

Chemo Brain, Antiestrogens, and Me

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I am an oncology clinical nurse specialist who was diagnosed and treated for breast cancer in 2001. I attended a survivorship workshop in Boston in 2007 where one of the guest speakers addressed chemo brain, which is broadly defined as difficulty with cognitive functions such as memory and maintaining focus or attention as a result of the side effects of chemotherapy (Staat & Segatore, 2005). The part of the presentation that caught my attention was when the speaker said, “We have known this was happening for years, but. . .”

I was so surprised at the first part of that statement that the end did not matter to me. All I could think was, “They knew this was happening for *years* and nobody told us!” I was screaming inside my head. Did they also know how much anxiety, distress, and personal hardship this created for those of us who experienced it? The speaker went on to say that they had no credible evidence at the time to confirm their incidental findings. The research was in its infancy. That answer just did not seem good enough for me.

Continuing Research

The oncology community needs to understand how important every study is to survivors, even studies with incidental findings related to chemo brain. Healthcare workers who also are cancer survivors are prone to be hypervigilant as we scan the literature and research for any clue that can help us better cope with our disease. Unfortunately, in 2001 and 2002 when the research was first being published, people did not take notice. Therefore, many survivors were not educated about the potential risk of chemo brain.



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According to Myers and Teel (2008), 94% of their nurse study group was aware of cognitive impairment when associated with chemotherapy. Sixty-eight percent estimated that 1%–40% of their patients experienced cognitive distress after receiving chemotherapy. Unfortunately, only 38% of the study group assessed patients for cognitive impairment and 44% educated their patients on the distressing symptom.

I am now convinced that traditional chemotherapy drugs are not the only cancer

treatment agents that can cause cognitive difficulties. Most of the research to date has been conducted on traditional agents

such as high-dose cytosine arabinoside or cytoxan. But what of the adjuvant hormonal agents that are given after chemotherapy? Anecdotally, some women

I know who took antiestrogens stopped taking it after a few months because, as one colleague said, “It made me crazy.”

After my primary treatment for breast cancer was completed in 2002, my oncologist prescribed an antiestrogen. A few

My supervisor suggested that I quit the job. I left confused and upset that I could not get a handle on this thing that was happening to me.

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