

# The Experience of Initiating Oral Adjuvant Treatment for Estrogen Receptor–Positive Breast Cancer

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All authors contributed to the conceptualization and design. Flanagan, Winters, Post, and Habin completed the data collection and provided the analysis. Flanagan and Tetler provided the statistical support. All authors contributed to the manuscript preparation.

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**Purpose/Objectives:** To describe the experience of women with estrogen receptor–positive breast cancer who are initiating oral adjuvant therapy and to determine what they describe as facilitating and/or hindering this experience.

**Research Approach:** Qualitative inquiry.

**Setting:** Massachusetts General Hospital Cancer Center in Boston.

**Participants:** 14 women aged 48–81 years.

**Methodologic Approach:** Qualitative, descriptive study using content analysis.

**Findings:** Five themes were identified: (a) feeling overwhelmed and abandoned despite highly skilled medical care, (b) processing the trauma and putting it in perspective, (c) keeping up the facade while feeling vulnerable, (d) needing to connect cautiously, and (e) moving toward healing and being aware.

**Conclusions:** Each participant who was initiating oral adjuvant treatment described many unmet needs. Women who were caregivers, were older aged, had several chronic illnesses, and were on several medications reported more difficulty transitioning to oral adjuvant therapy.

**Interpretation:** This study suggests that nurses need to collaborate with other members of the healthcare team to assess the needs of and provide comprehensive care to women initiating oral adjuvant therapy. This is particularly true for women who are older aged, self-reported caregivers, and on several medications, and who have chronic comorbid conditions.

Breast cancer survivors face many physical, psychosocial, informational, and supportive care needs, and those needs are often unmet (Armes et al., 2009; Burris, Armenson, & Sterba, 2014; Cappiello, Cunningham, Knobf, & Erdos, 2007; Hewitt, Greenfield, & Stovall, 2005; Kantsiper et al., 2009). As a result, intervention research (Meneses et al., 2009; Mishel et al., 2005; Scheier et al., 2005; Stanton et al., 2005) has begun to address the survivorship needs of women during this vulnerable time. In these large-scale studies, all women with breast cancer are considered collectively; however, some are no longer on treatment, and others are in a phase of initiating oral adjuvant therapy. In research to date, the specific needs of individuals who are faced with initiating oral treatment for estrogen receptor (ER)–positive breast cancer are indistinguishable from all breast cancer survivors.

ER-positive breast cancer accounts for the majority of breast cancers in women older than age 45 (Anderson, Katki, & Rosenberg, 2011). Women with ER-positive breast cancer undergo primary treatment that is usually one year in duration and includes some combination of surgery, chemotherapy, and radiation. After primary treatment, these women are prescribed oral, endocrine-based hormone therapy (adjuvant therapy) to prevent recurrence for 5–15 years.