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Living as a Breast Cancer Survivor

Living as a Survivor

Learn more about living as a breast cancer survivor and get information about next steps.

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Other Concerns After Treatment

Treatment may remove or destroy the cancer, but you might still have other concerns after treatment.

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Follow-up Care After Breast Cancer Treatment

Many women are relieved to be finished with breast cancer treatment, but also worry about the cancer coming back and can feel lost when they don't see their cancer care

team as often.

But for some women with advanced breast cancer, the cancer may never go away completely. These women may continue to get treatments to help keep the breast cancer under control and to help relieve symptoms from it. Learning to live with advanced breast cancer that doesn't go away can have its own types of stress and uncertainty.

Even if you have completed breast cancer treatment, your doctors still will want to watch you closely, so it's very important for you to go to all of your follow-up appointments. During these visits, your doctors will ask if you are having any problems and will examine you. Lab tests and imaging tests typically aren't needed after treatment for most early-stage breast cancers. But they might be done in some women who are having symptoms to see if they're the result of the cancer returning or are from treatment-related side effects.

Almost any cancer treatment can have [side effects](#)¹. Some might only last for a few days or weeks, but others might last a long time. Some side effects might not even show up until years after you have finished treatment. Your doctor visits are a good time for you to ask questions and talk about any changes or problems you notice or concerns you have. However, if concerns about your cancer come up between visits, you shouldn't wait until your next scheduled visit. Call your doctor's office right away.

Typical follow-up schedules

Your follow-up schedule can depend on many factors, including the type of breast cancer, how advanced it was when it was found (the [stage](#)² of the cancer), and how it was (or is being) treated.

- **Doctor visits:** If you have finished treatment, your follow-up visits will probably be every few months at first. The longer you have been free of cancer, the less often the appointments are needed. After 5 years, they are typically done about once a year.
- **Mammograms:** If you had [breast-conserving surgery](#)³ (lumpectomy or partial mastectomy), you will probably have a [mammogram](#)⁴ about 6 to 12 months after surgery and radiation are completed, and then at least every year after that. Women who've had a [mastectomy](#)⁵ (removal of the entire breast) typically no longer need mammograms on that side. But unless you've had both breasts removed, you still need to have yearly mammograms on the remaining breast. To learn more, see [Mammograms After Breast Cancer Surgery](#)⁶.

- **Pelvic exams:** If you are taking either of the hormone drugs tamoxifen or toremifene and still have your uterus, your doctor will likely recommend pelvic exams every year because these drugs can increase your risk of [uterine \(endometrial\) cancer](#)⁷. This risk is highest in women who have gone through menopause. Be sure to tell your doctor right away about any unusual vaginal bleeding, such as bleeding or spotting after menopause, bleeding or spotting between periods, or a change in your periods. Although this is usually caused by something that isn't cancer, it can also be the first sign of uterine cancer.
- **Bone density tests:** If you are taking a hormone drug called an aromatase inhibitor (such as anastrozole, letrozole, or exemestane) for early-stage breast cancer, or if treatment puts you into menopause, your doctor will want to monitor your bone health and may consider testing your bone density.
- **Other tests:** Other tests such as blood tests and imaging tests (like bone scans, x-rays, or CT or PET scans) are not a standard part of follow-up for most women who've been treated for breast cancer, because they haven't been shown to help them live longer. But one or more of these tests might be done if you have symptoms or physical exam findings that suggest that the cancer might have come back.

If symptoms, exams, or tests suggest your cancer might have returned, [imaging tests](#)⁸ such as an x-ray, CT scan, PET scan, MRI scan, bone scan, and/or a [biopsy](#)⁹ may be done.

If the cancer recurrence is confirmed, your doctor may also check your blood for circulating tumor cells (CTCs), or for levels of blood tumor markers such as CA-15-3, CA 27-29, or CEA. Tumor marker levels go up in some women if their cancer recurs or has spread, so if a tumor marker level is high, your doctor might use it to monitor the results of further treatment. But tumor marker levels don't go up in all women, so these tests aren't always helpful, and they aren't used to watch for cancer recurrence in women without any symptoms.

Ask your doctor for a survivorship care plan

Talk with your doctor about developing a [survivorship care plan](#)¹⁰ for you. This plan might include:

- A summary of your diagnosis, the tests that were done, and the treatment you received

- A suggested schedule for follow-up exams and tests
- A schedule for other tests you might need in the future, such as early detection (screening) tests for other types of cancer, or tests to look for long-term health effects from the breast cancer or its treatment
- A list of possible late- or long-term side effects from your treatment, including what to watch for and when you should contact your doctor
- Diet, physical activity, and other lifestyle modification suggestions

Keeping health insurance and copies of your medical records

Even after treatment is finished, it's very important to keep your [health insurance](#)¹¹. Tests and doctor visits cost a lot, and even though no one wants to think their cancer might come back, this could happen.

At some point after your treatment, you might find yourself seeing a new doctor who doesn't know about your medical history. It's important to keep copies of your medical records so you can give your new doctor the details of your diagnosis and treatment. Learn more in [Keeping Copies of Important Medical Records](#)¹².

