

Young Women With Breast Cancer

Treatment, care, and nursing implications

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BACKGROUND: Young women with breast cancer (YWBC) are more likely to have aggressive disease, carry mutations for hereditary cancer genes, and experience higher mortality. They also may face reduced fertility because of the toxicity of chemotherapy.

OBJECTIVES: This article aims to present a review of YWBC treatments, sequelae of treatment, and psychosocial challenges.

METHODS: The authors performed a review of guideline-supported treatment options, patient resources, and nursing implications.

FINDINGS: Because of high-risk cancers and a lack of specific treatment guidelines, healthcare providers may consider aggressive treatments for younger patients. However, studies indicate that the foundation for treatment decisions for YWBC are best based on disease stage and National Comprehensive Cancer Network guidelines.

KEYWORDS

young women; breast cancer; treatment; fertility; genetic testing

DIGITAL OBJECT IDENTIFIER

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AN ESTIMATED 7% OF WOMEN NEWLY DIAGNOSED WITH BREAST CANCER are aged younger than 40 years (North American Association of Central Cancer Registries, n.d.). In women aged 15–39 years, breast cancer is the leading cause of cancer death (Surveillance Epidemiology and End Results Program, 2019). Although the rate of breast cancer incidence in women older than age 50 years has remained stable, it is increasing in young women by 0.5% each year (Guo et al., 2018). In the past 40 years, survival rates from all stages of breast cancer have improved for young women by 60%–70% (Guo et al., 2018). However, because of later presentation and unfavorable tumor biology, young women with breast cancer (YWBC) continue to experience the highest mortality (Fredholm et al., 2016; Partridge et al., 2016). This is particularly evident in young African American women, who have the highest rates of aggressive disease and subsequent mortality (Chollet-Hinton et al., 2017; Kohler et al., 2015).

Women younger than age 40 years rarely undergo screening, so their cancers are primarily self-detected, larger, and more advanced than screen-detected tumors (Samphao et al., 2009). YWBC are more often carriers of hereditary cancer gene mutations and may face risk-reducing surgeries (Buys et al., 2017). They may experience infertility and early menopause from chemotherapy; for survivors, a long life expectancy portends a greater risk of recurrence and second cancers (Fredholm et al., 2016; He & Zou, 2017; Raymond & Hogue, 2006).

There are no treatment guidelines specific to YWBC. Studies and expert opinion indicate that treatment decisions for YWBC are best based on disease stage and National Comprehensive Cancer Network (NCCN) guidelines (Cardoso et al., 2019; NCCN, 2019a; Suter & Pagani, 2018). Based on guidelines, this article presents a review of YWBC treatments, the sequelae of treatment, psychosocial challenges, patient resources, and nursing implications. In addition, a patient case study (see Figure 1) provides an example of treatment options for YWBC.

Breast Cancer Staging

Clinical prognostic stage is computed for all patients with breast cancer at diagnosis using anatomic staging or the TNM (tumor, node, and metastases) based on history, physical examination, imaging studies (if performed), and relevant biopsies (Giuliano et al., 2017). Clinical prognostic stage