



ASO Author Reflections: Challenges in the Management of Young Women with Breast Cancer—Fertility Preservation and Pregnancy

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PAST

A unique set of challenges face young women diagnosed with breast cancer. Given that younger patients are often underrepresented in clinical trials, these patients may not be offered the full range of available treatment options.¹ In addition, the management of young patients is made more complex due to circumstances such as fertility preservation and pregnancy. These issues can affect the treatment choices made by younger patients, as standard breast cancer therapies have comorbidities and consequences that are not encountered by older patients.^{2,3} To overcome these concerns, newer guidelines are being developed to help deliver appropriate care, but these recommendations can be difficult to interpret given the nuanced approach needed to treat younger patients. To this end, our article aims to present a clear and concise set of recommendations for managing fertility preservation and pregnancy in breast cancer.⁴

PRESENT

The management of breast cancer in young patients requires a multidisciplinary approach.⁵ A team comprising providers able to take on challenges such as fertility preservation and pregnancy should be available to this patient population. The care team should include oncologists, obstetricians, reproductive endocrinologists, and neonatologists. We strongly support that this multidisciplinary approach would help to ensure optimal care.

Our article discusses the implications of breast cancer treatment on fertility preservation.⁴ After describing the potential impact of systemic therapy, including amenorrhea and infertility, we summarize options available for fertility preservation. We also introduce experimental techniques and novel trials currently available for consideration, in conjunction with more conventional approaches.⁴

In an attempt to coalesce information regarding the multidisciplinary care necessary for the management of both breast cancer and pregnancy, we present cancer treatment recommendations specific to each pregnancy trimester. We review the available data including the National Comprehensive Cancer Network (NCCN), European Society for Medical Oncology (ESMO), and American Society of Clinical Oncology (ASCO) clinical practice guidelines. We also discuss the available data that helped form these recommendations.

FUTURE

Future trials and studies should focus on increasing treatment options for young cancer patients. New methods of fertility preservation are being explored, and as novel therapeutics are introduced, it is important to examine the implications of these treatments on fertility and pregnancy.

This ASO Author Reflections is a brief invited commentary on the article, “*Young Women with Breast Cancer: Fertility Preservation Options and Management of Pregnancy-Associated Breast Cancer*,” Ann Surg Oncol. (2019). <https://doi.org/10.1245/s10434-019-07156-7>.

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To accomplish this goal, cooperative efforts among multiple institutions will be vital to achieve study recruitment endpoints and to establish safety and efficacy data.

Additionally, initiatives should be directed towards providing standardized and equitable care for young cancer patients. Ideally, treatment plans should be based on universally applied guidelines. Care should be multidisciplinary and independent of factors such as geographic location or socioeconomic status. Furthermore, it is critical to ensure timely dissemination of new information to minimize a lag between the development of new treatment options and incorporation into clinical practice.

While the care of young breast cancer patients can be challenging, translation of medical science continues to expand treatment options for both fertility preservation and pregnancy-associated breast cancer. Coordinated efforts among clinicians to implement these advances will hopefully help to improve the outcomes for this unique patient population.

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