

Secondary Breast Cancer - A Quick Guide



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This is a brief summary of the information on secondary breast cancer from CancerHelp UK. You will find more detailed information on the website.

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What is secondary breast cancer?

A cancer is made up of millions of cancer cells. These form a tumour. The original cancer is known as a primary tumour or the primary cancer. Some cells may break away and spread to another part of the body and form a new tumour. The new tumour is called a metastasis or a secondary cancer. So a secondary breast cancer is when the

cancer that started in the breast spreads to another part of the body.

The secondary cancer is made of the same type of cells as the primary cancer. So, for example, if a woman has secondary breast cancer in her bones, she has breast cancer cells that have spread from her breast and formed another tumour in a bone. This is different from having a cancer that first started in the bone (a primary bone cancer).

Cancer cells spread either in the bloodstream or through the lymphatic system. They do not always form a secondary cancer as soon as they have settled in a new place in the body. They may stay inactive (dormant) for many years before growing into a new tumour.

Where breast cancer cells can spread to

Breast cancer cells are more likely to spread to certain parts of the body than others. They most commonly spread to the lymph nodes, the bones, or the liver. They may also spread to the lung or, rarely, the brain. Secondary breast cancer often only affects one part of the body. But it is possible for secondary breast cancer to affect more than one place at a time.

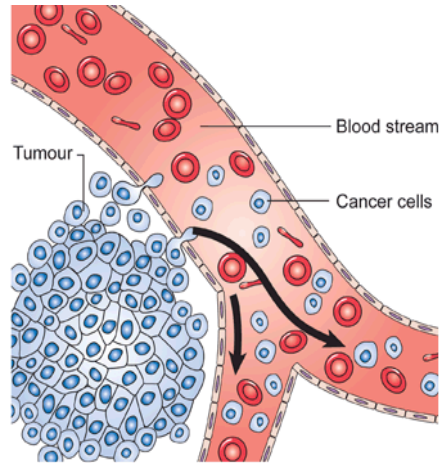


Diagram showing cancer cells spreading into the blood stream
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Symptoms of secondary breast cancer

The symptoms depend on where the breast cancer has spread to. But secondary breast cancer can cause general symptoms such as feeling more tired than usual, feeling under the weather, or having less appetite. Remember, most of these symptoms can also be caused by common illnesses like colds and flu, or injuries. If you have symptoms you are worried about that have lasted for more than a week or two, discuss them with your GP or specialist.

- Spread to the lymph nodes can cause a swelling or lump, either under your arm or in another part of the body. If the lymph nodes in your armpit are affected, your hand and arm may swell.
- Secondary breast cancer in the bone can cause aching or pain in the affected bone. Later, if the cancer is not treated, the bone can get weak and break. Sometimes calcium from the bone can build up in your blood. This

can cause tiredness, nausea, irritability, confusion, constipation and thirst.

- If the breast cancer has spread to your liver you may feel ill and tired. You may also have discomfort on the right side of your abdomen, swelling of the abdomen, nausea and loss of appetite.
- Women with secondary breast cancer in their lungs usually first notice a cough, or find they get short of breath easily.
- If a secondary breast cancer develops in the brain, you may have headaches and feel sick. You may have weakness in a part of your body, or notice changes in your behaviour.

Advanced breast cancer tests

There are many different tests used to find out if breast cancer has spread. The tests vary depending on where the doctor suspects the cancer might have spread to. You may have a whole body CT scan. As the bones, liver and lungs are the most common places for secondary breast cancer, you are most likely to have tests for cancer spread to these parts of the body.

These may include

- A bone scan
- Blood tests for liver function, followed by an ultrasound or CT scan of the liver if the tests are abnormal
- A chest X-ray to see if the cancer has spread to the lungs
- A CT or MRI scan of your brain
- A PET-CT scan to show where in the body the cells are more active than normal

The secondary cancer must be about the size of a pea before doctors can see it.



Unfortunately there is no test that can pick up tiny secondary cancer.

Why don't I have these tests as part of routine follow up?

