



cancer.org | 1.800.227.2345

Living as a Breast Cancer Survivor

Living as a Survivor

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

- [Emotions and Breast Cancer](#)
- [Body Image and Sexuality After Breast Cancer](#)
- [Pregnancy After Breast Cancer](#)

Cancer Concerns After Treatment

Treatment may remove or destroy the cancer, but it is very common to worry about the risk of developing another cancer.

- [Follow up Care After Breast Cancer Treatment](#)
- [Can I Lower My Risk of Breast Cancer Progressing or Coming Back?](#)
- [Second Cancers After Breast Cancer](#)
- [Menopausal Hormone Therapy After Breast Cancer](#)

Emotions and Breast Cancer

During your treatment, you may find yourself overwhelmed by many different emotions. This happens to a lot of women. Some amount of [depression, anxiety, and fear](#)¹ is normal when breast cancer is a part of your life. A certain amount of distress is normal as well. Some women are affected more than others. But everyone can benefit from

help and support from other people, whether friends and family, religious groups, support groups, professional counselors, or others.

Emotional issues can arise after treatment as well. For example, you'll probably be concerned that the cancer might come back. Maybe you're more aware of the effects the cancer has had on your family, friends, and career. You may take a new look at your relationships with those around you. Unexpected issues might also cause concern. For instance, you might be stressed by financial concerns resulting from your treatment. You might also see your health care team less often after treatment and have more time on your hands. Any of these things might make you anxious.

Special issues women with breast cancer face

Many women with breast cancer face additional stressful issues. For example, your appearance might have changed as a result of breast cancer surgery. You may also have concerns about [sexuality](#)² after breast cancer. For more on these topics, see [Body Image and Sexuality After Breast Cancer](#)³.

For younger breast cancer survivors, changes in appearance and sexuality might be even more stressful. Some women might still be thinking about starting a family or having more children, and might worry about how the cancer and its treatment might affect this. Others might have already started families and might worry about how this could affect them. For some women, chemotherapy can cause early menopause, which can be very distressing on its own.

Regardless of the changes you experience, it's important to know that there is advice and support out there to help you cope.

Finding help and support

Almost everyone who is going through or has been through cancer can benefit from some type of support. You need people you can turn to for strength and comfort. Support can come in many forms: family, friends, cancer support groups, religious or spiritual groups, online support communities, or one-on-one counselors. What's best for you depends on your situation and personality. Some people feel safe in peer-support groups or education groups. Others would rather talk in an informal setting, such as church. Others may feel more at ease talking one-on-one with a trusted friend or counselor. Whatever your source of strength or comfort, make sure you have a place to go with your concerns.

There are many support groups available, such as the American Cancer Society [Reach](#)

[To Recovery program](#)⁴. This program matches you with a local volunteer who has had breast cancer. As someone who's been through the experience, your Reach To Recovery volunteer can answer many of your questions.

The cancer journey can feel very lonely. You shouldn't feel the need to try to deal with everything on your own, and your friends and family may feel shut out if you don't include them. Let them in, and let in anyone else who you feel may help.

If you aren't sure who can help, call your American Cancer Society at 1-800-227-2345 and we can put you in touch with a group or resource that may work for you.

Hyperlinks

1. <https://www.cancer.org/content/cancer/en/treatment/treatments-and-side-effects/physical-side-effects/changes-in-mood-or-thinking.html>
2. <https://www.cancer.org/content/cancer/en/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-side-effects.html>
3. <https://www.cancer.org/content/cancer/en/cancer/breast-cancer/living-as-a-breast-cancer-survivor/body-image-and-sexuality-after-breast-cancer.html>
4. <https://www.cancer.org/content/cancer/en/treatment/support-programs-and-services/reach-to-recovery.html>

Last Medical Review: August 22, 2017 Last Revised: August 22, 2017

American Cancer Society medical information is copyrighted material. For reprint requests, please contact permissionrequest@cancer.org.

