

Breast Cancer in Younger Women

Westmead Breast Cancer Institute



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Breast cancer in younger women

Only 6% of breast cancers in Australia develop in women under the age of 40. In women aged 35–39 only 65 women per 100,000 develop breast cancer compared to 337 women per 100,000 in women aged 65–69.

When breast cancer develops in a younger woman it is often more unexpected than when breast cancer develops in an older woman. The treatment for breast cancer in younger women is generally the same as it is for older women. However, younger women often have different things to think about during and after breast cancer treatment.

Younger women are often concerned about:

- > What options there are for breast reconstruction if a mastectomy is needed
- > How treatment will affect future fertility
- > How to keep working during treatment if they want to
- > What effect breast cancer and its treatment will have on young children
- > What effects breast cancer and its treatment will have on sexuality
- > What should be done about contraception
- > Whether their prognosis is worse because they are younger
- > The future of their partner and children if they do not survive

Sometimes breast cancer in younger women is caused by an inherited gene fault (gene mutation) and the family history of all younger women with breast cancer needs to be looked at in detail.



The breast cancer diagnosis

Breast cancer is often harder to diagnose in younger women. This is often because younger women:

- > Have more lumpy breast tissue, which makes cancerous lumps harder to feel
- > Have more dense breast tissue, which makes a mammogram and ultrasound harder for doctors to read
- > Have a lower expectation of developing cancer so sometimes the diagnosis is delayed
- > May be pregnant or breast feeding when they find their lump, making it harder to know what the lump indicates.

Treatment for breast cancer

The choices for treating breast cancer are the same for women of all ages.

Breast cancer treatment includes treatment to the breast and to the lymph glands in the armpit, usually with surgery and/or radiotherapy. Treatment to the whole body with chemotherapy and/or hormonal (endocrine) therapies may also be recommended.

Treatment to the breast involves:

- > Breast conservation (removal of the cancer with wide local excision) followed by a course of radiotherapy, or
- > Mastectomy (removal of the breast), which may sometimes be followed by a course of radiotherapy.

Treatment to the lymph glands involves:

- > Sentinel node biopsy (sampling of one or more of the glands in the armpit and/or breastbone area), or
- > Axillary clearance (removal of all of the lymph glands in the armpit), or
- > A combination of these two treatments.

Treatment to the body involves:

- > Chemotherapy and/or
- > Hormonal therapies if the cancer shows hormone receptors on testing (may include tablets or treatments to remove or 'turn off' the ovaries).

Your treating specialists will be able to advise you on the treatment to the breast and armpit soon after breast cancer is diagnosed.

There are many options for breast reconstruction. Very often, this treatment is offered upfront before surgery - known as 'neoadjuvant' systemic therapy. This depends on individual circumstances and will be discussed with you early on with your specialist team. Your treatment plan is individualised to you and may include a combination of hormonal therapy, chemotherapy, and possibly clinical trial medications.

Breast reconstruction

More information about breast reconstruction can be found in the brochure *Breast Reconstruction*. Your treatment team can arrange for you to be referred to a plastic surgeon to discuss your options in more detail if you think you may be interested in breast reconstruction.

There are many options for breast reconstruction. It's important to work in partnership with your surgical team when discussing reconstructive options. The two main types of reconstruction are: implant based (for example a saline implant), or use of your own tissue.

More information about breast reconstruction can be found in the brochure *Breast Reconstruction*. Your treatment team can arrange for you to be referred to a plastic surgeon to discuss your options in more detail if you think you may be interested in breast reconstruction.

There are many pros and cons of each - the team will discuss the options suitable for you based on your diagnosis, treatment plan, and your own preferences. The timing of your reconstruction is also important to consider. Often at the time your cancer is removed - either by breast conservation surgery or mastectomy - reconstruction can be done in the same operation. This is known as immediate reconstruction.

Reconstruction can also be done at a later time (delayed reconstruction). There are many things to consider when discussing reconstructive options including type and timing. Your specialist oncoplastic surgeon will discuss with you the pros and cons for your consideration, or may involve a joint procedure involving a breast surgeon and a plastics/reconstructive surgeon.



