Advancements in screening, early detection, treatment, and symptom management have increased five-year breast cancer survival to 89% (American Cancer Society, 2016), leaving survivors experiencing long-term effects of treatment. One such long-term effect is cognitive impairment. Cognitive impairment can be defined as a disruption in executing mental processes (Frank, Vance, Triebel, & Meneses, 2015; Von Ah & Tallman, 2015). Cognitive impairment in speed of processing, attention, memory, and executive function have been reported in breast cancer survivors (BCS) (Boykoff, Moieni, & Subramanian, 2009; Frank, Vance, Jukkala, & Meneses, 2014; Jansen, Cooper, Dodd, & Miaskowski, 2011; Wefel, Saleeba, Buzdar, & Meyers, 2010). Studies indicate that a broad range of about 21%–90% of BCS experience cognitive impairment (Bower, 2008; Frank et al., 2014; Pullens, De Vries, & Roukema, 2010).

Cognitive impairment associated with having received chemotherapy is commonly called “chemobrain.” However, evidence and reviews suggest that other cancer treatments, such as endocrine therapy and radiation therapy, also may be associated with cognitive impairment (Ahles et al., 2010; Ahles, Root, & Ryan, 2012; Frank et al., 2015; Hodgson, Hutchinson, Wilson, & Nettelbeck, 2013; Phillips et al., 2012).