Body Image and Sexuality After Breast Cancer

Learning to be comfortable with your body during and after breast cancer treatment is a personal journey, one 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 stress 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 short term, 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 you cope with hair loss, including wigs, hats, scarves, and other accessories. Alternatively, some women choose to use their baldness as a way to identify themselves as breast cancer survivors.

Other changes are more 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. 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, can change your hormone levels and may affect your sexual interest and/or response.

Relationship issues are also important. Your partner may 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 partners take part in decision-making and go along to treatments.

To learn more, see [Sexuality for the Woman with Cancer](#)⁴.

Finding help and support

Regardless of the changes you may experience, it's important to know that there is advice and support out there to help you cope with them. Speaking with your doctor or other members of your health care team is often a good starting point. There are also many support groups available, such as the [American Cancer Society Reach To Recovery program](#)⁵. This program matches you up with a local volunteer who has had breast cancer. Your Reach To Recovery volunteer can answer many of your questions. She 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, who represent about 1 out of 9 breast cancer survivors, tend to have more problems adjusting to the stresses of breast cancer and its treatment. It can feel socially isolating. Younger women may also be more affected by issues of sexuality or fertility. If you are having trouble adjusting after a breast cancer diagnosis, look for a counselor or a support group directed at younger breast cancer survivors.

Hyperlinks

1. <https://www.cancer.org/content/cancer/en/treatment/treatments-and-side-effects/physical-side-effects/hair-loss.html>
2. <https://www.cancer.org/content/cancer/en/cancer/breast-cancer/reconstruction-surgery.html>
3. <https://www.cancer.org/content/cancer/en/cancer/breast-cancer/reconstruction-surgery/breast-reconstruction-alternatives.html>
4. <https://www.cancer.org/content/cancer/en/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-side-effects/sexuality-for-women-with-cancer.html>
5. <https://www.cancer.org/content/cancer/en/treatment/support-programs-and-services/reach-to-recovery.html>

References

Howlader N, Noone AM, Krapcho M, et al. eds. SEER Cancer Statistics Review, 1975-2012 [seer.cancer.gov/csr.1975_2012/, based on the November 2014 SEER data submission, posted to the SEER website, April 2015.

Last Medical Review: August 23, 2017 Last Revised: August 23, 2017

American Cancer Society medical information is copyrighted material. For reprint requests, please contact permissionrequest@cancer.org.

Pregnancy After Breast Cancer

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

Breast cancer is most common in older women. But if you are a younger woman who has had breast cancer, you might have questions about how breast cancer could affect your ability to have children and whether there are any extra risks.

Can I have a baby after having breast cancer?

Some treatments for breast cancer may affect a woman's fertility (ability to have a baby). 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. The best time to talk with your doctor about fertility is **before** starting breast cancer treatment. For more about how cancer treatment can affect fertility, see [Fertility and Women With Cancer](#)¹.

Could pregnancy and 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. Studies have shown, though, that pregnancy does not increase the risk of the cancer coming back after successful treatment.

There's also no proof that breastfeeding after breast cancer treatment increases the risk of recurrence. In fact, some research suggests having a history of breastfeeding might actually lower the risk of the cancer coming back.

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

If you want to have children, some doctors advise breast cancer survivors to wait at least 2 years after all treatment has finished before trying to get pregnant. 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. Keep in mind that this advice 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 be based on 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?

There is no proof that a woman's past breast cancer has any direct effect on her baby. Researchers have found 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, or targeted therapy, talk to your doctor before trying to become pregnant. These drugs could 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 Pregnancy²](#) for more on this.

Can I breastfeed after breast cancer treatment?

If you have had breast surgery and/or radiation, you may have problems breastfeeding from the affected breast. Studies have shown reduced milk production in that breast as well as structural changes that can make breastfeeding painful, or make it difficult 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 about how treatment could affect your chances for pregnancy. This discussion should also cover the 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. <https://www.cancer.org/content/cancer/en/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-side-effects/fertility-and-women-with-cancer.html>
2. <https://www.cancer.org/content/cancer/en/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.