Most doctors only do scans and other tests if there is a reason to suspect that something is wrong. Having these tests regularly can't stop cancer from spreading. And finding out about cancer spread earlier often won't change how your doctor decides to treat you. One of the most important reasons for not doing tests too often is that many of them expose you to radiation, and your doctor will not want to do that if there is no need to.

What to ask your doctor about advanced breast cancer tests

- How can I know if aches and pains or other feelings are symptoms of breast cancer coming back?
- How often should I have tests?
- Can I ask if I want a scan?
- Why doesn't my specialist suggest follow up scans - is it because they cost a lot?
- Do I need any tests?
- What sort of tests will I have?
- How accurate are they?
- How long will I need to wait for my test?
- How long will the results take?
- Is there anyone who can support me while I wait for the results?
- What will my treatment be if the cancer has come back?
- What will my treatment be if the cancer has spread?

Types of secondary breast cancer treatment

Your specialist will take a number of different factors into account when deciding which treatment is best for you, including the part of your body affected, any treatment you have already had, your general health, and whether you have pre or post menopausal breast cancer.

Secondary breast cancer may respond to several types of treatment. Doctors try to start with treatment that has as few side effects as possible. Remember that secondary breast cancer can often be kept under control for some time with treatment. The treatments that may be used for secondary breast cancer are

- Hormone therapy
- Chemotherapy
- Biological therapy
- Radiotherapy

How you may feel

For most people, finding out they have secondary cancer and need more treatment comes as a great shock. You may want to talk over the aims and side effects of your treatment with your family and friends, or with a counsellor or your breast care nurse. Your doctor will understand if you don't want to decide about treatment straight away. You may want to find out about other treatment options. Or you may just need to take some time to decide what to do.

Hormone therapy for secondary breast cancer

Hormones can affect the growth of some breast cancer cells – especially the female sex hormones oestrogen and progesterone. This means that drugs that block hormones,



or change the levels in the body, can treat some types of secondary breast cancer. Hormone therapies can stop or slow down the development of the cancer cells and can reduce symptoms. Hormone therapy seems to work best with oestrogen receptor positive cancers, and slow growing cancers affecting the bones or the skin.

Tamoxifen can help many women with secondary breast cancer, whether or not they have had the menopause. Aromatase inhibitors are currently mainly used for postmenopausal women. We have information about the side effects of hormone therapy.

Progesterone

Artificial progesterone can control the growth of some breast cancer cells. If aromatase inhibitors or tamoxifen stop working, your doctor may suggest progesterone treatment instead. You can have it as tablets or by injection.

Switching off your ovaries

If you have not yet had your menopause and have secondary breast cancer, your specialist will probably suggest treatment that stops your ovaries making oestrogen. You may have surgery to remove your ovaries, radiotherapy to the ovaries, or monthly injections with a drug called goserelin (Zoladex). All these treatments give you an early menopause.

On CancerHelp UK we have more information about how to cope with menopausal symptoms.

Chemotherapy for secondary breast cancer

When is chemotherapy used?

Chemotherapy uses drugs to destroy cancer cells. Your specialist may suggest either chemotherapy or hormone therapy when you are diagnosed with secondary breast cancer. Which is best for you depends on the treatment you have already had and responded to in the past, whether your cancer is oestrogen receptor positive, and where your secondary breast cancer is in your body.

You may be offered chemotherapy if your cancer has stopped responding well to hormone therapy. If your breast cancer is oestrogen receptor negative, your specialist may suggest chemotherapy because hormone therapy is less likely to help.

How you have your treatment

You usually have chemotherapy as a series of treatments a few weeks apart. Your complete treatment may last several months. Some chemotherapy drugs can be taken by mouth, but often you have them as injections into the bloodstream. Most people can have treatment as an out patient. But sometimes you may need to spend a day or two in hospital.

The chemotherapy drugs

In many circumstances, the drugs used to treat secondary breast cancer are the same as the drugs for primary breast cancer. The drugs used most often for secondary breast cancer at the moment include paclitaxel (Taxol), docetaxel (Taxotere), capecitabine (Xeloda), vinorelbine and gemcitabine (Gemzar). There is more information about these drugs on CancerHelp UK.



