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ASSESSMENT OF CHANGES IN BLEEDING PATTERNS AFTER CHEMOTHERAPY IN WOMEN WITH BREAST CANCER USING CONTRACEPTIVES

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Introduction: The evolution regarding chemotherapy treatment through new medications and new regimens in women with a history of breast cancer over time allowed better therapeutic responses to the disease. One of the consequences of chemotherapy concerns the impairment of the follicular reserve and its hormonal production. **Objectives**: To assess the importance of the bleeding pattern in women with a history of breast cancer who underwent chemotherapy and the impact on the follicular population in determining ovarian failure. **Methods**: Between August and December 2020, 419 women were seen at the Family Planning outpatient clinic of the Women's Health Reference Center (Hospital Pérola Byington), São Paulo, with 109 women having a history of breast cancer and undergoing a cross-sectional study, regarding the epidemiological characteristics of the care, the consequences to the bleeding pattern after chemotherapy treatment and the need for safe contraception. **Results**: The average age of women was 42.0 years, and the brown color was more prevalent in 49 women (45.0%). The mean age at diagnosis of breast cancer was 37.9 years, with 104 women (95.4%) presenting with invasive carcinoma and five cases (4.6%) with carcinoma in situ. Among the types of invasive carcinoma, luminal type B was present in 42 women (40.4%), HER2 in 25 (24.0%), triple negative in 19 (18.3%) and luminal A in 18 (17.3) %). 91 women (83.5%) underwent chemotherapy, and 82 other underwent hormonal treatment (75.2%), with 78 of them (95.1%) using tamoxifen. Obesity was present in 39 women (35.8%). Regarding the menstrual pattern, 38 women (34.9%) had amenorrhea after chemotherapy, but only six (15.8%) had confirmed laboratory menopause. Contraception through the copper intrauterine device (IUD) was performed in 82 of them (75.2%). **Conclusions**: Amenorrhea as a bleeding pattern after chemotherapy can be caused by impairment in the follicular population, causing ovarian failure and difficulty in pregnancy. On the other hand, contraception through a safe method such as copper IUDs until laboratory confirmation of menopausal status must be adopted. New studies should be carried out to better clarify this situation.