The median survival of patients with metastatic breast cancer (MBC) has improved to approximately two years (Chia et al., 2007). The increase is attributed to better diagnostic modalities and systemic therapies (Chia et al.). Patients are living longer and receiving more lines of therapy (Seidman, 2006). Despite survival gains, however, MBC remains incurable. The therapeutic goal is to prolong life and palliate symptoms of the disease, with the least possible toxicity and best quality of life (QOL). Survival of patients with MBC depends on numerous factors, including the extent and site of metastases and hormone receptor status (Chia et al.). Because breast cancer is a heterogeneous disease, each patient must be considered as an individual to be evaluated carefully throughout the course of her disease. A thorough understanding of the general principles of systemic therapy for MBC is essential if treatments are to be tailored to the specific characteristics of each patient’s disease. Oncology nurses who specialize in disease- and treatment-related symptom assessment and management are key to optimizing the management of MBC.

Approaches to Systemic Therapy

Hormonal Therapy

Progestosterone receptor (PR) and estrogen receptor (ER) levels have proven to be of value in the clinical management of MBC as an indicator of hormone responsiveness; therefore, they should be measured routinely. Careful interpretation of pathology reports is essential. The hormone receptor status of a tumor may be reported as positive or negative, or as a percentage of cells that are positive. In general, the higher the percentage of cells