

## عنوان مقاله:

Challenges in managing of breast cancer during pregnancy and review of 21 treated cases in oncology ward of Ostad  
. (Alinasab Hospital in Tabriz (in north west of IRAN

## محل انتشار:

نهمین کنگره بین المللی سرطان پستان (سال: 1392)

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## خلاصه مقاله:

Breast cancer is one of the most commonly diagnosed types of malignancy during pregnancy .Approximately 0/2% to 2.6% of all breast cancer occur during pregnancy (BCP ).Many oncologist and obstetricians not have experience or only limited exposure to cancers diagnosed during pregnancy. Breast cancer during pregnancy has been characterized by more advanced disease stage, poorly differentiated tumors that are often estrogen receptor-negative, and delays in diagnosis on the part of patient and physician, assuming breast changes are benign or related to pregnancy. Diagnosis was be made by a combination of ultrasonography, mammography, and/or MRI, followed by core needle biopsy. Modified radical mastectomy is standard care in first trimester, whereas breast- conserving surgery (lumpectomy with lymph node dissection ) can be performed preferably in the second or third trimester. Radiation therapy is not favored during pregnancy. Tamoxifen is contraindicated during pregnancy and Aromatase inhibitors are not indicated in premenopausal women. Chemotherapy is generally contraindicated during first trimester because of the possible damage to organogenesis. In the adjuvant and neo-adjuvant and in the advanced/metastatic setting, Anthracycline - based regiments(CA / CAF) remain the best choice, and Docetaxel or Paclitaxel can be administered in pregnancy if necessary. Chemotherapy dosage where equal to those for the nonpregnant patients and were based on body surface area. The use of Trastuzumab (Herceptin) and MTX contraindicated during pregnancy /and Lapatinib and Bevacizumab can not be recommended during pregnancy. We review 21 cases of breast cancer that diagnosed and treated during pregnancy in the north west of Iran (TABRIZ) .. Material and Method : Between December 1998 to November 2013 , 21patients with breast cancer during pregnancy that have been treated as MRM with axillary dissection during pregnancy are referred to our center for adjuvant chemotherapy .The mean age of patients was 33/2years (20-47 years). They all received chemotherapy for 4-6courses in 2th and 3th trimester of pregnancy with CA (in 4) or CAF (in 14 ) or TEC (in 3 ) regiment in 1th day and GCSF in 2th to 4th day of each course of chemotherapy. The last course of chemotherapy was at least 3 weeks before delivery (up to 35th weeks of pregnancy ) . Depending on the stage and hormone receptor states of tumors, ERT and/or Hormone therapy were given after delivery. The median follow up was 5years (9month to 12 years).. Results: The mean age of patients ... was 33/2 years. There was seen 2 patients i

## کلمات کلیدی:

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