If the cancer comes back

If cancer does return, your treatment options will depend on where it comes back, what treatments you've had before, and your current health and preferences. For more information, see [Treatment of Recurrent Breast Cancer](#)¹³.

It's important to know that women who have had breast cancer can also still get other types of cancer, so it's important to follow the [American Cancer Society guidelines for the early detection of cancer](#)¹⁴, such as those for colorectal cancer and cervical cancer.

Women who have had breast cancer are actually at higher risk for certain other cancers. To learn more about the risks of second cancers, see [Second Cancers After Breast Cancer](#).

Hyperlinks

1. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects.html
2. www.cancer.org/cancer/breast-cancer/understanding-a-breast-cancer-diagnosis/stages-of-breast-cancer.html

3. www.cancer.org/cancer/breast-cancer/treatment/surgery-for-breast-cancer/breast-conserving-surgery-lumpectomy.html
4. www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/mammograms/mammogram-basics.html
5. www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/mammograms/having-a-mammogram-after-youve-had-breast-cancer-surgery.html
6. www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/mammograms/having-a-mammogram-after-youve-had-breast-cancer-surgery.html
7. www.cancer.org/cancer/endometrial-cancer.html
8. www.cancer.org/treatment/understanding-your-diagnosis/tests/imaging-radiology-tests-for-cancer.html
9. www.cancer.org/treatment/understanding-your-diagnosis/tests/testing-biopsy-and-cytology-specimens-for-cancer/biopsy-types.html
10. www.cancer.org/treatment/survivorship-during-and-after-treatment/long-term-health-concerns/survivorship-care-plans.html
11. www.cancer.org/treatment/finding-and-paying-for-treatment/understanding-health-insurance.html
12. www.cancer.org/treatment/survivorship-during-and-after-treatment/long-term-health-concerns/keeping-copies-of-important-medical-records.html
13. www.cancer.org/cancer/breast-cancer/treatment/treatment-of-breast-cancer-by-stage/treatment-of-recurrent-breast-cancer.html
14. www.cancer.org/healthy/find-cancer-early/american-cancer-society-guidelines-for-the-early-detection-of-cancer.html

References

Henry NL, Shah PD, Haider I, et al. Chapter 88: Cancer of the breast. In: Niederhuber JE, Armitage JO, Doroshow JH, Kastan MB, Tepper JE, eds. *Abeloff's Clinical Oncology*. 6th ed. Philadelphia, Pa: Elsevier; 2020.

Jagsi R, King TA, Lehman C, et al. Chapter 79: Malignant tumors of the breast. In: DeVita VT, Lawrence TS, Rosenberg SA, eds. *DeVita, Hellman, and Rosenberg's Cancer: Principles and Practice of Oncology*. 11th ed. Philadelphia, Pa: Lippincott Williams & Wilkins; 2019.

National Comprehensive Cancer Network (NCCN). Practice Guidelines in Oncology:

Breast Cancer. Version 8.2021. Accessed at https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf on October 18, 2021.

Ruddy KJ, Partridge AH. Approach to the patient following treatment for breast cancer. UpToDate. 2021. Accessed at <https://www.uptodate.com/contents/approach-to-the-patient-following-treatment-for-breast-cancer> on October 18, 2021.

Runowicz CD, Leach CR, Henry NL, et al. American Cancer Society/American Society of Clinical Oncology Breast Cancer Survivorship Care Guideline. *J Clin Oncol*. 2016;34(6):611-635.

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Can I Lower My Risk of Breast Cancer Progressing or Coming Back?

If you have (or have had) breast cancer, you probably want to know if there are things you can do (aside from your treatment) that might lower your risk of the cancer growing or coming back, such as exercising, eating a certain type of diet, or taking nutritional supplements. Fortunately, breast cancer is one of the best studied types of cancer in this regard, and research has shown there are some things you can do that might be helpful.

Staying as healthy as possible is more important than ever after breast cancer treatment. [Controlling your weight, keeping physically active, and eating well](#)¹ may help you lower your risk of breast cancer coming back, as well as help protect you from other health problems.

Getting to a healthy weight

If you have had breast cancer, getting to and staying at a healthy weight might help lower your risk. A lot of research suggests that being overweight or obese (very overweight) raises the risk of breast cancer coming back. It has also been linked with a higher risk of getting [lymphedema](#)², as well as a higher risk of dying from breast cancer.

However, there is less research to show whether losing weight during or after treatment

can actually lower the risk of breast cancer coming back. Large studies are now looking at this issue. This is complicated by the fact that many women gain weight (without trying) during breast cancer treatment, which itself might increase risk.

Of course, for women who are overweight, getting to a healthy weight can also have other health benefits. For example, weight loss has been shown to improve quality of life and physical functioning among overweight breast cancer survivors. Getting to a healthy weight might also lower your risk of getting some other cancers (including a new breast cancer), as well as some types of chronic diseases.

Because of the possible health benefits of losing weight, many health care providers now encourage women who are overweight to get to and stay at a healthy weight. Even losing a few pounds may be helpful. Still, it's important to discuss this with your doctor before trying to lose weight, especially if you are still getting treatment or have just finished it. Your health care team can help you create a plan to lose weight safely.