Demicheli R, Bonadonna G, Hrushesky WJ, et al. Menopausal status dependence of the timing of breast cancer recurrence after surgical removal of the primary tumour. *Breast Cancer Res*. 2004;6(6):R689-696.

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.

Kwan ML, Bernard PS, Kroenke CH, et al. Breastfeeding, PAM50 tumor subtype, and breast cancer prognosis and survival. *J Natl Cancer Inst*. 2015 Apr 28;107(7).

National Cancer Institute. Breast Cancer Treatment and Pregnancy (PDQ®). 2017. Accessed at www.cancer.gov/types/breast/hp/pregnancy-breast-treatment-pdq on July 27, 2017.

Last Medical Review: August 21, 2017 Last Revised: August 21, 2017

American Cancer Society medical information is copyrighted material. For reprint requests, please contact permissionrequest@cancer.org.

Follow up Care After Breast Cancer

Treatment

Many women are relieved or excited to be finished with breast cancer treatment. But it can also be a time of worry for women who fear their cancer could come back, or who feel lost without the same frequency of visits with their cancer care team.

Even after you have completed breast cancer treatment, your doctors will want to watch you closely. It's very important to go to all of your follow-up appointments. During these visits, your doctors will ask if you are having any problems. They may do exams and lab tests or imaging tests to look for signs of cancer or treatment 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. Visits with your doctor are a good time for you to ask questions and talk about any changes or problems you notice or concerns you have. However, if you have additional concerns about your cancer, you do not have to wait until your next scheduled visit. You can call your doctor immediately.

Typical follow-up schedules

- **Doctor visits:** At first, your follow-up doctor visits will probably be scheduled for every few months. 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](#)², you will get a [mammogram](#)³ about 6-12 months after surgery and radiation are completed, and then at least every year after that. Depending on the [type of mastectomy](#)⁴ you had, you may still need to have yearly mammograms on the remaining breast.
- **Pelvic exams:** If you are taking either of the hormone drugs tamoxifen or toremifene and still have your uterus, you should have pelvic exams every year because these drugs can increase your risk of [uterine cancer](#)⁵. 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 vaginal 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 an aromatase inhibitor (anastrozole, letrozole, or exemestane) for early stage breast cancer, or if you go through menopause as a result of treatment, 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 and chest x-rays) are not a standard part of follow-up because they haven't been shown to help a woman treated for breast cancer live longer. But they might be done if you have symptoms or physical exam findings that suggest that the cancer might have come back. These and other tests may also be done as part of evaluating new treatments by clinical trials.

If symptoms, exams, or tests suggest a possible recurrence of your cancer, imaging tests such as an [x-ray](#), [CT scan](#), [PET scan](#), [MRI scan](#), [bone scan](#)⁶, and/or a [biopsy](#)⁷ may be done. Your doctor may also look for circulating tumor cells in the blood or measure levels of blood tumor markers such as CA-15-3, CA 27-29, or CEA. The blood levels of tumor markers go up in some women if their cancer has spread to bones or other organs such as the liver. They are not elevated in all women with recurrence, so they aren't always helpful. If they are elevated, your doctor might use them to monitor the results of therapy.

It's important to know that women who have had breast cancer can also still get other types of cancer. In fact, women who have had breast cancer are at higher risk for certain other cancers. Because of this, it's important to follow the [American Cancer Society guidelines for the early detection of cancer](#)⁸, such as those for colorectal cancer and cervical cancer. To learn more about the risks of second cancers and what you can do about them, see [Second Cancers After Breast Cancer](#)⁹.

Ask your doctor for a survivorship care plan

Talk with your doctor about developing a survivorship care plan for you. This plan might include:

- 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 your 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 and physical activity suggestions

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 on how recurrent cancer is treated, see [Treatment of Recurrent Breast Cancer](#)¹⁰.

