Metastatic Breast Cancer: Understanding Current Management Options

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Purpose/Objectives: To review the standard treatment options for metastatic breast cancer, present recently approved chemotherapeutic and hormonal approaches, and describe novel biologic therapies, particularly the use of monoclonal antibodies.

Data Sources: Published articles, abstracts, and conference proceedings.

Data Synthesis: Standard treatment options available to women with metastatic breast cancer include surgery, radiation therapy, hormonal therapy, chemotherapy, and palliative approaches. New chemotherapeutic approaches for the management of metastatic breast cancer include the recently approved agents paclitaxel, docetaxel, and capecitabine. New hormonal agents such as toremifene, letrozole, and exemestane also have been approved. Finally, an agent from a new class of agents—biologic response modifiers (BRMs)—now is available. Trastuzumab, a monoclonal antibody (one class of BRMs), is a new and promising approach available to a subpopulation of women with metastatic breast cancer.

Conclusion: Although standard treatment options for the management of metastatic breast cancer may prolong survival for some, they have not resulted in a cure for the majority of women. Recent advances in the understanding of cancer cellular biology have led to newer approaches such as monoclonal antibodies and other BRMs that may offer hope of extended survival and improved quality of life for certain women. This field is growing quickly, and new targets for breast cancer therapy are being studied.

Implications for Nursing Practice: Nurses who become familiar with newer treatment options available for the management of metastatic breast cancer, including new chemotherapeutic and hormonal approaches and monoclonal antibody therapy, are better able to provide information and support for their patients. Clinicians must understand the criteria for patient selection for newer agents, particularly trastuzumab. In addition, recognizing adverse effects and knowing the management strategies for treatment-related toxicities help to ensure positive patient outcomes.

Key Points . . .

- A significant percentage of women with breast cancer will develop metastatic disease at some point.
- Although finding a cure remains an elusive goal, optimal treatment can offer many of these women either effective disease control or useful symptom relief.
- Treatment options for metastatic breast cancer include new biologic therapies as well as both standard and recently approved chemotherapy and hormonal agents.
- Becoming familiar with new treatment options enhances the oncology nurse's ability to assist women with this disease.

Objectives for CE Enrollees

On completion of this CE, the participant will be able to

1. Discuss the standard treatment options for metastatic breast cancer.
2. Discuss chemotherapeutic and hormonal approaches for metastatic breast cancer.
3. Describe the use of biologic therapies in the treatment of metastatic breast cancer.

Breast cancer is the most commonly occurring malignancy and second leading cause of cancer-related death among women in the United States. According to Greenlee, Hill-Harmon, Murray, and Thun (2001), approximately 192,200 new cases of breast cancer will be diagnosed in women in 2001, and an estimated 40,200 women will die of the disease. The treatment of breast cancer has become increasingly effective at improving long-term survival; the majority of women diagnosed with breast cancer survive for many years after diagnosis and treatment. If breast cancer cells metastasize and establish themselves in distant organs (e.g., bones, lungs, liver, brain), however, the outlook is less promising. Traditional options for treating metastatic breast cancer include surgery, irradiation, conventional hormone therapies, and chemotherapies. More recently, several new chemotherapy and hormonal agents have appeared, and the first monoclonal antibody (MoAb) has been approved for the treat-

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