

Pregnancy-associated breast cancer

Giuseppe Floris^{1,2}, Sileny Han^{2,3}, Frederic Amant^{2,3}

¹Department of Pathology, ²Multidisciplinary Breast Cancer Centre and ³Department of Gynaecology of the University Hospitals Leuven, Catholic University of Leuven. Leuven, Belgium

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Abstract

Traditionally pregnancy-associated breast cancer (PABC) is defined as any breast carcinoma diagnosed during pregnancy or within the first year after delivery. PABC is a rare event, representing overall between 0.2-3.8% of all breast cancers. The incidence of PABC is about 1 in 3000 pregnancies. The physiological changes occurring in the breast during pregnancy may obscure the presence of a palpable mass in a pregnant woman. Core needle biopsy (CNB) or excisional biopsy are the preferred method to provide definitive diagnosis. The histologic spectrum of PABC does not differ from breast carcinomas diagnosed in non-pregnant women of similar age. Metastatic spread to the placenta is an exceedingly rare event that can occur to PABC patients, mostly in women who have disseminated metastatic tumors. Therapeutic strategies are determined by tumor biology, tumor stage, gestational age and the patient's and her family's wishes. The choice for breast cancer surgery and systemic therapy for PABC should follow the same guide-lines as for non-pregnant women. Preterm birth is associated more often with complications regardless of chemotherapy exposure, therefore iatrogenic preterm delivery should be avoided when possible. Overall prognosis of patients diagnosed with PABC is similar to that observed in non-pregnant women of the same age. The institution of international collaborative registries will further help in assessing more accurately the outcomes of the mothers and their children.

Keywords

Pregnancy, breast cancer, pathology, fetal outcomes.

