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Living as a Breast Cancer Survivor

Whether you are living with breast cancer or have finished treatment, you may have questions and concerns about life as a survivor.

Living as a Survivor

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

- [Follow-up Care After Breast Cancer Treatment](#)
- [Can I Lower My Risk of Breast Cancer Progressing or Coming Back?](#)
- [Body Image and Sexuality After Breast Cancer](#)

Other Concerns After Treatment

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

- [Pregnancy After Breast Cancer](#)
- [Menopausal Hormone Therapy After Breast Cancer](#)
- [Second Cancers After Breast Cancer](#)

Follow-up Care After Breast Cancer Treatment

After you complete your breast cancer treatment, your cancer care team will still want to watch you closely. It's important to understand your care schedule and go to all of your follow-up appointments.

- [What to expect during follow-up care](#)
- [Typical follow-up schedules](#)
- [Ask your doctor for a survivorship care plan](#)
- [Keeping health insurance and copies of your medical records](#)
- [If the cancer comes back](#)

What to expect during follow-up care

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

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/cancer/managing-cancer/side-effects.html
2. www.cancer.org/cancer/types/breast-cancer/understanding-a-breast-cancer-diagnosis/stages-of-breast-cancer.html
3. www.cancer.org/cancer/types/breast-cancer/treatment/surgery-for-breast-cancer/breast-conserving-surgery-lumpectomy.html
4. www.cancer.org/cancer/types/breast-cancer/screening-tests-and-early-detection/mammograms/mammogram-basics.html
5. www.cancer.org/cancer/types/breast-cancer/screening-tests-and-early-detection/mammograms/having-a-mammogram-after-youve-had-breast-cancer-surgery.html
6. www.cancer.org/cancer/types/breast-cancer/screening-tests-and-early-detection/mammograms/having-a-mammogram-after-youve-had-breast-cancer-surgery.html
7. www.cancer.org/cancer/types/endometrial-cancer.html
8. www.cancer.org/cancer/diagnosis-staging/tests/imaging-tests/imaging-radiology-tests-for-cancer.html
9. www.cancer.org/cancer/diagnosis-staging/tests/biopsy-and-cytology-tests/biopsy-types.html
10. www.cancer.org/cancer/survivorship/long-term-health-concerns/survivorship-care-plans.html
11. www.cancer.org/cancer/financial-insurance-matters/understanding-health-insurance.html
12. www.cancer.org/cancer/survivorship/long-term-health-concerns/keeping-copies-of-important-medical-records.html
13. www.cancer.org/cancer/types/breast-cancer/treatment/treatment-of-breast-cancer-by-stage/treatment-of-recurrent-breast-cancer.html

14. www.cancer.org/cancer/screening/american-cancer-society-guidelines-for-the-early-detection-of-cancer.html

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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 getting or staying active, eating a certain type of diet, or taking nutritional supplements. Fortunately, breast cancer is one of the best studied types of

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, as well as dying of any cause. 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

diagnosis of breast cancer. Soy foods are rich sources of compounds called **isoflavones** that can have estrogen-like properties in the body. Some studies have suggested that soy food intake might lower the risk of breast cancer coming back, although more research is needed to confirm this. 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

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/cancer/survivorship/be-healthy-after-treatment.html
2. www.cancer.org/cancer/managing-cancer/side-effects/swelling/lymphedema.html
3. www.cancer.org/cancer/managing-cancer/side-effects/fatigue-weakness-sleep.html
4. www.cancer.org/cancer/managing-cancer/treatment-types/complementary-and-integrative-medicine/dietary-supplements.html
5. www.cancer.org/cancer/risk-prevention/diet-physical-activity/acs-guidelines-nutrition-physical-activity-cancer-prevention.html
6. www.cancer.org/cancer/types/breast-cancer/treatment/treatment-of-breast-cancer-by-stage/treatment-of-recurrent-breast-cancer.html

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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](#)
- [Sexuality after breast cancer](#)
- [Finding help and support after breast cancer treatment](#)

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

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?](#)
- [Could pregnancy or breastfeeding make my breast cancer come back?](#)
- [How long after breast cancer treatment should I wait before becoming pregnant?](#)
- [If I get pregnant, would my history of breast cancer put my baby at risk?](#)
- [Could breast cancer treatment affect my unborn baby?](#)
- [Can I breastfeed after breast cancer treatment?](#)
- [Talk to your doctor](#)

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

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/cancer/managing-cancer/side-effects/fertility-and-sexual-side-effects/fertility-and-women-with-cancer.html
2. www.cancer.org/cancer/types/breast-cancer/risk-and-prevention/lifestyle-related-breast-cancer-risk-factors.html
3. www.cancer.org/cancer/types/breast-cancer/treatment/hormone-therapy-for-breast-cancer.html
4. www.cancer.org/cancer/types/breast-cancer/treatment/treating-breast-cancer-during-pregnancy.html

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Menopausal Hormone Therapy After Breast Cancer

Taking **post-menopausal hormone therapy (PHT)**, 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.

- [Menopause symptoms after breast cancer](#)
- [Can I take menopausal hormone therapy after breast cancer?](#)
- [Relieving menopausal symptoms without hormone therapy](#)

Menopause symptoms after breast cancer

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](#)¹ or from [hormone therapy drugs](#)² 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 post-menopausal hormone therapy when they were diagnosed with breast cancer.

Can I take menopausal hormone therapy after breast cancer?

When women reach menopause, some choose to take [post-menopausal hormone therapy](#)³ (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
- Fezolinetant (Veoza), a drug that targets the nervous system activity that can lead to hot flashes

*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.

Lesi G, Razzini G, Musti MA, et al. Acupuncture as an integrative approach for the

Second Cancers After Breast Cancer

What is the risk of getting 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. Including

- 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](#)⁸, breast cancer survivors should also follow the [ACS Guidelines on Diet and Physical Activity for Cancer Prevention](#)⁹:

- Get to and stay at a healthy weight.
- Keep physically active and limit the time you spend sitting or lying down.
- Follow a healthy eating pattern 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 [0 g ET Q 0 0.2 0.62 \(It'cd whole\)Tj 0 g 1 0 0 1 95.35 569](#)holegrains, and limit

10. www.cancer.org/cancer/risk-prevention/diet-physical-activity/alcohol-use-and-cancer.html
11. www.cancer.org/cancer/survivorship/long-term-health-concerns/second-cancers-in-adults.html

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