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Therapeutic approaches in pregnant women with breast cancer

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Objective: This study aimed to understand the therapeutic approaches recommended for pregnant women with breast cancer (BC). **Methodology:** This narrative review used PubMed, Scielo, and Virtual Health Library as databases, with the descriptors: “breast cancer,” “Pregnant woman at risk,” and “Therapeutic indication.” **Results:** BC is considered a risk factor during pregnancy when the diagnosis occurs during or after 1 year of pregnancy. At this stage, there is greater vascularization and density of the breast parenchyma, intensified during the lactation period. These physiological changes in the pregnancy cycle make early diagnosis by mammography difficult and, consequently, lead to a higher frequency of cases of breast CA in advanced stages. Infiltrating ductal carcinoma corresponds to the majority of BCs in pregnant women; for this, the most indicated treatment, in most cases, is surgery. However, radiotherapy is contraindicated, as chemotherapy is only used in the second and third trimesters of pregnancy. The survival of pregnant women with breast CA and non-pregnant women presents little difference, but the clinical control of the patient must be multidisciplinary with an obstetrician, oncologist, nutritionist, and psychologist to confirm both the state and the gestational time, which are necessary for safe therapeutic decisions for mother and fetus. **Conclusion:** Therapeutic strategies bring several benefits in the treatment of BC in pregnant women, especially infants. Furthermore, it is important to highlight the importance of the multidisciplinary team in the treatment of BC, taking into account the benefits and risks presented for each patient; therefore, the assessment must be analyzed and individualized for each patient and the specificity of BC, all with the aim of the best treatment of the mother, ensuring the benefits of her relationship with her child and ensuring a healthy and safe motherhood.

Keywords: breast cancer; pregnant women at risk; therapeutic indication.