Breast and gynecologic cancers comprise more than 375,000 of new cancer cases annually (American Cancer Society, 2018). Although advancements in screening and treatment have reduced death rates, a significant proportion of women will require long-term treatment for their cancer. Many physical and emotional symptoms are experienced throughout the cancer continuum, negatively affecting health-related quality of life (HRQOL) (Huang et al., 2017; Miaskowski et al., 2017). Identification of these symptoms is essential because their management can enhance HRQOL and lead to greater adherence to treatment and, therefore, improved efficacy (Smith, Sestak, Howell, Forbes, & Cuzick, 2017).

State-of-the-art cancer care includes personalizing strategies to treat an individual’s cancer based on his or her unique genomic signature found by genomic profiling. Genomic profiling identifies the tumor-specific alterations in DNA and molecular pathways that can influence the development and progression of cancer and is increasingly being incorporated into routine clinical practice so that the therapies selected are more precise. Cancer treatment based on genomic profiling has been referred to as matched therapy (Schwaederle et al., 2016; Tsimberidou et al., 2012, 2014). Matched therapy is part of the broader precision medicine initiative, which considers individual variability in genes, environment, and lifestyle to customize the treatment for each person. The use of precision medicine is most advanced in the treatment of cancer (U.S. Food and Drug Administration, 2017). Matched therapy often includes the use of targeted therapies, which are drugs that block the growth and/or spread of cancer by interfering with specific molecules involved in the growth and/or spread of cancer (National Cancer Institute, 2018). Targeted therapies have unique side effect profiles compared to chemotherapy, including dermatologic, endocrine, vascular,