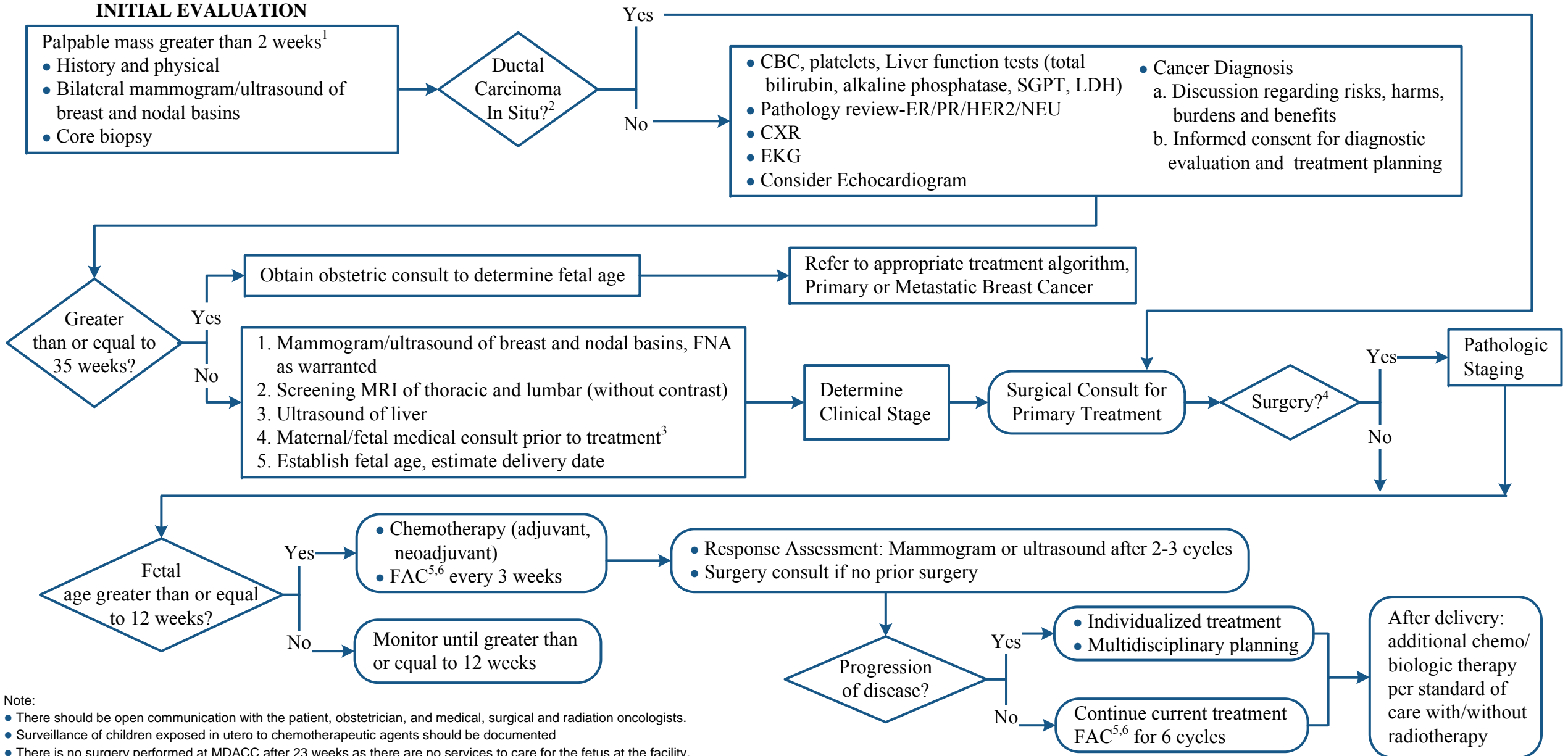


This practice algorithm has been specifically developed for M. D. Anderson using a multidisciplinary approach and taking into consideration circumstances particular to M. D. Anderson, including the following: M. D. Anderson's specific patient population; M. D. Anderson's services and structure; and M. D. Anderson's clinical information. Moreover, this algorithm is not intended to replace the independent medical or professional judgment of physicians or other health care providers.

INITIAL EVALUATION



- Note:
- There should be open communication with the patient, obstetrician, and medical, surgical and radiation oncologists.
 - Surveillance of children exposed in utero to chemotherapeutic agents should be documented
 - There is no surgery performed at MDACC after 23 weeks as there are no services to care for the fetus at the facility.

¹ If metastatic disease at diagnosis, individualized treatment with multidisciplinary planning
² Patients with ductal carcinoma in situ should not receive chemotherapy.
³ Maternal/fetal medicine consult and evaluation at UTHSC-H Maternal Fetal Medicine prior to treatment and during treatment to monitor fetus
⁴ Breast conservation versus mastectomy is an individualized decision

⁵ Premedication for chemotherapy;
 Ondansetron 8mg IV Day 1
 Lorazepam 1mg IV Day 1
 Dexamethasone 20mg IV Day 1

⁶ FAC = Fluorouracil, Doxorubicin and Cyclophosphamide:
 5-Fluorouracil 500 mg/m² IV Day 1 only or Day 1 and 4; Adriamycin 50 mg/m² IV Continuous Infusion over 72 hours (preferred) and Cyclophosphamide 500 mg/m² IV Day 1

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SUGGESTED READINGS

PUBLICATIONS

Peer-Reviewed Original Research Articles

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4. Theriault, RL, Gwyn K. Breast Cancer and Pregnancy. *Breast Cancer Management and Treatment Updates* 1:1-12, 2002.
5. Rieber AG, Theriault RL. Breast cancer treatment during pregnancy. *Women's Health* 1:195-203, 2005.

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SUGGESTED READINGS CONTINUED

Book Chapters

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DEVELOPMENT CREDITS

This practice consensus algorithm is based on majority expert opinion of the Breast Medical Oncology Faculty at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following medical and surgical oncologists:

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