

SECONDARY BREAST CANCER IN THE LUNG

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Steered by our world-class research and powered by our life-changing care, Breast Cancer Now is here for anyone affected by breast cancer, the whole way through, providing support for today and hope for the future.

Our breast care nurses, expertly trained staff and volunteers, and award-winning information is all here to make sure anyone diagnosed with breast cancer gets the support they need to help them to live well with the physical and emotional impact of the disease.

For breast cancer care, support and information, call us free on **0808 800 6000** or visit **breastcancernow.org**

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This booklet describes what secondary breast cancer in the lung is, possible symptoms and the treatments that may be used. We hope it answers some of your questions and helps you discuss your options with your treatment team.

We suggest you read this booklet with our **Secondary breast cancer information pack** which contains a lot of information that may be useful from the time you're diagnosed and throughout your treatment and care. It also covers the physical and emotional impact of living with secondary breast cancer and the support available.

WHAT IS SECONDARY BREAST CANCER IN THE LUNG?

Secondary breast cancer occurs when breast cancer cells spread from the primary (first) cancer in the breast to other parts of the body, such as the lung. This may happen through the lymphatic or blood system. The lymph nodes in the centre of the chest may also be affected.

You may hear this type of spread described as metastatic breast cancer, metastases, advanced breast cancer, secondary tumours, secondaries or stage 4 breast cancer.

Secondary breast cancer in the lung is not the same as having cancer that starts in the lung. The cells that have spread to the lung are breast cancer cells.

Usually secondary breast cancer occurs months or years after primary breast cancer. But sometimes it's found at the same time as the primary breast cancer, or before the primary breast cancer has been diagnosed. In this situation, the breast cancer has already spread to other parts of the body such as the lung. This is referred to as 'de novo' metastatic (secondary) breast cancer, meaning the breast cancer is metastatic from the start.

PROGNOSIS (OUTLOOK)

When breast cancer spreads to the lung it can be treated but cannot be cured. Treatment aims to control and slow down the spread of the cancer, relieve symptoms and give you the best quality of life for as long as possible.

After a diagnosis of secondary breast cancer in the lung, many people want to know how long they've got to live. As treatments improve, more and more people are living longer after a diagnosis of secondary breast cancer. However, life expectancy is difficult to predict as each person's case is different and no two cancers are the same.

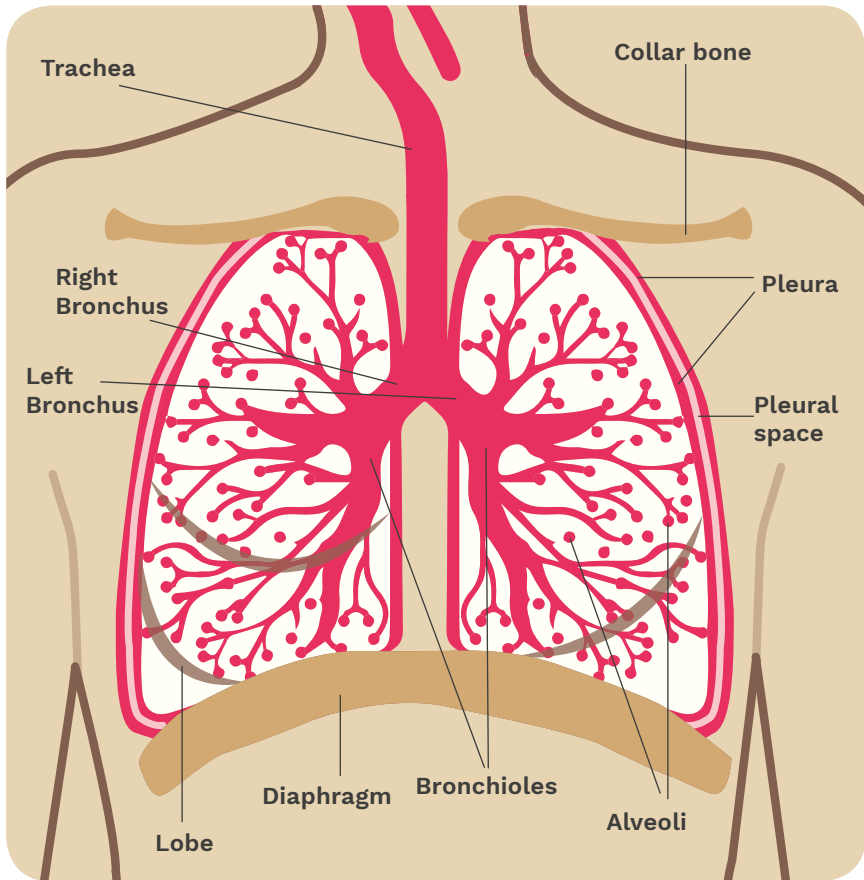
Your specialist can talk to you about the likely progression (growth and spread) of your secondary breast cancer. You may worry if their answers are vague, but it's difficult to accurately predict how each person's illness will respond to treatment.