Radiotherapy for secondary breast cancer

Radiotherapy uses high energy rays to destroy cancer cells. Radiotherapy is helpful for treating women with secondary breast cancer in the bones, the skin, the lymph nodes in the armpit, or parts of the brain.

How it may help

Radiotherapy shrinks the cancer and so relieves pressure on the nerves. This reduces pain. Secondary cancer can weaken bones, because the growing cancer cells destroy the bone. After radiotherapy, the bone begins to replace the lost tissue and so becomes stronger again and less likely to fracture.

Strontium radiotherapy

This is radiotherapy that you have as an injection. It can be useful if your breast cancer has spread widely through your bones. You have this type of treatment to control pain. It may also slow down the development of the cancer in your bones.

Side effects

Because secondary breast cancer usually only needs a short course of radiotherapy most women have few side effects. Radiotherapy may damage some normal cells around the cancer. You may feel increasingly tired as your treatment goes on. If you have treatment to your brain, you may have some hair loss. If you are having radiotherapy to the stomach, abdomen or brain, you may feel sick. Sickness can be relieved by anti sickness drugs ('antiemetics') which your doctor can prescribe.

There is more information in the 'radiotherapy' section of CancerHelp UK.

Biological therapy for secondary breast cancer

Herceptin (trastuzumab) is the most commonly used biological therapy for secondary breast cancer. It is a monoclonal antibody. It attacks cells that make too much of a growth stimulating protein called HER2. Up to 3 out of 10 secondary breast cancers that have spread (30%) make too much of this protein. Herceptin will only help you if your cancer cells make too much HER2 protein.

NICE guidance

The National Institute for Health and Clinical Excellence (NICE) has approved Herceptin for advanced breast cancer in certain circumstances. These are explained on CancerHelp UK.

Having Herceptin treatment

You have Herceptin into a vein, through a drip. The first dose takes about an hour and a half. But after that you'll have it over 30 to 60 minutes each time. You have Herceptin every week, or every 3 weeks, for as long as it is keeping your cancer under control. You may have Herceptin with chemotherapy, hormone therapy, or in trials with other biological therapy drugs.

CancerHelp UK has more detailed information about the possible side effects of Herceptin.

Controlling the symptoms of secondary breast cancer

The symptoms of secondary breast cancer mainly depend on where the cancer is in your body. If your symptoms are not well controlled, ask to see a symptom control nurse, or palliative care nurse. These nurses are often based in hospital palliative care teams or local hospices. They can help



anyone who has cancer symptoms and needs advice, even if they have only just been diagnosed. Your specialist, GP or breast care nurse can refer you.

Pain

Many people with cancer do not have pain. But if you get pain, it can often be helped by cancer treatment. For example, an enlarged liver may cause pain in your right side or shoulder. The pain can be reduced by hormone therapy, chemotherapy or biological therapy that shrinks the cancer in the liver. Bone pain from bone secondaries can be treated with radiotherapy or chemotherapy or with drugs called bisphosphonates.

If you have pain that is not controlled with cancer treatment, there are many painkillers available. Pain can usually be very well controlled. The first step is to tell your doctor or nurse that you have pain so that they can find the right painkillers for you.

Other symptoms

CancerHelp UK has information on controlling breathing difficulties and cough, constipation, sickness, high blood calcium levels, bone pain, weakness, fluid retention and swelling, loss of appetite, difficulty sleeping, tiredness and weakness.

What to ask your doctor about secondary breast cancer treatment

- What treatment will be best for me?
- Why are you suggesting it?
- Do I have a choice?
- What choices do I have?
- What are the advantages and risks of each?
- How can I find out more about them?
- How long before my treatment starts?

- What can I do to prepare?
- How long will my treatment last?
- What are biological therapies and will they help me?
- Is it better for me to have chemotherapy or hormone therapy?
- What are the side effects of the treatment you are suggesting?
- What do you expect the treatment to do for me?
- Are there any clinical trials that would be helpful for me?
- Are there any new treatments that might help me?

