Pregnancy-associated breast cancer (PABC) is defined as breast cancer diagnosed during pregnancy and up to one year postpartum (Eedarapalli & Jain, 2006). About 75% of PABC tumors are estrogen receptor– and progesterone receptor–negative, exhibit HER2/neu overexpression, and are biopsy-proven to be poorly differentiated (Aebi & Loibl, 2008). Breast cancer is the second most frequent malignancy occurring during gestation after cervical cancer (Singh, 2009), with an estimated incidence of one in 3,000 and an average age range of 32–38 years at diagnosis (Logue, 2009). In the United States, about 3,500 women are diagnosed with PABC on a yearly basis, and an estimated 30,000 cases are diagnosed per year worldwide (Fajdic, Gotovac, Hrgovic, & Fasbender, 2008). Because increasing age is a known risk factor for the diagnosis of breast cancer, the incidence of concurrent breast cancer and pregnancy has the distinct possibility of increasing as women delay child bearing well into their 30s and 40s (National Cancer Institute [NCI], 2010; Theriault & Hahn, 2007).

Because PABC is relatively rare, no large prospective clinical trials exist from which to gather information; therefore, current knowledge is based primarily on a few retrospective case-controlled studies or review of case series (Rovera et al., 2010). The clinical challenge in managing PABC lies in controlling the cancer while maximizing the survival outcome for the expectant mother without compromising the health and safety of the fetus. Collaboration and communication between multidisciplinary team members are crucial. Education is key in providing a general overview of available diagnostic modalities, endorsing the multidisciplinary approach to care and treatment for the mother and fetus, and identifying the oncology nursing role specific to this patient population. Women with PABC must be kept informed of all aspects of care to ensure active participation in the decision-making process, as they are not only concerned for their own well-being but also that of their unborn child. Anxiety levels often run high and steady communication offers a modicum of control to this already-stressed patient population.

The incidence of concurrent breast cancer and pregnancy (also known as pregnancy-associated breast cancer [PABC]) may increase as women delay child bearing. Because of the physiologic changes associated with pregnancy, diagnosis often is delayed, lending to poorer prognostic factors on presentation. Therefore, the clinical challenge in managing PABC involves controlling the cancer while maximizing survival outcomes for the expectant mother without compromising the health and safety of the fetus. Collaboration and communication between multidisciplinary team members are crucial. Education is key in providing a general overview of available diagnostic modalities, endorsing the multidisciplinary approach to care and treatment for the mother and fetus, and identifying the oncology nursing role specific to this patient population. Women with PABC must be kept informed of all aspects of care to ensure active participation in the decision-making process, as they are not only concerned for their own well-being but also that of their unborn child. Anxiety levels often run high and steady communication offers a modicum of control to this already-stressed patient population.