The lungs

To understand some of the symptoms described in this booklet it may help to know how the lungs work.

The lungs take up most of the chest area, extending from the collarbone down to the abdomen (tummy). They are protected by the ribcage. When we breathe in, our chest expands, our lungs inflate and air is drawn in. The diaphragm is a large dome-shaped muscle that separates the chest cavity from the abdomen. It constantly expands and relaxes to help the breathing process.

The lungs are attached to the inside of the chest wall by two thin layers of tissue called the pleura. There's a small space (sometimes called the pleural space or virtual space) between the two layers of tissue that's filled with a small amount of fluid. This fluid stops the two layers rubbing together when we breathe.



Each lung is made up of sections called lobes. The air we breathe in is carried to our lungs by the trachea (windpipe), which divides into tubes known as the left bronchus and right bronchus (or bronchi when talking about both). The bronchi then divide into smaller tubes called bronchioles. At the end of the bronchioles are millions of tiny air sacs (alveoli). It's here that oxygen from the air we breathe in is absorbed into the bloodstream and carbon dioxide is passed from the bloodstream into the air we breathe out.

SYMPTOMS

Some people experience a number of symptoms. They can range from very mild to severe, depending on whether one or two lungs are affected, and where the cancer is in the lung(s). For example, in some people, cancer may only spread to the pleura. It's important to report any new or ongoing symptoms to your specialist.

Symptoms include:

- Breathlessness
- Wheezing
- A cough that doesn't go away
- Coughing up blood
- Pain or tightness in the chest that doesn't go away
- Loss of appetite and weight loss
- Feeling constantly tired

Some people may have a build-up of fluid between the lung and chest wall (known as a pleural effusion), which can cause symptoms such as breathlessness or a cough.

These symptoms are explained in more detail on page 14.

Sometimes secondary breast cancer may be found in the lung during a scan, before it causes any symptoms or affects your breathing. This might be the case if your breast cancer has come back elsewhere and your treatment team wants to check whether it has spread to the lung(s).

WHAT TESTS MIGHT I NEED?

Your specialist will examine you and discuss any symptoms you have. You may need one or more of the following tests to help confirm a diagnosis of secondary breast cancer in the lung.

Chest x-ray

A chest x-ray is often the first investigation that will be done.

CT (computerised tomography) scan

This scan uses x-rays to take detailed pictures across the body.

PET (positron emission tomography) scan

This type of scan shows how effectively parts of the body are working. It's not often used to make a diagnosis but may help your treatment team see how far the cancer has spread and how well it's responding to treatment.

PET-CT scan

This combines a PET scan with a CT scan to produce a three-dimensional image giving details on both the structure and function of the organs or tissue. It may help your treatment team confirm the diagnosis and see how far the disease has spread when other scans have not been able to do so.

Lung biopsy

Sometimes a biopsy of the lung is taken. This involves removing a small piece of tissue from the lung, to be looked at under a microscope. This is usually done while you're sedated. If you have a build-up of fluid in the space around the lungs (pleural effusion), a sample of fluid can also be taken for testing.

Bronchoscopy

Another common procedure for taking a lung biopsy is a bronchoscopy. A tube called a bronchoscope is passed through the mouth and down into the lungs. A biopsy may then be performed.