Being physically active

Among breast cancer survivors, studies have found a consistent link between physical activity and a lower risk of breast cancer coming back and of dying from breast cancer. Physical activity has also been linked to improvements in quality of life, physical functioning, and fewer [fatigue](#)³ symptoms.

It's not clear exactly how much activity might be needed, but more seems to be better. More vigorous activity may also be more helpful than less vigorous activity. But further studies are needed to help clarify this.

In the past, breast cancer survivors with **lymphedema** were often advised to avoid certain arm exercises and vigorous activities. But studies have found that such physical activity is safe when done the right way. In fact, it might actually lower the risk of lymphedema, or improve lymphedema for women who already have it.

As with other types of lifestyle changes, it's important to talk with your treatment team before starting a new physical activity program. This will likely include meeting with a physical therapist as well. Your team can help you plan a safe and effective program.

Eating a healthy diet

Most research on possible links between diet and the risk of breast cancer coming back has looked at broad dietary patterns, rather than specific foods. In general, it's not clear if eating any specific type of diet can help lower your risk of breast cancer coming back.

Studies have found that breast cancer survivors whose eating patterns include more vegetables, fruits, whole grains, chicken, and fish tend to live longer than those who eat more refined sugars, fats, red meats (such as beef, pork, and lamb), and processed meats (such as bacon, sausage, luncheon meats, and hot dogs). But it's not clear if this is due to effects on breast cancer or possibly to other health benefits of eating a healthy diet.

Two large studies (known as WINS and WHEL) have looked at the effects of lowering **fat intake** after being diagnosed with early-stage breast cancer. One study found that women on a low-fat diet had a small reduction in the risk of cancer coming back, but these women also lost weight as a result of their diet, which might have affected the results. The other study did not find a link between a diet low in fat and the risk of cancer coming back.

Many women have questions about whether **soy products** are safe to eat after a diagnosis of breast cancer. Soy foods are rich sources of compounds called **isoflavones** that can have estrogen-like properties in the body. However, some recent large studies have not found that soy food intake affects breast cancer coming back or survival rates. While eating soy foods doesn't seem to pose a risk, the evidence regarding the effects of taking soy or isoflavone supplements, which often contain much higher levels of these compounds, is not as clear.

The links between specific types of diets and breast cancer coming back are not certain, but there are clearly health benefits to eating well. For example, diets that are rich in plant sources are often an important part of getting to and staying at a healthy weight. Eating a healthy diet can also help lower your risk for some other common health problems, such as heart disease and diabetes.

Dietary supplements

Women often want to know if there are any [dietary or nutritional supplements](#)⁴ they can take to help lower their risk. So far, no dietary supplements (including vitamins, minerals, and herbal products) have been shown to clearly help lower the risk of breast cancer progressing or coming back. This doesn't mean that there aren't any that will help, but it's important to know that none have been proven to do so.

Dietary supplements are not regulated like medicines in the United States – they do not have to be proven effective (or even safe) before being sold, although there are limits on what their makers are allowed to claim they can do. If you're thinking about taking any nutritional supplement, talk to your health care team. They can help you decide which ones you can use safely while avoiding those that might be harmful.

Alcohol

It's clear that alcohol – even as little as a few drinks a week – increases a woman's risk of **developing** breast cancer. But whether alcohol affects the risk of breast cancer **coming back** is not as clear. Drinking alcohol can raise the levels of estrogen in the body, which in theory could increase the risk of breast cancer coming back. But there is no strong evidence from studies to support this.

[It is best not to drink alcohol.](#)⁵ Women who do drink should limit it to no more than 1 drink a day to help lower their risk of getting certain types of cancer (including breast cancer). For women who have completed cancer treatment, the effects of alcohol on cancer recurrence risk are largely unknown.

Because this issue is complex, it's important to discuss it with your health care team, taking into account your risk of breast cancer coming back (or you getting other cancers) and your risk of other health issues linked to alcohol use.

If the cancer comes back

If breast cancer does return, your treatment options will depend on where it comes back, what treatments you've had before, and your current health and preferences. For more information, see [Treatment of Recurrent Breast Cancer](#)⁶.

Hyperlinks

1. www.cancer.org/treatment/survivorship-during-and-after-treatment/be-healthy-after-treatment.html
2. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/lymphedema.html
3. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fatigue.html
4. www.cancer.org/treatment/treatments-and-side-effects/treatment-types/complementary-and-integrative-medicine/dietary-supplements.html
5. www.cancer.org/healthy/eat-healthy-get-active/acs-guidelines-nutrition-physical-activity-cancer-prevention.html
6. www.cancer.org/cancer/breast-cancer/treatment/treatment-of-breast-cancer-by-stage/treatment-of-recurrent-breast-cancer.html

References

Ligibel J, Meyerhardt JA. The roles of diet, physical activity, and body weight in cancer survivors. UpToDate. 2021. Accessed at <https://www.uptodate.com/contents/the-roles-of-diet-physical-activity-and-body-weight-in-cancer-survivors> on October 20, 2021.

