Chemotherapy-Related Cognitive Impairment: The Breast Cancer Experience

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Cognitive changes, a commonly reported toxicity of breast cancer treatment, have been referred to as chemotherapy-related cognitive impairment (CRCI) in the literature and chemobrain by the lay public. Up to 83% of breast cancer survivors who have received chemotherapy report some degree of cognitive dysfunction (Jenkins et al., 2006; O’Shaughnessy, 2003). Cognitive changes can have a significant effect on cancer survivors’ quality of life, and lack of information regarding the potential risk prevents patients from granting full informed consent prior to initiation of therapy.

The body of literature supporting the occurrence of CRCI is growing, although causal mechanisms have yet to be determined conclusively (Ahles et al., 2002; Brezden, Phillips, Abdolell, Bunston, & Tannock, 2000; Schagen et al., 1999; Von Ah et al., 2009; Wefel, Lenzi, Theriault, Davis, & Meyers, 2004; Wieneke & Dienst, 1995). A few qualitative studies have described patients’ experience with CRCI, including the experience related to breast cancer treatment (Boykoff, Moieni, & Subramanian, 2009; Mulrooney, 2007; Downie, Mar Fan, Houede-Tchen, Yi, & Tannock, 2006; Fitch, Gray, Godel, & Labrecque, 2008; Thielen, 2008; Wagner, Sweet, Butt, Lai, & Cella, 2009). Fitch et al. (2008) interviewed 32 cancer survivors to study the effect of cognitive changes on daily living, as well as survivors’ coping strategies. In addition, Boykoff et al. (2009) interviewed 74 Caucasian and African American breast cancer survivors to describe the psychosocial ramifications of CRCI. Study results included descriptions of the general psychosocial influence of cognitive changes, effect on interactions with healthcare providers, and consequences for social networks and work performance.

A common complaint of participants in those studies, as well as in unpublished work by Thielen (2008), was the lack of acknowledgment or education about the potential for cognitive changes by healthcare providers.

Few educational tools are available, and oncology nurses have acknowledged lack of access to appropriate patient and family educational materials (Myers & Teel, 2008). The purpose of this qualitative, descriptive study was to...