CT-guided lung biopsy

Sometimes a biopsy can be taken from the lung through the skin, under local anaesthetic, with a needle using a CT scan for guidance.

EBUS (endobronchial ultrasound)

This test involves passing an ultrasound probe attached to a bronchoscope into the lungs. It allows the doctor to see the lungs and lymph nodes and take a biopsy if required. EBUS is a relatively new test so is not yet widely available.

Blood tests

You may have some blood tests to monitor your condition. The type of test will depend on your symptoms. You may also need blood tests before and during certain treatments. These tests may also help to show how effective treatment has been.

Your treatment team will discuss what tests they're doing and why you are having them.

Tumour marker tests

Some people have a blood test for tumour markers. These are proteins found in the blood that may provide more information about how you're responding to treatment or if the cancer is progressing. There is some debate about the accuracy of measuring tumour markers so they're not used by all specialists.

WHAT TREATMENTS MAY I BE OFFERED?

Your treatment may include:

- Hormone (endocrine) therapy
- Chemotherapy
- Targeted (biological) therapies
- Radiotherapy
- Surgery

These treatments can be given on their own or in combination.

When making decisions about how best to treat you, your treatment team will consider factors such as:

- How extensive the cancer is within the lung
- Whether the cancer has spread to other organs
- Any symptoms you have
- What treatment you've had in the past
- The features of the cancer
- Whether you've been through the menopause
- Your general health

Your specialist should discuss any recommendations for treatment with you and take into account your wishes. They will talk with you about your options, explain what the aim of your treatment will be and help you weigh up the potential benefits against the possible side effects you may have.

You may also be referred to the respiratory team, which specialises in treating people with breathing difficulties. They can help plan your treatment or manage your symptoms. Your care will continue under your usual breast oncologist, but with involvement or advice from the other team.

To help you feel confident that you're getting the best care, you may want to ask your treatment team about:

- What your treatment options are, and why they're recommending a particular drug or procedure for you
- The aim of your treatment
- The possible side effects of your treatment and what you can do to help manage them
- Whether there are any additional options for you, including any new procedures or treatment at other centres where you could be referred to discuss these further
- Any clinical trials you'd be eligible to take part in
- Whether a referral to an expert, such as a surgeon specialising in the lung, is appropriate
- The risks and benefits of each treatment with your treatment team
- What to do if you get new symptoms or side effects from your treatment

You can also ask if a specialist nurse is available to go over your plan, repeat information or explain any new terms to you. It's important that you understand what's happening, and why.

Drug treatment is commonly used in secondary breast cancer in the lung. This is often referred to as systemic treatment, as it treats the whole body.

Hormone (endocrine) therapy

Hormone therapy is used to treat breast cancers that are stimulated to grow by the hormone oestrogen. This means that oestrogen in the body helps the cancer to grow. This type of breast cancer is called oestrogen receptor positive (ER+). Hormone therapies block or stop the effect of oestrogen on breast cancer cells. Different hormone therapy drugs do this in different ways.

If you had a biopsy or surgery for primary breast cancer, the tissue removed will have been tested to see if it is ER+. However, in some people the oestrogen receptors change during the development of secondary breast cancer. Because of this, your doctor may discuss having a biopsy to retest for hormone receptors.

If you've had hormone therapy before, your doctor may prescribe the same drug again or change it to a different one. It can take two to three months before any benefits from hormone therapy are seen. The most commonly used hormone therapy drugs are tamoxifen, goserelin (Zoladex), aromatase inhibitors (anastrozole, exemestane and letrozole) and fulvestrant (Faslodex).

We have booklets and information on our website about different hormone therapy drugs, including their side effects. Hormone therapy may be given in combination with targeted therapies (see 'Targeted therapies' opposite).

Chemotherapy

Chemotherapy destroys cancer cells using anti-cancer drugs. A number of chemotherapy drugs are used to treat secondary breast cancer. These drugs may be given on their own or in combination. The drugs you're offered will depend on many factors, including any chemotherapy you had in the past and how long ago you had it.