Fertility

Breast cancer treatments can reduce fertility. The treatments that can reduce fertility are:

- > Chemotherapy—the effect of chemotherapy on fertility varies from one type of chemotherapy to another, and from person to person.
- > Treatments that reduce the function of the ovaries. Sometimes the effect on fertility is temporary and sometimes it can be permanent. How much these treatments reduce fertility depends on the individual treatments and your age. A woman in her 20s or 30s, for example, tends to recover her fertility after breast cancer treatments, but a woman who is over 40 may not. Your doctor will be able to tell you the likely effect of the treatment in your individual situation, or may arrange for you to see a doctor who specialises in fertility.
- If you think you might like to have children in the future it is important that you discuss this with your doctor at the time your breast cancer is diagnosed, before your treatment starts. In some cases, embryos or eggs can be frozen for future use through a cycle of invitro fertilisation (IVF) before your treatment starts.

Pregnancy after breast cancer treatment

While people often worry that the hormonal effects of a pregnancy after breast cancer may cause the cancer to come back, worldwide research does not support this. Sometimes fertility may be reduced after treatment for breast cancer so it can be harder to become pregnant, but a pregnancy following treatment for breast cancer does not increase the risk of cancer coming back.

Although a pregnancy is not harmful soon after treatment, many doctors recommend that women take time to recover fully (1-2 years) before having a baby.

There are lots of things to think about before having a baby after breast cancer treatment. It is important that a pregnancy be carefully planned and that you are not having any anti-cancer treatment like chemotherapy, radiotherapy or hormonal treatment when you fall pregnant. These issues should be talked about in detail with your treatment team if you are thinking about having a baby. You may need to consider how much support you have if your breast cancer returns some time in the future.

Normal breast feeding from a breast that has been previously treated for cancer may not be possible. Treatments like surgery and radiotherapy make it difficult for the breast to produce milk. The treated breast may produce a small amount of milk. Even if the treated breast does not produce milk, successful breast feeding from the healthy breast may be possible. The healthy breast will usually enlarge with pregnancy and breast feeding but the treated breast may not.

Breast cancer during pregnancy

Breast cancer may develop during pregnancy. When this happens it may be even more difficult to diagnose than breast cancer in a young, non-pregnant woman due to the hormonal effects of pregnancy on breast tissue. The treatment for breast cancer that develops during pregnancy depends on the stage of the pregnancy when the breast cancer is found.

While many women will assume that the pregnancy must be terminated, this is not necessarily the case.

Breast cancer usually can be treated successfully during pregnancy with careful treatment planning. During pregnancy, diagnostic tests and some treatments can be used for breast cancer.

Diagnostic tests

- > Breast ultrasound and biopsies are completely safe during pregnancy.
- > Mammography can also be performed during pregnancy if your doctor recommends it. Extra precautions may be needed.

Surgery

- > Surgery can be done at any stage of the pregnancy, but is often delayed until the end of the second trimester. The surgical options for treating the breast (breast conserving surgery and mastectomy) are the same as for any breast cancer. However, there are special considerations when you are pregnant. Things like the stage of the pregnancy and whether or not you are likely to need radiotherapy need to be taken into account when planning surgery.
- > The use of sentinel node biopsy during pregnancy, including the small dose of radioactive injection is thought to be safe.

Chemotherapy

- > This may be given during the second and third trimesters of pregnancy with some commonly used chemotherapy drugs. The risk of miscarriage or birth defects associated with chemotherapy in the second and third trimesters is extremely low. These safe chemotherapy drugs do not cross the placenta from the mother's bloodstream into the unborn baby's.
- > Most babies born to mothers who have chemotherapy during pregnancy are born with hair.
- > Usually chemotherapy is avoided in the first trimester of pregnancy.

Radiotherapy

- > Radiotherapy is not recommended during pregnancy. If radiotherapy is needed to treat your cancer, it will be planned for after you have the baby. Radiotherapy should be given within the first few months after

surgery so if you are in the first trimester of pregnancy, your doctor may recommend that you have a mastectomy rather than breast conservation because radiotherapy is often not needed after a mastectomy.

