Arthralgia in Breast Cancer Survivors: An Integrative Review of Endocrine Therapy

Maura Dowling, PhD, MSc, RNT, BNS, RGN, Bernadette McDonagh, and Elizabeth Meade, HDip Oncology Nursing, Master’s in Nursing Advanced Practice, RANP

Breast cancer is the most common noncutaneous malignancy among women. Long-term survival of individuals with breast cancer is high, with five-year survival rates of almost 90% (Runowicz et al., 2016). Individuals with breast cancer are living longer and, therefore, require ongoing, more inclusive survivorship care (Thompson et al., 2014).

Survivorship was first highlighted more than a decade ago in an Institute of Medicine (IOM) report as a distinct phase of cancer care with four essential components: prevention, surveillance, intervention, and coordination of care (Hewitt, Greenfield, & Stovall, 2006). The IOM also recommended that cancer survivors have a follow-up plan addressing issues related to health care and quality of life (Hewitt et al., 2006). More recently, the National Comprehensive Cancer Network and the American Society of Clinical Oncology published evidence- and consensus-based survivorship care guidelines for individuals with breast cancer to help survivors reach optimal health and quality of life (Runowicz et al., 2016).

Evidence-based approaches for survivorship care and the delivery of survivorship care planning are evolving. The nurse-led model of follow-up care has been shown to result in high levels of satisfaction with the level of care provided (Lewis et al., 2009). Oncology nurses are ideally placed to provide this care. However, to do so, they must base this care on evidence (Bessen et al., 2014; Rushton et al., 2015).