Hyperlinks

1. <https://www.cancer.org/content/cancer/en/treatment/treatments-and-side-effects/physical-side-effects.html>
2. <https://www.cancer.org/content/cancer/en/cancer/breast-cancer/treatment/surgery-for-breast-cancer/breast-conserving-surgery-lumpectomy.html>
3. <https://www.cancer.org/content/cancer/en/cancer/breast-cancer/screening-tests-and-early-detection/mammograms/mammogram-basics.html>
4. <https://www.cancer.org/content/cancer/en/cancer/breast-cancer/screening-tests-and-early-detection/mammograms/having-a-mammogram-after-youve-had-breast-cancer-surgery.html>
5. <https://www.cancer.org/content/cancer/en/cancer/endometrial-cancer.html>
6. <https://www.cancer.org/content/cancer/en/treatment/understanding-your-diagnosis/tests/imaging-radiology-tests-for-cancer.html>
7. <https://www.cancer.org/content/cancer/en/treatment/understanding-your-diagnosis/tests/testing-biopsy-and-cytology-specimens-for-cancer/biopsy-types.html>
8. <https://www.cancer.org/content/cancer/en/healthy/find-cancer-early/cancer-screening-guidelines/american-cancer-society-guidelines-for-the-early-detection-of-cancer.html>
9. <https://www.cancer.org/content/cancer/en/cancer/breast-cancer/living-as-a-breast-cancer-survivor/second-cancers-after-breast-cancer.html>
10. <https://www.cancer.org/content/cancer/en/cancer/breast-cancer/treatment/treatment-of-breast-cancer-by-stage/treatment-of-recurrent-breast-cancer.html>

References

Morrow M, Burstein HJ, Harris JR. 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*. 10th ed. Philadelphia, Pa: Lippincott Williams & Wilkins; 2015.

National Comprehensive Cancer Network (NCCN). Practice Guidelines in Oncology: Breast Cancer. Version 2.2017. Accessed at www.nccn.org on July, 27 2017.

Wolff AC, Domchek SM, Davidson NE, Sacchini V, McCormick B. Chapter 91: Cancer of the Breast. In: Niederhuber JE, Armitage JO, Doroshow JH, Kastan MB, Tepper JE, eds. *Abeloff's Clinical Oncology*. 5th ed. Philadelphia, Pa: Elsevier; 2014.

Last Medical Review: August 21, 2017 Last Revised: August 21, 2017

American Cancer Society medical information is copyrighted material. For reprint requests, please contact permissionrequest@cancer.org.

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 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, exercising, and eating right¹](#) may help you lower your risk of your breast cancer coming back, and may 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 [lymphedema²](#), 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 other 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. 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 follow up on these findings.

Some people used to think that breast cancer survivors with lymphedema should avoid certain arm exercises and vigorous activities. But studies have found that such physical activity is safe. 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 program that can be both safe and effective for you.

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 who eat diets high in vegetables, fruits,

whole grains, chicken, and fish tend to live longer than those who eat diets that have 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 had 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 is not as clear.

While the links between specific types of diets and breast cancer coming back are not certain, 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 health problems, such as heart disease and diabetes.

Dietary supplements

Women often want to know if there are any dietary or nutritional supplements 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 none 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 they're allowed to claim they can do. If you're thinking about taking any type of 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 *getting* 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.

As part of its [guidelines on nutrition and physical activity for cancer prevention](#)⁴, the American Cancer Society recommends that women who drink alcohol limit their intake to no more than 1 drink a day to help lower their risk of getting certain types of cancer (including breast cancer). But for women who have completed cancer treatment, the effects of alcohol on cancer recurrence risk are largely unknown. This issue is complicated by the fact that low to moderate alcohol use (1 drink a day or less) has been linked with a lower risk of heart disease.

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 getting a new breast cancer), your risk of heart disease, and your risk of other health issues linked to alcohol use.

Hyperlinks

1. <https://www.cancer.org/content/cancer/en/treatment/survivorship-during-and-after-treatment/be-healthy-after-treatment.html>
2. <https://www.cancer.org/content/cancer/en/treatment/treatments-and-side-effects/physical-side-effects/lymphedema.html>
3. <https://www.cancer.org/content/cancer/en/treatment/treatments-and-side-effects/physical-side-effects/fatigue.html>
4. <https://www.cancer.org/content/cancer/en/healthy/eat-healthy-get-active/acs-guidelines-nutrition-physical-activity-cancer-prevention.html>

References

Chen WY, Rosner B, Hankinson SE, Colditz GA, Willett WC. Moderate alcohol consumption during adult life, drinking patterns, and breast cancer risk. *JAMA*. 2011;306:1884-1890.