Living with secondary breast cancer

Your feelings and secondary breast cancer

Discovering you have secondary breast cancer brings up many different feelings. You may feel completely shocked and numb. You may also feel very angry at times. Having secondary cancer has been described as like riding an emotional roller coaster – sometimes you can feel very low. At other times you may feel positive and hopeful.

Some women with secondary breast cancer find their daily lives are not affected very much. The cancer becomes like any other long term illness – it causes problems from time to time, but they can live with it by tackling any problem as it comes up. There is no right or wrong way of coping. You can make contact with other women who have breast cancer through a cancer support group. Many people find this helpful. Some women also find that counselling helps them to make sense of their feelings.



Who can help with secondary breast cancer

It can be very difficult coping with a diagnosis of cancer, both practically and emotionally. At first, you are likely to feel very upset, frightened and confused. Or that things are out of your control.

How secondary breast cancer can affect you physically

The cancer and its treatment may cause physical changes in your body. You may have to cope with feeling very tired and lethargic a lot of the time, especially if you are having treatment. If you are having a sexual relationship, the physical changes may affect your sex life.

Coping practically

As well as coping with the fear and anxiety that a diagnosis of secondary brings, you may also have to work out how to manage practically. It is important to remember that you don't have to sort everything out at once. It may take some time to deal with each issue. Do ask for help if you need it though. It is likely that your doctor or specialist nurse will know who you can contact to get some help – they can put you in touch with people specially trained in supporting people with cancer. These people are there to help and want you to feel that you have support. So use them if you feel you need to.

The 'coping with cancer' section of CancerHelp UK has lots of helpful information. And there are many other organisations that can help.

What to ask your doctor about living with secondary breast cancer

- I don't want to worry my family so is there anyone else I can talk to?
- Will the doctors and nurses at the hospital have time to talk to me?
- I'm used to being independent - how can I support myself?
- Will I have to pay for counselling?
- I don't want to talk about my problems but I do want to cope better - What should I do?
- Where can I get financial help?
- How do I tell my family the cancer has come back?
- How can I cope with treatment?
- Where can I get information about what might happen?

Breast cancer organisations

Cancer Research UK

Main website: www.cancerresearchuk.org

Patient information website:

<http://cancerhelp.cancerresearchuk.org>

Cancer Information Nurses phone: 0808 800 4040

Breast Cancer Care

Helpline: 0808 800 6000 (Monday to Friday 9.00 am - 5.00 pm + Sat - 9.00 am - 2.00 pm)

Phone: 0845 092 0800

Email: info@breastcancercare.org.uk

Website: www.breastcancercare.org.uk

Breakthrough Breast Cancer

Tel: 08080 100 200 (Mon-Fri 8am-8pm Sat 9am-12pm)

Website:

www.breakthroughbreastcancer.org.uk

Email:

info@breakthroughbreastcancer.org.uk

Hereditary Breast Cancer Helpline

Phone: 01629 813000 (helpline 24 hours)

Email: canhelp@btopenworld.com



Against Breast Cancer
Phone: 01235 534211
Email: info@againstbreastcancer.org.uk
Website: www.againstbreastcancer.org.uk

More information

For more information about breast cancer, visit our website
<http://cancerhelp.cancerresearchuk.org>

You will find a wide range of detailed, up to date information for people affected by cancer, including a clinical trials database that you can search for cancer trials in the UK. You can view or print the information in a larger size if you need to.

For answers to your questions about cancer call our Cancer Information Nurses on **0808 800 4040** 9am till 5pm Monday to Friday

Adapted from Cancer Research UK's Patient Information Website CancerHelp UK in February 2011. CancerHelp UK is not designed to provide medical advice or professional services and is intended to be for educational use only. The information provided through CancerHelp UK and our nurse team is not a substitute for professional care and should not be used for diagnosing or treating a health problem or disease. If you have, or suspect you may have, a health problem you should consult your doctor. © Cancer Research UK 2011. Cancer Research UK is a registered charity in England and Wales (1089464) and in Scotland (SC041666).