National Comprehensive Cancer Network (NCCN). Practice Guidelines in Oncology: Breast Cancer. Version 8.2021. Accessed at https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf on October 20, 2021.

Rock CL, Doyle C, Demark-Wahnefried W, et al. Nutrition and physical activity guidelines for cancer survivors. *CA Cancer J Clin*. 2012;62: 242–274.

Rock CL, Thomson C, Gansler T, et al. American Cancer Society guideline for diet and physical activity for cancer prevention. *CA: A Cancer Journal for Clinicians*. 2020;70(4). doi:10.3322/caac.21591. Accessed at <https://onlinelibrary.wiley.com/doi/full/10.3322/caac.21591> on June 9, 2020.

Ruddy KJ, Partridge AH. Approach to the patient following treatment for breast cancer. UpToDate. 2021. Accessed at <https://www.uptodate.com/contents/approach-to-the-patient-following-treatment-for-breast-cancer> on October 20, 2021.

Runowicz CD, Leach CR, Henry NL, et al. American Cancer Society/American Society of Clinical Oncology Breast Cancer Survivorship Care Guideline. *J Clin Oncol*. 2016;34(6):611-635.

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Body Image and Sexuality After Breast Cancer

Learning to be comfortable with your body during and after breast cancer treatment is a personal journey that is different for every woman. Information and support can help you cope with these changes over time.

Feeling good about your body during and after breast cancer

treatment

Along with the emotional, mental, and financial stresses that cancer and its treatment can cause, many women with breast cancer also find themselves coping with changes in their appearance as a result of their treatment.

Some changes may be temporary, such as [hair loss](#)¹. But even short-term changes can have a profound effect on how a woman feels about herself. A number of options are available to help women cope with hair loss, including wigs, hats, scarves, and other accessories. Alternatively, some choose to use their baldness as a way to identify themselves as breast cancer survivors.

Other changes can be permanent, like the loss of part or all of a breast (or breasts) after surgery. Some women choose to have [reconstructive surgery](#)² to rebuild the breast mound, while others might choose not to. If you decide not to have breast reconstruction, you can decide [whether to wear a breast form or prosthesis or not](#)³.

Sexuality after breast cancer

You may have concerns about sexuality after breast cancer. Physical changes, especially after breast surgery, can make some women less comfortable with their bodies. There may be a loss of sensation in the affected breast. Other treatments for breast cancer, such as [chemotherapy](#)⁴ and [hormone therapy](#)⁵, can change your hormone levels and may affect your sexual interest and/or response.

Relationship issues are also important. Your partner might worry about how to express love physically and emotionally after treatment, especially after surgery. But breast cancer can be a growth experience for couples – especially when both partners take part in decision making and go to treatments.

To learn more, see [Sex and the Adult Female with Cancer](#)⁶.

Finding help and support after breast cancer treatment

Regardless of the changes you may experience, it's important to know that there is advice and support out there to help you cope. Speaking with your doctor or other members of your health care team is often a good starting point to find it. There are also many support groups available, such as the [American Cancer Society Reach To Recovery program](#)⁷. This program matches you with a local volunteer who has had breast cancer. Your Reach To Recovery volunteer can answer many of your questions and can give you suggestions, additional reading material, and advice. Remember that

she's been there and will probably understand.

Some studies suggest that younger women tend to have more problems adjusting to the stresses of breast cancer and its treatment. It can feel socially isolating. Younger women might also be more affected by issues of sexuality or [fertility](#)⁸ (the ability to have children). Some younger women might be thinking about starting a family or having more children, and they might worry about how the cancer and its treatment might affect this. Others might have already started families and might worry about how family members might be affected. For more on this, see [Pregnancy After Breast Cancer](#).

If you are having trouble adjusting after a breast cancer diagnosis, a counselor or a support group can often be helpful. If you aren't sure who can help, call your American Cancer Society at 1-800-227-2345. We can put you in touch with a group or resource that may work for you.

Hyperlinks

1. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/hair-loss.html
2. www.cancer.org/cancer/breast-cancer/reconstruction-surgery.html
3. www.cancer.org/cancer/breast-cancer/reconstruction-surgery/breast-reconstruction-alternatives.html
4. www.cancer.org/cancer/breast-cancer/treatment/chemotherapy-for-breast-cancer.html
5. www.cancer.org/cancer/breast-cancer/treatment/hormone-therapy-for-breast-cancer.html
6. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-side-effects/sexuality-for-women-with-cancer.html
7. www.cancer.org/treatment/support-programs-and-services/reach-to-recovery.html
8. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-side-effects/how-cancer-treatment-affects-fertility.html

References

Henry NL, Shah PD, Haider I, et al. Chapter 88: Cancer of the breast. In: Niederhuber JE, Armitage JO, Doroshow JH, Kastan MB, Tepper JE, eds. *Abeloff's Clinical Oncology*. 6th ed. Philadelphia, Pa: Elsevier; 2020.

Jagsi R, King TA, Lehman C, et al. Chapter 79: Malignant tumors of the breast. In:

DeVita VT, Lawrence TS, Rosenberg SA, eds. *DeVita, Hellman, and Rosenberg's Cancer: Principles and Practice of Oncology*. 11th ed. Philadelphia, Pa: Lippincott Williams & Wilkins; 2019.