Hormonal (endocrine) therapies

Hormonal therapies are used to treat some breast cancers. It is used after other treatments such as surgery, chemotherapy and radiotherapy. It cannot be used during pregnancy so if hormonal therapy is recommended, it is delayed until after the baby is born.

Working during breast cancer treatment

Some women choose to keep working while they are having treatment. Whether or not you continue to work is a very personal decision and will depend on your individual circumstances. Things like the type of job you have, how supportive your work colleagues are and how flexible your hours are, will all influence your decision. Some women prefer to have time off work to concentrate on their treatment. Other women find it comforting to continue working and to keep their routine as close to normal as possible.

Some time off will be needed to recover from surgery. It is usually possible to continue to work during radiotherapy treatment. Whether or not you can work during chemotherapy treatment will depend on the side effects you get from the chemotherapy drugs. Side effects like hair loss can be managed by wearing a scarf or wig and other effects like nausea can be minimised with the use of medication, allowing you to continue working if you choose to.

Looking after a young family

Younger women facing breast cancer treatment often also have the challenge of looking after children during treatment. Knowing how much to tell your children can be difficult and will depend on how mature the children are and how much they can understand. It is often surprising how well even very young children understand what is happening around them. Children



generally need honesty and information and they are often more frightened when they are not told what is happening than when they are told in a gentle way, appropriate to their age. If you have other family members available, such as grandparents and aunts and uncles, they can often be helpful at this time, especially if you feel unwell during your treatment.

Psychologists with special training in this area are usually available through the hospital where you are being treated. If you feel you need help with these issues, do not be afraid to speak to your doctor or breast care nurse. These people are there to support you.

Relationships and sexuality

You will probably find that the people around you react in different ways to your breast cancer diagnosis. Some people will give you lots of support and other

people may not know how to help. Be prepared to give people time to deal with their feelings and be specific about the ways they can help.

As well as surgery which causes a visible change in body shape, other treatments like chemotherapy and hormonal therapy can cause changes in the way your body feels. Some women have difficulty with a sexual relationship after breast cancer treatment. This can result from worry about the changes to your body image. It can also result from treatments that cause mood swings, hot flushes and vaginal discomfort. If you are having any of these difficulties it is important that you mention them to your doctor or breast care nurse. Many of these symptoms can be overcome with simple measures.

Family history of breast cancer

Most women with breast cancer, including younger women, develop breast cancer by chance not due to an inherited risk. In Australia, 1 in 7 women develop breast cancer, and only 5% of those women have an inherited risk.

Sometimes breast cancer develops because of a gene fault that can be passed on through families. The women in families that carry an inherited gene fault may develop breast cancer at a young age (in their 20s or 30s) and may also develop cancer in both breasts or develop cancer of the ovaries and fallopian tubes. Women under 40 with breast cancer, and women between 40 and 50 with 'triple negative' breast cancer are routinely considered for genetic testing.

Your doctor will ask you about your family history of breast cancer and other cancers. If it is thought likely that there may be an inherited gene fault in your family you will be referred to a family cancer clinic to discuss your history in more detail.

If the genetics specialists at the family cancer clinic think that your breast cancer may have developed because of an inherited gene fault, your breast cancer specialists will consider this when discussing your treatment options with you. Genetic testing will be arranged if appropriate.



More information about these issues can be found in the brochure called *Family History of Breast Cancer*.

Remember, breast cancer is not an emergency. You have time to consider all of your options and to discuss all of these issues before you have any treatment. It is important that you take the time you need to decide on the right treatment for your individual situation.

Useful contacts/websites

Cancer Australia	canceraustralia.gov.au
Cancer Council	cancer.org.au
Cancer Council Helpline	13 11 20
Breast Cancer Network Australia (BCNA)	1800 500 258 bcna.org.au

Supporting People with Breast Cancer Today and Every Day

- Providing screening, diagnosis, treatment and care by expert teams
- With world-class research, education and innovation
- Engaging the help of our community and supporters
- To shine a Ray of Hope



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