An Interpretive Description of Chemotherapy-Induced Premature Menopause Among Latinas With Breast Cancer

Maryellen D. Brisbois, PhD, RN, APHN-BC

Latinas in the United States attain lower education levels, are more likely to live in poverty, and are less likely to have health insurance (American Cancer Society [ACS], 2014a). Socioeconomic status is identified as a critical factor affecting health and longevity (ACS, 2014a). Cancer disparities in Latinas are influenced by cultural factors such as language, beliefs, values, and traditions. Latinas with low acculturation and English as a second language report the greatest unmet needs for information and support (Hamilton et al., 2009; Janz et al., 2008).

Breast cancer is the most commonly diagnosed type of cancer and the leading cause of cancer death among Latinas in the United States. About 17,100 Latinas were diagnosed with breast cancer in 2012, and 2,400 deaths occurred (ACS, 2014b). About 33% of new cases of breast cancer occurred in women of any ethnicity aged 35–54 years (ACS, 2014a; National Cancer Institute [NCI], 2014), with about 25% in premenopausal women (ACS, 2014a; Jemal et al., 2007; Jemal, Siegel, Xu, & Ward, 2010).

A breast cancer diagnosis for Latinas is associated with aggressive disease patterns and less favorable outcomes because of negative prognostic factors at diagnosis (NCI, 2014). Factors include larger tumor size, higher grade lesions and proportion of BRCA gene mutations (John et al., 2007), more positive lymph nodes, and higher incidence of hormone-receptor negative and triple-negative breast cancers (Hill et al., 2010; Patel, Colon-Otero, Bueno Hume, Copland, & Perez, 2010; Voelker, 2009). Latinas diagnosed with cancer face widespread barriers to accessing health care (ACS, 2014b) and receiving standardized treatment (Hawley, Fagerlin, Janz, & Katz, 2008; Molina, Barton, & Loprinzi, 2005); inadequate information related to diagnosis, treatment, and survivorship (Fu et al., 2009; Im, Lee, Chee, Dormire, & Brown, 2010); and lower satisfaction with care (Third, Hoq, Diamant, & Maly, 2010).

Chemotherapy is standard treatment for early-stage breast cancer and reduces recurrence and mortality risk (Gradishar, 2003; Kelly & Hortobagyi, 2010); however, it is also associated with short- and long-term physiological and psychosocial effects (Ganz, 2008; Helgeson, Snyder, & Seltman, 2004). Chemotherapy toxicity in pre- and perimenopausal women includes ovarian damage, which may result in amenorrhea (reversible or irreversible).