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.

Last Medical Review: August 21, 2017 Last Revised: August 21, 2017

American Cancer Society medical information is copyrighted material. For reprint requests, please contact permissionrequest@cancer.org.

Second Cancers After Breast Cancer

Women who've had breast cancer can still get other cancers, although most don't get cancer again. Breast cancer survivors are at higher risk for getting another breast cancer, as well as some other types of cancer. Steps for staying as healthy as possible include [eating right, getting regular exercise¹](#), [staying away from tobacco²](#), and getting [recommended screening tests³](#).

Breast cancer survivors can be affected by a number of health problems, but often a major concern is facing cancer again. Cancer that comes back after treatment is called a *recurrence*. But some cancer survivors develop a new, unrelated cancer later. This is called a [second cancer⁴](#).

Women who have had breast cancer can get any type of second cancer, but they have a higher risk for certain types of cancer, including:

- A second breast cancer (This is different from the first cancer coming back.)
- 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)

The most common second cancer in survivors of breast cancer is another breast cancer. The new cancer can occur in the opposite breast, as well as in the same breast for women who were treated with [breast-conserving surgery⁵](#) (such as a lumpectomy).

Cancers linked to genetic factors

For some second cancers, shared [genetic risk factors](#)⁶ may play a role. For example, women with mutations in one of the *BRCA* genes have an increased risk breast cancer, ovarian cancer, and some other cancers.

Cancers linked to radiation treatment

Lung cancer: The risk of lung cancer is higher in women who had radiation therapy after a mastectomy as part of their treatment. The risk does not seem to be increased in women who have radiation therapy to the breast after a lumpectomy. The increased risk is first seen about 10 years after radiation and gets higher over time. The risk is even higher in women who smoke.

Sarcoma: Radiation therapy to the breast also increases the risk of sarcomas of blood vessels (angiosarcomas), bone (osteosarcomas), and other connective tissues in areas that were treated. Overall, this risk is low.

Certain blood cancers: Breast radiation is linked to a higher risk of leukemia and myelodysplastic syndrome. Overall, though, this risk is low.

Cancers linked to chemotherapy

There is a small increased risk of developing leukemia and myelodysplastic syndrome after receiving certain chemotherapy drugs (chemo) for early breast cancer. The risk is higher if both chemo and radiation therapy are given.

Cancers linked to treatment with tamoxifen

Taking [tamoxifen](#)⁷ lowers the chance of hormone receptor-positive breast cancer coming back. It also lowers the risk of a second breast cancer. Tamoxifen does, however, increase the risk for uterine cancer (endometrial cancer and uterine sarcoma). Still, the overall risk of uterine cancer in most women taking tamoxifen is low, and studies have shown that the benefits of this drug in treating breast cancer are greater than the risk of a second cancer.

Follow-up after breast cancer treatment

After completing treatment for breast cancer, you should still see your doctor regularly to look for signs that the cancer has come back. If you have not had both breasts

removed, you need annual mammograms to look for breast cancer (either a recurrence of the cancer or a new breast cancer). See [Follow-up Care After Breast Cancer Treatment](#)⁸ for more on the types of tests you might need after treatment.

You should also follow the [American Cancer Society guidelines for the early detection of cancer](#),⁹ 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?

It's not possible 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. Smoking increases the risk of many cancers, including some of the second cancers seen after breast cancer.

To help maintain good health, breast cancer survivors should also:

- Get to and stay at a healthy weight
- Keep physically active
- Eat a healthy diet, with an emphasis on plant foods
- Limit alcohol to no more than 1 drink per day

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

See [Second Cancers in Adults](#)¹⁰ for more information about causes of second cancers.

