

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

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**L**atinas 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 (Thind, 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

**Purpose/Objectives:** To describe the experience of chemotherapy-induced premature menopause (CIPM) among Latinas, explore how CIPM was assimilated into the breast cancer experience, and relate measured acculturation levels to the CIPM experience.

**Research Approach:** Interpretive descriptive method from a feminist inquiry lens.

**Setting:** Telephone interviews with participants from 12 states in the United States.

**Participants:** 20 Latinas who experienced CIPM after treatment for breast cancer.

**Methodologic Approach:** In-depth interviews and the Brief Acculturation Scale for Hispanics were used to elicit data, with interpreter assistance as needed.

**Findings:** One overarching theme, Bigger Than Menopause, and three subthemes, Experiencing Menopause, Ever-Changing Landscape, and Working Through the Experience, were found. Participants' ability to assimilate CIPM into the breast cancer experience was affected by the magnitude of physiologic and psychosocial effects, access to health care, information and support, sense of control, and acculturation level.

**Conclusions:** The CIPM experience for Latinas with breast cancer is multifaceted, with less acculturated Latinas facing multiple barriers in accessing health care, treatment, information, and support.

**Interpretation:** Participants described CIPM as part of a larger context that included physiologic and psychosocial effects and affected participants' ability to assimilate CIPM into the breast cancer experience. The impact of low acculturation and barriers experienced were elucidated as factors associated with assimilating CIPM into the breast cancer experience.

**Key Words:** breast cancer; chemotherapy; cultural competence; Hispanic; menopausal symptoms; survivorship

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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)