

Case study: A woman who wishes to become pregnant following treatment for ER+ breast cancer.

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Case History:

- ▶ 37 year old.
- ▶ 2015: Right sided breast cancer - 50mm G3 ER 8/8, PR 4/8, HER2-ve, node +ve.
- ▶ PMH: nil of note
- ▶ Drugs: Nil, NKDA.
- ▶ SH: solicitor, married, no children, non-smoker, occasional alcohol.
- ▶ FH: nil
- ▶ O/E: performance status 0. R breast 50x50mm mass with palpable LNs

Management

- ▶ Referral to ACU
- ▶ Primary chemotherapy with docetaxel x 4, then EC x 4.
- ▶ Right WLE and ANC - 10mm residual tumour, 1/10 LN.
- ▶ Radiotherapy to right breast and SCF.
- ▶ September 2015: zoladex and exemestane.
- ▶ December 2015: unable to tolerate ZE, changed to tamoxifen.

December 2016: expressed a wish to become pregnant.

What would you advise?

- ▶ Yes
- ▶ No
- ▶ Wait another 3 months
- ▶ Wait another 6 months
- ▶ Wait another 9 months
- ▶ Wait another 12 months

Advised to wait until she had 2 years on anti-breast cancer hormone treatment.

Returned September 2017. How long should she stop her tamoxifen prior to attempting conception?


- ▶ Not important
- ▶ 1 month
- ▶ 3 months
- ▶ 6 months
- ▶ Unsure



Advised to stop tamoxifen and continue with contraception for at least 3 months.

Does she need staging?

- ▶ Yes
- ▶ No
- ▶ Unsure

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- ▶ Staging with mammogram, CT scan and bone scan: -ve.
 - ▶ Stopped tamoxifen and attempted to conceive from December 2017.
 - ▶ Referred back to ACU as had stored embryos.
 - ▶ Became pregnant naturally after 3 months.
 - ▶ Live birth December 2018.
 - ▶ No complications.



Should she be advised to breast feed?

- ▶ Yes
- ▶ No
- ▶ Unsure

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- ▶ She wanted to breast feed and did so for 3 months.
 - ▶ She was restarted on tamoxifen when breast feeding discontinued.

How long should she be on adjuvant endocrine therapy?

- ▶ 5 years from start of treatment
- ▶ 5 years in total
- ▶ 10 years from start of treatment
- ▶ 10 years in total
- ▶ Unsure