Hyperlinks

1. <https://www.cancer.org/content/cancer/en/healthy/eat-healthy-get-active.html>
2. <https://www.cancer.org/content/cancer/en/healthy/stay-away-from-tobacco.html>

3. <https://www.cancer.org/content/cancer/en/healthy/find-cancer-early/cancer-screening-guidelines.html>
4. <https://www.cancer.org/content/cancer/en/treatment/treatments-and-side-effects/physical-side-effects/second-cancers-in-adults.html>
5. <https://www.cancer.org/content/cancer/en/cancer/breast-cancer/treatment/surgery-for-breast-cancer/breast-conserving-surgery-lumpectomy.html>
6. <https://www.cancer.org/content/cancer/en/cancer/breast-cancer/risk-and-prevention/breast-cancer-risk-factors-you-cannot-change.html>
7. <https://www.cancer.org/content/cancer/en/cancer/breast-cancer/treatment/hormone-therapy-for-breast-cancer.html>
8. <https://www.cancer.org/content/cancer/en/cancer/breast-cancer/living-as-a-breast-cancer-survivor/follow-up-care-after-breast-cancer-treatment.html>
9. <https://www.cancer.org/content/cancer/en/healthy/find-cancer-early.html>
10. <https://www.cancer.org/content/cancer/en/treatment/treatments-and-side-effects/physical-side-effects/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 July 27, 2017.

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.

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.

Last Medical Review: August 21, 2017 Last Revised: August 21, 2017

American Cancer Society medical information is copyrighted material. For reprint requests, please contact permissionrequest@cancer.org.

Menopausal Hormone Therapy After Breast Cancer

Taking post-menopausal hormone therapy (PHT), also called [hormone replacement therapy](#)¹ (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 other ways to get help.

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 breast cancer treatment. Some pre-menopausal women have menopause symptoms as a result of chemotherapy or ovarian ablation. Some [hormone therapy drugs used to treat breast cancer](#)² (such as tamoxifen and aromatase inhibitors) can also cause menopause symptoms. Women who are past menopause might also get symptoms if they had to stop taking PHT.

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 doctors have been concerned about women who have had breast cancer using PHT, because of the known link between estrogen levels and

breast cancer growth.

In the past, doctors often offered PHT after breast cancer treatment to women suffering from severe symptoms because early studies had shown no harm. But 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 the drugs. Most doctors now feel that if a woman was previously treated for breast cancer, taking PHT would be unwise.

Relieving menopausal symptoms without hormone therapy

If you are having trouble with menopause symptoms, talk to your doctor about other ways besides PHT to help with specific symptoms.

Soy products: Some doctors have suggested that phytoestrogens (estrogen-like substances from certain plant sources, such as soy products) may be safer than the estrogens used in PHT. Eating soy foods seems to be safe for breast cancer survivors and might be helpful for some women, 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 information is available on 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.

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

- The antidepressant venlafaxine (Effexor)
- The blood pressure drug clonidine
- The nerve drug gabapentin (Neurontin)

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.

Acupuncture: Some research has suggested that acupuncture might be helpful in treating hot flashes. This might be another option to discuss with your doctor.

Hyperlinks

1. <https://www.cancer.org/content/cancer/en/cancer/cancer-causes/medical-treatments/menopausal-hormone-replacement-therapy-and-cancer-risk.html>
2. <https://www.cancer.org/content/cancer/en/cancer/breast-cancer/treatment/hormone-therapy-for-breast-cancer.html>

References

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

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.

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.

Last Medical Review: August 21, 2017 Last Revised: August 21, 2017

American Cancer Society medical information is copyrighted material. For reprint requests, please contact permissionrequest@cancer.org.

Written by

The American Cancer Society medical and editorial content team
(<https://www.cancer.org/content/cancer/en/cancer/acs-medical-content-and-news-staff.html>)

Our team is made up of doctors and oncology certified nurses with deep knowledge of cancer care as well as journalists, editors, and translators with extensive experience in medical writing.

cancer.org | 1.800.227.2345