Ruddy KJ, Partridge AH. Approach to the patient following treatment for breast cancer. UpToDate. 2021. Accessed at <https://www.uptodate.com/contents/approach-to-the-patient-following-treatment-for-breast-cancer> on October 21, 2021.

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Pregnancy After Breast Cancer

Breast cancer is most common in older women. But if you are a younger woman who has had breast cancer, you might question if this has affected your fertility (ability to have children) and if there are any extra risks if you become pregnant.

Many women are able to become pregnant after being treated for breast cancer. However, some treatments can make it harder to get pregnant. If you think you might want to have children one day, or just want to keep your options open, the best time to talk to your doctor about this is **before** you begin breast cancer treatment.

Can I have a baby after having breast cancer?

Some treatments for breast cancer might affect a woman's fertility. For example, chemotherapy for breast cancer might damage the ovaries, which can sometimes cause immediate or delayed infertility. Still, many women are able to become pregnant after treatment. For more about how cancer treatment can affect fertility, see [Female Fertility and Cancer](#)¹.

Could pregnancy or breastfeeding make my breast cancer come back?

Many breast cancers are sensitive to estrogen, so there has been concern that for women who have had breast cancer, the high hormone levels that result from a

pregnancy might increase the chance of the cancer coming back. However, studies have not shown that pregnancy increases the risk of the cancer coming back after successful treatment.

Some women might not be able to **breastfeed** after breast cancer treatment, depending on the treatment they received and other factors (see below). But for those who are able to, breastfeeding after treatment is not thought to increase the risk of breast cancer recurrence. Breastfeeding (especially for a year or more) is linked to a [lower risk of developing breast cancer](#)², although there is less research about whether it can help lower the risk of breast cancer coming back after treatment.

How long after breast cancer treatment should I wait before becoming pregnant?

Breast cancer survivors who want to become pregnant are sometimes advised to wait at least 2 years after treatment is finished before trying. The best length of time to wait is not clear, but 2 years is thought to be enough time to find any early return of the cancer, which could affect your decision to become pregnant.

For women with hormone receptor-positive breast cancer, adjuvant [hormone therapy](#)³ is typically recommended for 5 to 10 years after the initial treatment. Women who want to have children during this time are often advised to take hormone therapy for at least 2 years before stopping it and then waiting a few months before trying to become pregnant. Hormone therapy can then be started again after the baby is born.

Keep in mind that the advice about waiting 2 years is not based on data from any clinical trials. And some breast cancers can come back after the 2-year mark, so every case is different. Your decision should take into account many things, including your age, desire for more pregnancies, type of breast cancer, and the risk of the cancer coming back early.

If I get pregnant, would my history of breast cancer put my baby at risk?

Having a history of breast cancer does seem to be linked to an increased risk of some possible complications of pregnancy, including pre-term delivery, having a low-birth-weight baby, and the need for a cesarean section (C-section).

But research has not found that a woman's past breast cancer has any direct effect on her baby. There is no increased rate of birth defects or other long-term health concerns

in children born to women who have had breast cancer.

Could breast cancer treatment affect my unborn baby?

If you are still getting any type of treatment for breast cancer, including chemotherapy, hormone therapy, targeted therapy, or immunotherapy, talk to your doctor before trying to become pregnant. Many of these drugs might affect a growing fetus, so it is safer to wait until all treatment is complete before getting pregnant.

It's also important to remember that stopping treatment early can increase the risk of the cancer growing or coming back. See [Treating Breast Cancer During Pregnancy](#)⁴ for more on this.

Can I breastfeed after breast cancer treatment?

If you have had breast surgery and/or radiation, you might have problems breastfeeding from the affected breast. This might include reduced milk production in that breast as well as structural changes that can make breastfeeding painful, or make it harder for the baby to latch onto the breast. Still, many women are able to breastfeed.

If you are still taking any medicines to treat your breast cancer (such as hormone therapy), it's very important to talk with your doctor before trying to breastfeed. Some drugs can enter the breast milk and might affect the baby.

Talk to your doctor

If you have or have had breast cancer and are thinking about having children, talk with your doctor. Ask how the cancer and its treatment might affect your chances for pregnancy, as well as if being pregnant could affect your risk of the cancer coming back.

In many cases, counseling can help you sort through the choices that come with surviving breast cancer and planning a pregnancy.

Hyperlinks

1. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-side-effects/fertility-and-women-with-cancer.html
2. www.cancer.org/cancer/breast-cancer/risk-and-prevention/lifestyle-related-breast-

[cancer-risk-factors.html](#)

3. www.cancer.org/cancer/breast-cancer/treatment/hormone-therapy-for-breast-cancer.html
4. www.cancer.org/cancer/breast-cancer/treatment/treating-breast-cancer-during-pregnancy.html

References

Azim HA Jr, Santoro L, Pavlidis N, et al. Safety of pregnancy following breast cancer diagnosis: A meta-analysis of 14 studies. *Eur J Cancer*. 2011;47:74-83.

