Malignancies may strike at any age, but cancer burden is disproportionately high among older adults as 60% of survivors are older than 60 years (National Cancer Institute, 2010; Reuben, 2004). After gender, age is the highest risk factor for breast cancer (Chapman & Moore, 2005); median age at diagnosis is 61 years (Yancik, 2005). Despite similarities with younger breast cancer survivors, such as feeling shocked when learning of the cancer diagnosis (Crooks, 2001; Pelusi, 1997; Utley, 1999), unique aspects of the experience for older breast cancer survivors warrant attention. The breast cancer journey in women of all ages is shaped by the social context of the disease (Thorne & Murray, 2000), but older survivors’ initial experiences involve social constructions of breast cancer that were formed decades before those of younger women. For example, reviews of information about breast cancer published in popular women's magazines from 1929–1949 (Black, 1995) and from 1974–1995 (Clarke, 1999) showed the assumption that surgery caused breast cancer to spread.

Preexisting comorbidities are more frequent among older adults with or without cancer (Hewitt, Rowland, & Yancik, 2003; Kurtz, Kurtz, Stommel, Given, & Given, 1997; Piccirillo et al., 2008) and have been found to be more predictive of quality of life for older breast cancer survivors than age itself (Ganz et al., 2003). In addition, cancer treatments and follow-up usually require many visits to healthcare providers that can increase the burden of family members (Bowman, Deimling, Smeriglia, Sage, & Kahana, 2003), causing feelings of guilt (Sulik, 2007).

Despite the complex interface between aging and cancer survivorship (Hughes, Closs, & Clark, 2009; Overcash, 2004) in the rapidly aging population (Smith, Smith, Hurria, Hortobagyi, & Buchholz, 2009), older breast cancer survivors are seldom the focus of research (Boyle, 2006; Hewitt, Greenfield, & Stovall, 2006). Although age-appropriate nursing care is based on understanding the general as well as the individual needs of the patient (Thomé, Dykes, Gunnars, & Hallberg, 2003), older breast cancer survivors have been considered the “silent population” (Kantor & Houldin, 1999) whose needs may not be known because little research has given voice to their experiences. As a result, this