



**Richard Theriault,
D.O.**

**Breast cancer survivor Paulette
Carter received chemotherapy
while pregnant with daughter
Emma, 7. Photo by Jamie Bates.**

Breast Cancer is Treatable During Pregnancy

By Eileen Ellig

More than eight years ago Paulette Carter learned that she was pregnant.

Thrilled, she and husband, Greg, began making preparations. Then just two and a half months before her due date, Carter felt a tiny lump in her breast. A biopsy revealed an aggressive form of [breast cancer](#).

“I was devastated,” she recalls. “When Greg and the doctor told me, I thought they were talking to someone else. I was stunned.”

Carter’s physician recommended immediate surgery to remove her breast, saying it was her only option. Chemotherapy, she was told, would have to wait until her baby was born. Three other cancer specialists made the same recommendation.

The couple feared a delay in chemotherapy would allow the cancer to progress. They believed there had to be a better alternative – one that would keep Carter and her child safe. They found one at M. D. Anderson, a leader in pioneering treatment for pregnant breast cancer patients.

Obstacles to overcome in medical community

“Most physicians won’t offer any kind of chemotherapy to a pregnant woman,” says [Karin Hahn, M.D.](#), assistant professor in M. D. Anderson’s Department of Breast Medical Oncology. “It’s a tough call, but if a woman has aggressive or advanced disease, delaying chemotherapy until after delivery may ultimately cost a woman her life.”

For decades, the consensus among physicians was that any cancer puts a mother and fetus in competition for survival, says Carter’s physician [Richard Theriault, D.O.](#), professor in M. D. Anderson’s Department of Breast Medical Oncology.

“The idea was if you terminated the pregnancy, the outcome would be better because you would eliminate the big hormone surge that occurs during this time,” Theriault says.

High levels of estrogen produced during pregnancy were thought to cause the tumor or feed its growth. Ironically, the majority of pregnant women who Theriault and Hahn see have estrogen-receptor negative tumors. This contradicts earlier theories that pregnancy-associated breast cancer was driven by this hormone.

Although pregnant and non-pregnant patients do just as well after the same treatment, resistance to aggressively treating pregnant women still exists, Hahn says. “Unfortunately, many patients are advised to end their pregnancies.”

Better option found for mothers and children

M. D. Anderson set out to find a better solution with the first clinical trial of chemotherapy for pregnant women in 1992. The goal of the study, led by Theriault, was to establish the treatment's safety and effectiveness.

Seven years and 24 patients later (Carter included), Theriault and his team accomplished that. The study regimen is the same as M. D. Anderson's standard of care for non-pregnant women with breast cancer.

"Overall, the results were positive for both mother and baby," Theriault says, "and that told us that we could fairly safely give these women chemotherapy after the first trimester (when a baby's vital organs have formed) with few complications."

Treatment means healthy mom, happy baby

Treatments are planned around the expected delivery date and are administered as close to term as possible, Theriault says. Through the process, oncologists communicate regularly with a woman's obstetrician.

A substantially greater number of pregnant women have been treated now than ever before, providing a growing confidence in the safety and positive outcome of chemotherapy for pregnant breast cancer patients, Theriault says.

Carter and baby Emma are perfect examples. Weighing 5 pounds, 14 ounces, Emma entered the world with a "full head of hair," laughs Carter, who says she was "completely bald" when her "miracle child" was born.

Children are leading happy, normal childhoods

Now 7 years old, Emma is all girl. When she's not in school, she's riding horses, playing the violin or dancing, Carter says. "She's very active and keeps me busy." So does Carter's son, Gaines, born 18 months after Emma. "He's a math whiz and likes to bowl, play tennis and wants to make video games when he grows up."

The former schoolteacher and public relations specialist says her kids are her life. "I know I'm sometimes over-protective, but I also want them to realize that nothing is out of reach and anything is possible. I will fight for their opportunity to experience that."

Theriault hails pregnant patients treated since 1992 as true pioneers: "What amazes me is how much courage they have and how they make decisions in such extraordinarily complicated and difficult circumstances, and yet seem so happy."

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