Hickey M, Peate M, Saunders CM, Friedlander M. Breast cancer in young women and its impact on reproductive function. *Hum Reprod Update*. 2009;15:323-339.

Lambertini M, Blondeaux E, Bruzzone M, et al. Pregnancy after breast cancer: A systematic review and meta-analysis. *J Clin Oncol*. 2021;39(29):3293-3305.

National Cancer Institute. Breast Cancer Treatment and Pregnancy (PDQ®). 2019. Accessed at www.cancer.gov/types/breast/hp/pregnancy-breast-treatment-pdq on October 21, 2021.

Ruddy KJ, Partridge AH. Approach to the patient following treatment for breast cancer. UpToDate. 2021. Accessed at <https://www.uptodate.com/contents/approach-to-the-patient-following-treatment-for-breast-cancer> on October 21, 2021.

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Menopausal Hormone Therapy After Breast Cancer

Taking [post-menopausal hormone therapy \(PHT\)](#)¹, also called hormone replacement therapy (HRT), to help with menopause symptoms may not be safe for women who have had breast cancer. If you are bothered by menopause symptoms, talk to your doctor about ways to get relief.

Many women have menopause symptoms such as hot flashes after treatment for breast cancer. This can happen naturally as women get older, but it can also be caused by some breast cancer treatments. Some pre-menopausal women have menopause symptoms as a result of [chemotherapy](#)² or from [hormone therapy drugs](#)³ used to treat breast cancer (such as tamoxifen and aromatase inhibitors). Women who are past menopause might also get symptoms if they had to stop taking PHT when they were diagnosed with breast cancer.

Can I take menopausal hormone therapy after breast cancer?

When women reach menopause, some choose to take PHT, which is made up of female hormones (estrogen, sometimes along with progesterone) to help reduce menopause symptoms. But there have been concerns about women who have had breast cancer using PHT, because of the known link between estrogen levels and breast cancer growth.

A well-designed clinical trial (the HABITS study) found that breast cancer survivors taking PHT were much more likely to develop a new or recurrent breast cancer (cancer that comes back after treatment) than women who were not taking these hormones. Because of this, doctors generally do not recommend PHT if a woman was previously treated for breast cancer.

Relieving menopausal symptoms without hormone therapy

If you are having trouble with menopause symptoms, such as hot flashes, talk to your doctor about ways other than PHT to help with specific symptoms. Some women might want to try using non-hormonal medicines or other methods first to see if they help.

Losing weight

Some women find that losing weight helps with menopausal symptoms such as hot flashes.

Diet and dietary supplements

Some women find that changing the way they eat, such as eating smaller meals and avoiding 'triggers' (such as spicy foods) is helpful for them.

The effects of specific foods and dietary supplements on menopausal symptoms are not clear. This doesn't mean they won't help, but it's important to understand that the

evidence supporting their use is limited.

Phytoestrogens: These are estrogen-like substances found in certain plants, such as soy, red clover, and black cohosh. Some women take supplements containing these substances to try to help with symptoms of menopause.

Eating soy foods seems to be safe for breast cancer survivors, although it's not clear if it can help relieve menopause symptoms. Women can get higher doses of phytoestrogens in some dietary supplements (such as soy or isoflavone supplements). However, not enough is known about these supplements to know for sure if they are safe and if they work. If you are considering taking one of these supplements, be sure to talk with your doctor first.

Exercise, relaxation techniques, and behavioral therapies

Some women find these types of approaches help them with menopausal symptoms. Although there is only limited research showing these techniques might be helpful, there's likely to be little harm in trying them. Before starting any exercise program after being diagnosed with breast cancer, it's important to speak with your doctor or someone on your health care team.

Some research has suggested that **acupuncture** might be helpful in treating hot flashes, although not all studies have found this. This might be another option to discuss with your doctor.

Non-hormone medicines for hot flashes

Drugs without hormone properties that may be helpful in treating hot flashes include:

- Certain antidepressant drugs, such as venlafaxine (Effexor), citalopram (Celexa), or paroxetine (Paxil)*
- The nerve drug gabapentin (Neurontin)
- The blood pressure drug clonidine
- Oxybutynin, a drug used to treat overactive bladder

*If you are taking tamoxifen, it's important to note that some antidepressants can interact with tamoxifen and could make it less effective. Ask your doctor about any possible interactions between tamoxifen and any drugs you are taking.

Treatments for vaginal dryness

Vaginal dryness and discomfort can be bothersome menopausal symptoms for some women.

Several non-hormone treatments, including vaginal moisturizers, lubricants, and gels, are available to help treat vaginal dryness. If these aren't helpful, low-dose hormonal rings, tablets, capsules, or creams that are put directly into the vagina might be helpful.

Devices that use lasers or other forms of energy to 'rejuvenate' vaginal tissue are now being studied as well, although it's not yet clear how helpful they might be. It's important to discuss the possible risks and benefits of these treatments with your doctor before deciding if one is right for you.

