

## Checklist for Young Patients with Breast Cancer

While breast cancer is more common in older women, young women can also develop breast cancer. Sometimes this is due to a genetic predisposition to breast cancer, however most of the time, no specific cause is identified. The management of breast cancer in young patients is similar to the management of breast cancer in general. There are a few additional considerations listed below.

### 1) Fertility Preservation

- ☞ Chemotherapy can decrease one's fertility, the older the patient, the less likely she is to regain her fertility following chemotherapy.
- ☞ Patients of childbearing age who are recommended chemotherapy should consider the option of preserving their eggs (ideally first fertilized) *prior to* starting chemotherapy.
- ☞ The fertilized eggs can be thawed and implanted many years after completion and recovery from chemotherapy.
- ☞ This involves a referral to a fertility specialist, such as [IVF Australia](#) at Bondi Junction, they are able to facilitate an urgent appointment. Tel: 1800 111 483
- ☞ It is acceptable to delay chemotherapy by a few weeks whilst sorting out fertility assessments and egg harvesting.

### 2) Ovarian Protection

- ☞ Zoladex, a monthly injection that suppresses Ovarian Function, has been shown to improve fertility preservation during chemotherapy.

### 3) Genetic Testing

- ☞ Young patients with breast cancer, particularly if there is a family history of breast or ovarian cancer, would be offered genetic testing.
- ☞ This is facilitated through a referral to the [Familial Cancer Clinic](#) at [The Kinghorn Cancer Centre](#).
- ☞ Should you be found to have a genetic predisposition to breast cancer, we will discuss preventative treatment options with you.
- ☞ We have a clinical trial entitled the [Cancer Risk Study](#) specifically designed to study patients who develop cancer at a young age, speak to us about it.

### 4) Planning for pregnancy

- ☞ Some ongoing systemic therapies, such as anti-hormonal therapy, may potentially affect the fetus or your fertility, and should be stopped before pregnancy is attempted.
- ☞ Patients should use barrier contraception while on systemic therapies, as the oral contraceptive pill contains estrogens.
- ☞ You should discuss your plans for pregnancy with your treatment team regarding the pros and cons about possibly interrupting the systemic therapy to get pregnant.