia is safe if the usual precautions are taken tocompensate for the physiologic changes induced by pregnancy.Unfortunately delay in diagnosis is common and 70 to 89 of patientswith operable primary lesions have positive axillary lymph nodes.Late stage breast cancer being the only reason for the generallyworse prognosis in these patients as stage for stage, they have a coursesimilar to that of non pregnant patients.Adjuvant chemotherapy can be considered late in pregnancy butshould be delayed until after delivery. In patients with locally advanced ormetastatic cancer diagnosed early in pregnancy for whom bothchemotherapy and radiation therapy would normally be recommended.Considerations must be given to termination of pregnancy. There is noevidence that termination of pregnancy improves the prognosis for thepatient, but it does permit standard aggressive therapy in advanceddisease.