A
s in many Western countries, breast cancer is the most prevalent cancer among women in Israel. About 4,000 Israeli women are diagnosed yearly with breast cancer. Ninety percent of these cancers could be cured if the disease was detected and treated in the early stages (Israel Cancer Association, 2007).

Hormonal therapy is part of the treatment protocol for patients with breast cancer with hormone-sensitive tumors (Woods, Muss, Solin, & Olopade, 2005). Literature on the topic has noted that the side effects of hormonal treatment may negatively affect patients’ quality of life (QOL), but the medical community tends to underestimate the effect of hormone-related symptoms compared to patients’ perceptions (Leonard, Lee, & Harrison, 1996; Vigler & Inbar, 2002).

The literature describes the symptoms of the patients but does not make a connection between the possible effect of the symptoms and QOL, but rather measures the overall QOL of these women (Fallowfield et al., 2006; Land et al., 2006). The purpose of this study was to identify endocrine therapy–related symptoms and severity, patients’ QOL scores, and the possible relationship between the type of symptom and QOL scores in specific categories.

Hormonal Treatment for Breast Cancer

In 1895, George Beatson, MD, a Scottish surgeon, mentioned that after removal of the ovaries (oophorectomy) in premenopausal women with advanced breast cancer, estrogen levels declined, which resulted in an improvement in patients’ conditions and survival rates (Fallowfield, 2004; Gabbai & Korem, 2002). With this discovery came the knowledge that the estrogen hormone stimulates breast cancer development and can accelerate the progress of the disease. In the 1950s and 1960s, excision or ablation of the ovaries by irradiation was the accepted treatment offered to women with metastatic breast cancer. After the 1960s, this treatment was replaced with pharmacologic therapy (Fallowfield, 2004; Jonat et al., 2002). About 60%–70% of malignant breast...