

Current Clinical Issues in Systemic Therapy for Metastatic Breast Cancer

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The selection of therapy for women with metastatic breast cancer requires consideration of many factors. Multiple treatment options are available, including hormonal therapy, chemotherapy, and biologic therapy. Many issues exist regarding choice of agent(s), combination therapies, sequencing, and duration of therapy. Oncology nurses must understand the rationale behind the approaches so they can effectively administer the agents and monitor for side effects. Such knowledge enhances treatment-option counseling for patients, thus promoting a sense of well-being for patients with breast cancer. This article reviews strategies for the initial treatment of metastatic breast cancer and for later lines of treatment when resistance develops. It also provides nursing perspective on clinical factors that arise during the course of treatment.

The median survival of patients with metastatic breast cancer (MBC) has improved to approximately two years (Chia et al., 2007). The increase is attributed to better diagnostic modalities and systemic therapies (Chia et al.). Patients are living longer and receiving more lines of therapy (Seidman, 2006). Despite survival gains, however, MBC remains incurable. The therapeutic goal is to prolong life and palliate symptoms of the disease, with the least possible toxicity and best quality of life (QOL). Survival of patients with MBC depends on numerous factors, including the extent and site of metastases and hormone receptor status (Chia et al.). Because breast cancer is a heterogeneous disease, each patient must be considered as an individual to be evaluated carefully throughout the course of her disease. A thorough understanding of the general principles of systemic therapy for MBC is essential if treatments are to be tailored to the specific characteristics of each patient's disease. Oncology nurses who specialize in disease- and treatment-related symptom assessment and management are key to optimizing the management of MBC.

Approaches to Systemic Therapy

Hormonal Therapy

Progesterone receptor (PR) and estrogen receptor (ER) levels have proven to be of value in the clinical management of MBC as an indicator of hormone responsiveness; therefore, they should be measured routinely. Careful interpretation of pathology reports is essential. The hormone receptor status of a tumor may be reported as positive or negative, or as a percentage of cells that are positive. In general, the higher the percentage of cells

At a Glance

- ◆ Breast cancer is a heterogeneous disease; each patient must be considered as an individual and treatment tailored to the specific characteristics of her disease.
- ◆ The goal of treatment of metastatic breast cancer is to prolong survival and maintain quality of life. The goal of nursing care is to prevent or reduce the risk of side effects and to recognize and initiate interventions to manage side effects and symptoms from the disease.
- ◆ Patient education and counseling are critical nursing roles that will help patients understand their disease and their specific treatment options.

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