Hyperlinks

1. www.cancer.org/cancer/cancer-causes/medical-treatments/menopausal-hormone-replacement-therapy-and-cancer-risk.html
2. www.cancer.org/cancer/breast-cancer/treatment/chemotherapy-for-breast-cancer.html
3. www.cancer.org/cancer/breast-cancer/treatment/hormone-therapy-for-breast-cancer.html

References

Bachmann G, Santen RJ. Genitourinary syndrome of menopause (vulvovaginal atrophy): Treatment. UpToDate. 2021. Accessed at <https://www.uptodate.com/contents/genitourinary-syndrome-of-menopause-vulvovaginal-atrophy-treatment> on October 26, 2021.

Holmberg L, Anderson H. HABITS (hormonal replacement therapy after breast cancer -- is it safe?), a randomised comparison: Trial stopped. *Lancet*. 2004;363:453–455.

Leon-Ferre RA, Novotny PJ, Wolfe EG, et al. Oxybutynin vs placebo for hot flashes in women with or without breast cancer: A randomized, double-blind clinical trial (ACCRU SC-1603). *JNCI Cancer Spectr*. 2019 Oct 21;4(1):pkz088.

Lesi G, Razzini G, Musti MA, et al. Acupuncture as an integrative approach for the treatment of hot flashes in women with breast cancer: A prospective multicenter randomized controlled trial (AcCliMaT). *J Clin Oncol*. 2016;34:1795-1802.

Rock CL, Doyle C, Demark-Wahnefried W, et al. Nutrition and physical activity

guidelines for cancer survivors. *CA Cancer J Clin.* 2012;62:243-274.

Ruddy KJ, Partridge AH. Approach to the patient following treatment for breast cancer. UpToDate. 2019. Accessed at <https://www.uptodate.com/contents/approach-to-the-patient-following-treatment-for-breast-cancer> on October 26, 2021.

Santen RJ, Loprinzi CL, Casper RF. Menopausal hot flashes. UpToDate. 2021. Accessed at <https://www.uptodate.com/contents/menopausal-hot-flashes> on October 26, 2021.

Sussman TA, Kruse ML, Thacker HL, Abraham J. Managing genitourinary syndrome of menopause in breast cancer survivors receiving endocrine therapy. *J Oncol Pract.* 2019;15(7):363-370.

Walker EM, Rodriguez AI, Kohn B, et al. Acupuncture versus venlafaxine for the management of vasomotor symptoms in patients with hormone receptor-positive breast cancer: A randomized controlled trial. *J Clin Oncol.* 2010;28:634-640.

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Second Cancers After Breast Cancer

Breast cancer survivors can be affected by a number of health problems, but often a major concern is facing cancer again.

If this happens, it's most often the result of the breast cancer coming back after treatment. This is called a breast cancer **recurrence**. But some cancer survivors develop a new, unrelated cancer later on. This is called a **second cancer**.

Women who've had breast cancer can still get other cancers. Although most breast cancer survivors don't get cancer again, they are at higher risk for getting some types of cancer.

The most common second cancer in breast cancer survivors is **another breast cancer**. (This is different from the first cancer coming back.) The new cancer can develop in the opposite breast, or in the same breast for women who were treated with breast-conserving surgery (such as a lumpectomy).

Depending on which types of cancer treatment they received (and other factors), some breast cancer survivors might also be at higher-than-average risk for:

- Salivary gland cancer
- Esophagus cancer
- Stomach cancer
- Colon cancer
- Uterine cancer
- Ovarian cancer
- Thyroid cancer
- Soft tissue cancer (sarcoma)
- Melanoma of the skin
- Acute myeloid leukemia (AML)

Of course, breast cancer survivors can get other types of cancer as well.

The increased risk for these cancers can be due to a number of factors, including [genetic risk factors](#)¹ and the use of some types of breast cancer treatments. For example:

- Women with inherited mutations in one of the *BRCA* genes have an increased risk of breast cancer, ovarian cancer, and some other cancers.
- [Radiation therapy](#)² to the chest as part of treatment seems to increase the risk for lung cancer (especially in women who smoke), sarcomas (cancers of connective tissues such as blood vessels and bones), and certain blood cancers, such as leukemia and myelodysplastic syndrome (MDS). Overall, though, the increase in risk is small, and the overall risk of these cancers is still low.
- Certain [chemotherapy](#)³ (chemo) drugs can increase the risk of developing leukemia and myelodysplastic syndrome (MDS) slightly.
- While [tamoxifen](#)⁴ can lower the chance of hormone receptor-positive breast cancer coming back (as well as the risk of getting a second breast cancer), it can increase the risk of uterine cancer (endometrial cancer and uterine sarcoma). Still, the overall risk of uterine cancer in most women taking tamoxifen is low, so the benefits of this drug in treating breast cancer are generally greater than the small increase in risk of a second cancer.

Follow-up after breast cancer treatment

If you have completed treatment for breast cancer, you should still see your doctor regularly, both to look for signs that the cancer might have come back and to look for any late effects from cancer treatment.

If you have not had both breasts removed, you still need regular [mammograms](#)⁵ to look for breast cancer (either a recurrence of the cancer or a new breast cancer). See [Follow-up Care After Breast Cancer Treatment](#) for more on the other types of tests you might need after treatment.

