

Breast Cancer: Reviewing the Past to Give Direction for the Future

Since the 1970s, significant advances have been made in the diagnosis and treatment of breast cancer. Incidence rates increased during the 1980s and 1990s but began to decrease about 2% each year for women aged 50 years and older beginning in the year 2000, with a 7% decrease in the year 2002 (Siegel, Naishadham, & Jemal, 2013). Mortality rates in the United States also have decreased since 1990, particularly in women younger than 50 years. The declining incidence of breast cancer and improved mortality rates have been attributed to early detection, improved treatment, and research investigating factors associated with an increased risk of breast cancer. However, challenges such as limited effective treatment for symptoms resulting from estrogen deprivation still exist.

Oncology Nursing Forum (ONF) published an editorial by Carroll-Johnson (2002) in which a reader asked why so many breast cancer articles exist. Carroll-Johnson (2002) stated, "The interest in breast cancer is legitimate, given its prevalence and the understandable interest by women (and, thus, nurses) in this disease" (p. 1247). In this article, discussion will focus on popular oncology nursing topics associated with breast cancer, landmark decisions in care, and continuing challenges for oncology nurses in the care of patients with breast cancer.

Breast Cancer Screening

In a 1976 article, Nesbitt reported that the National Cancer Institute and American Cancer Society (ACS) announced that the recommendation for the routine use of screening mammography in asymptomatic women younger than age 50 years would be terminated based on limited statistical benefits of mammography and early detection of breast cancer in this age group and the concern for radiation-induced breast cancer. Nesbitt (1976) advocated for nursing assessment, identifying factors that increase patient risk for developing breast cancer and physical findings necessitating additional evaluation by the physician. In addition, strategies to address patient fears of breast cancer and the importance of breast self-examination (BSE) were emphasized as part of the oncology nurse role.

In the 1980s, ONF published many articles on BSE and the role of the nurse. Oncology nurse researchers investigated BSE practices and proficiencies of RNs (Cole & Gorman, 1984; Haughey et al., 1984; Sawyer, 1986) as well as BSE compliance and factors influencing practice among women (Haughey et al., 1988; Rutledge & Davis, 1988; Trotta, 1980; Welch-McCaffrey & Dodge, 1988; Williams, 1988; Willis, Davis, Cairns, & Janiszewski, 1989) in an effort to identify nursing strategies and patient education strategies to promote the practice of BSE. Monthly BSE has been recommended since 1933. However, since that time, BSE for primary breast cancer screening has been a topic of controversy, with more than 30 nonrandomized trials producing conflicting results regarding the efficacy, sensitivity, and specificity of the practice (Austoker, 2003; Green & Taplin, 2003; Harvey, Miller, Baines, & Corey, 1997). In 2003, the ACS reported new guidelines on breast cancer screening that stated women should be informed about the benefits and limitations of BSE and recommended that women may choose to perform or not to perform BSE. With the dramatic change in practice recommendations, the Oncology Nursing Society (2006) developed and published a position statement on breast cancer screening in ONF to guide oncology nurses in promoting early detection of breast cancer by performing BSE. The position statement on BSE supported oncology nurses educating women about the strengths and limitations of BSE as well as proper techniques so that women could make informed decisions about their personal BSE practice. The U.S. Preventive Services Task Force and the ACS do not recommend BSE, stating that the potential harm (e.g., false-positive test results) outweighs the benefit (Smith, Brooks, Cokkinides, Saslow, & Brawley, 2013; U.S. Preventive Services Task Force, 2009).

Breast Cancer Treatment

Numerous ONF articles describing the role of oncology nursing and nursing practice interventions in the late 1970s reflected major advances in breast cancer treatment.

Surgery and radiation therapy: From the early 1900s to the late 1970s, the Halsted Radical Mastectomy was the primary surgical treatment for breast cancer. The procedure involved removing the breast, underlying pectoral muscle, and all of the axillary nodes (Cotlar, Dubose, & Rose, 2003). In the 1980s, surgical approaches changed when it became evident that less radical procedures did not increase morbidity and mortality, and the modified radical mastectomy that preserved the pectoral muscle became the recommended surgical procedure.