



TEN STEP TUESDAY

Breast Cancer and Breastfeeding

It's Ten Step Tuesday! and October is Breast Cancer Awareness Month

Information from the ABM's Clinical Protocol #34: Breast Cancer and Breastfeeding, July 2020

Breast cancer is the most common malignancy in women worldwide, with 1 in 20 women developing the disease during her lifetime. It represents the leading cause of cancer deaths and disability-adjusted life-years among women. In addition, breast cancer imparts significant morbidity to women and children through its impacts on breastfeeding. Breast cancer treatments may affect breastfeeding in multiple ways. Breastfeeding women diagnosed with breast cancer may require medications or therapies that decrease milk production or are contraindicated during lactation.



Women treated for breast cancer before or during pregnancy may have reduced lactational capacity due to surgical removal of breast tissue and/or irreversible effects of prior therapies. Given these unique challenges and the multitude of health risks associated with not breastfeeding, women with a new or remote breast cancer diagnosis require unique support of lactation.

This week's Ten Step Tuesday is an overview of protocol #34 from the Academy of Breastfeeding Medicine, which serves as a guide to clinicians in the delivery of optimal care of breastfeeding women as it relates to breast cancer, from screening to diagnosis, treatment, and survivorship. Here are some key takeaways:

Breast Cancer Screening in Breastfeeding Women

- Breastfeeding women do not need to abstain from routine breast cancer screening due to lactational status, but may decide to defer screening if they plan to wean in a few months.
- The decision to screen breastfeeding women should be individualized, and related to personal lifetime risk of breast cancer.
- All radiologic modalities used for breast cancer screening are safe during lactation.
- The lactating breast has a unique radiographic appearance.
- Breastfeeding or expressing breast milk before a screening study is recommended to reduce density and improve examination sensitivity.
- Supplemental imaging may be beneficial during lactation.

Breastfeeding Management in Women with a History of Breast Cancer

- As breast cancer survivors have multiple risk factors for reduced milk production, breastfeeding dyads require close monitoring to ensure adequate infant growth.
- No adequate milk production should be expected from the affected side after a total mastectomy, irrespective of technique.

For more information contact

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- Reduced milk production from the affected breast is likely after breast conservation therapy (partial mastectomy and radiation).
- Diminished milk production from both breasts may occur after chemotherapy.
- Ongoing research is examining the oncologic safety of interrupting adjuvant endocrine therapy for childbearing with and without breastfeeding.

Considerations for Pregnant Women Diagnosed with Breast Cancer

- Pregnancy-associated breast cancer (PABC) treatments likely will impact breastfeeding.
- Breastfeeding medicine experts represent valuable members of the multidisciplinary team caring for PABC patients.
- Women who require oncologic breast surgery during pregnancy may be reliant on a single breast for breastfeeding, either anatomically or functionally; contralateral surgical procedures should be deferred until breastfeeding is complete.
- Postpartum oncologic breast surgery does not require preoperative weaning.
- Tracers used for sentinel lymph node biopsy may require a breastfeeding interruption of up to 24 hours; during this time, milk should be expressed and discarded to maintain milk production.
- Reduced breast milk production should be expected in women who require chemotherapy during pregnancy.
- Women with PABC who require postpartum chemotherapy may be able to maintain milk production, but expressed milk is not safe for infant consumption.
- Breastfeeding is not recommended during adjuvant anti-HER2 or endocrine therapy.

Breastfeeding Management in Postpartum Women Diagnosed with Breast Cancer

- Breast cancer diagnosed up to 5 years postpartum is generally more aggressive than other presentations of this malignancy.
- Breastfeeding medicine experts should participate in multidisciplinary discussions about breastfeeding women diagnosed with postpartum breast cancer.
- Most radiologic staging studies are compatible with breastfeeding; nuclear medicine studies may require a brief period of limited contact, but expressed milk can be safely fed to the infant during this time.
- Chemotherapy, targeted anti-HER2 therapy, and endocrine therapy likely require discontinuation of breastfeeding.
- Cabergoline and other medications can be used for lactation cessation.
- Women who elect to wean should be informed of options for obtaining donor milk.

In any cases where the discontinuation of lactation is required, breastfeeding mothers should receive psychosocial support that focuses not only on their new cancer diagnosis but also on the emotional impact of undesired weaning. For further details, references and information, see the ABM's full protocol here:

<https://www.liebertpub.com/doi/pdf/10.1089/bfm.2020.29157.hmj>.

This podcast episode has some really fabulous discussion on the new protocol:

<https://lacted.org/podcasts/breastfeeding-breast-cancer/>.

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