You should also follow the [American Cancer Society guidelines for the early detection of cancer](#),⁶ such as those for colorectal cancer and cervical cancer. Screening tests can often find these cancers early, when they are likely to be easier to treat. In some cases, the tests might even help prevent these cancers if pre-cancers are found and treated. For women who have had breast cancer, most experts do not recommend any additional testing to look for second cancers unless you have symptoms.

Let your doctor know about any new symptoms or problems, because they could be caused by the breast cancer coming back or by a new disease or second cancer. For example, abnormal menstrual bleeding, such as bleeding or spotting after menopause or between periods, can be a symptom of uterine cancer.

Can I lower my risk of getting a second cancer?

There's no sure way to prevent all cancers, but there are steps you can take to lower your risk and stay as healthy as possible. Getting the recommended early detection tests, as mentioned above, is one way to do this.

It's also important to [stay away from tobacco products](#)⁷. Smoking increases the risk of many cancers, including some of the second cancers that are more likely after breast cancer.

To help maintain good health, breast cancer survivors should also follow the [ACS Guidelines on Diet and Physical Activity for Cancer Prevention](#)⁸:

- Get to and stay at a [healthy weight](#)⁹.
- Keep [physically active](#)¹⁰ and limit the time you spend sitting or lying down.
- Follow a [healthy eating pattern](#)¹¹ that includes plenty of fruits, vegetables, and whole grains, and limits or avoids red and processed meats, sugary drinks, and highly processed foods.
- It's best not to drink [alcohol](#)¹². Women who drink should have no more than 1 drink per day.

These steps may also lower the risk of some other health problems.

See [Second Cancers in Adults](#)¹³ for more information about causes of second cancers.

Hyperlinks

1. www.cancer.org/cancer/breast-cancer/risk-and-prevention/breast-cancer-risk-factors-you-cannot-change.html
2. www.cancer.org/cancer/breast-cancer/treatment/radiation-for-breast-cancer.html
3. www.cancer.org/cancer/breast-cancer/treatment/chemotherapy-for-breast-cancer.html
4. www.cancer.org/cancer/breast-cancer/treatment/hormone-therapy-for-breast-cancer.html
5. www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/mammograms/having-a-mammogram-after-youve-had-breast-cancer-surgery.html
6. www.cancer.org/healthy/find-cancer-early.html
7. www.cancer.org/healthy/stay-away-from-tobacco.html
8. www.cancer.org/healthy/eat-healthy-get-active/acs-guidelines-nutrition-physical-activity-cancer-prevention.html
9. www.cancer.org/cancer/cancer-causes/diet-physical-activity/body-weight-and-cancer-risk.html
10. www.cancer.org/cancer/cancer-causes/diet-physical-activity.html
11. www.cancer.org/healthy/eat-healthy-get-active/acs-guidelines-nutrition-physical-activity-cancer-prevention/guidelines.html
12. www.cancer.org/cancer/cancer-causes/diet-physical-activity/alcohol-use-and-cancer.html
13. www.cancer.org/treatment/survivorship-during-and-after-treatment/long-term-health-concerns/second-cancers-in-adults.html

References

Bertelsen L, Mellekjær L, Christensen J, Rawal R, Olsen JH. Age-specific incidence of breast cancer in breast cancer survivors and their first-degree relatives. *Epidemiology*. 2009;20:175-180.

Boice JD Jr, Harvey EB, Blettner M, Stovall M, Flannery JT. Cancer in the contralateral

breast after radiotherapy for breast cancer. *N Engl J Med*. 1992;326:781-785.

Brown LM, Chen BE, Pfeiffer RM, et al. Risk of second non-hematological malignancies among 376,825 breast cancer survivors. *Breast Cancer Res Treat*. 2007;106:439-451.

Curtis RE, Ron E, Hankey BF, Hoover RN. New Malignancies Following Breast Cancer. In: Curtis RE, Freedman DM, Ron E, Ries LAG, Hacker DG, Edwards BK, Tucker MA, Fraumeni JF Jr. (eds). *New Malignancies Among Cancer Survivors: SEER Cancer Registries, 1973-2000*. National Cancer Institute. NIH Publ. No. 05-5302. Bethesda, MD, 2006. Accessed at http://seer.cancer.gov/archive/publications/mpmono/MPMonograph_complete.pdf on October 26, 2021.

Rock CL, Thomson C, Gansler T, et al. American Cancer Society guideline for diet and physical activity for cancer prevention. *CA: A Cancer Journal for Clinicians*. 2020;70(4). doi:10.3322/caac.21591. Accessed at <https://onlinelibrary.wiley.com/doi/full/10.3322/caac.21591> on October 26, 2021.

Smith RE, Bryant J, DeCillis A, Anderson S. Acute myeloid leukemia and myelodysplastic syndrome after doxorubicin-cyclophosphamide adjuvant therapy for operable breast cancer: The National Surgical Adjuvant Breast and Bowel Project experience. *J Clin Oncol*. 2003;21:1195-1204.

Wolff AC, Blackford AL, Visvanathan K, et al. Risk of marrow neoplasms after adjuvant breast cancer therapy: The National Comprehensive Cancer Network experience. *J Clin Oncol*. 2015;33:340-348.

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