For general information about chemotherapy, see our **Chemotherapy for breast cancer** booklet, or our booklets and webpages on the different chemotherapy drugs.

Targeted therapies (also called biological therapies)

This is a group of drugs that block the growth and spread of cancer. They target and interfere with processes in the cells that help cancer grow.

The type of targeted therapy you are offered will depend on the features of your breast cancer.

Targeted therapy for HER2 positive secondary breast cancer

Some breast cancer cells have a higher than normal level of a protein called HER2 (human epidermal growth factor receptor 2) on their surface, which stimulates them to grow. This is known as HER2 positive breast cancer.

There are various tests to measure HER2 levels. If you had a biopsy or surgery for primary breast cancer, the tissue removed will have been tested. However, in some people the HER2 levels change during the development of secondary breast cancer. Because of this, your doctor may discuss doing a biopsy of the secondary breast cancer to retest HER2 levels.

The most common targeted therapies used for HER2 positive breast cancer are trastuzumab, pertuzumab (Perjeta) and trastuzumab emtansine (Kadcyla).

Occasionally, you may be offered the targeted therapy, lapatinib (Tyverb).

If your cancer is found to be HER2 negative, then targeted therapies for HER2 positive breast cancer will not be of any benefit.

Targeted therapy for HER2 negative secondary breast cancer

If your cancer is HER2 negative and oestrogen receptor positive (ER+) you may be offered a targeted therapy in combination with hormone (endocrine) therapy. These include palbociclib (Ibrance), ribociclib (Kisqali) and abemaciclib (Verzenio). Everolimus (Afinitor) may also be used.

For information about different types of targeted therapy see breastcancer.org/targeted-therapy

OTHER TREATMENTS

Drugs are the main treatment for secondary breast cancer in the lung. However, sometimes treatments such as surgery or radiotherapy may be used. These can treat the cancer in the lung and help relieve symptoms, but will not treat cancer in other areas of the body, so may be useful for people whose secondary breast cancer only affects their lung.

Radiotherapy

Radiotherapy uses high energy x-rays to destroy cancer cells. It's sometimes used to treat symptoms caused by secondary breast cancer in the lung, for example if large lymph nodes in the centre of the chest are affected. It can be given as a single dose or divided into a number of doses (also called fractions) over a few days.

Stereotactic radiotherapy (also known as radiosurgery or stereotactic ablative body radiotherapy)

Very precise radiotherapy may be considered for some people with a limited number of small secondary cancers in the lungs who have a good level of general health and fitness. This treatment allows high doses of radiation to be delivered with accuracy and minimal damage to the surrounding tissue. Stereotactic radiotherapy used to treat secondary breast cancer in the lung may also be called CyberKnife, which is the name of the radiotherapy machine. CyberKnife is a specialist treatment that's only available in some centres. Your treatment team can tell you if it may be suitable for you.

Surgery

Although surgery will not cure secondary breast cancer in the lung, occasionally it may be part of a treatment plan. Surgery is more likely to be performed if the area of secondary breast cancer in the lung is very small, can be easily accessed by

the surgeon, and there's no other secondary breast cancer elsewhere in the body.

Video-assisted thoracoscopic surgery (VATS)

Video-assisted thoracoscopic surgery (VATS) is a type of operation that allows doctors to see inside the chest and lungs. Under general anaesthetic, a thin tube with a built-in camera (known as a thoracoscope) is placed through a small cut in the side of the chest to help the surgeon see inside. One or two other small cuts are made in the skin, and surgical instruments can be passed through these. It can be used to take tissue from the lung for a biopsy or to treat a pleural effusion (see page 18).

Clinical trials

Many breast cancer trials look at new treatments or different ways of giving existing treatments, such as surgical techniques, chemotherapy, targeted therapies or radiotherapy. Your specialist may talk with you about a clinical trial, or if you're interested in taking part in research you can ask them if you're eligible for a clinical trial.

For general information on clinical trials see our website. You can also find listings of current trials on the Cancer Research website cancerresearchuk.org and on the National Institute for Health Research (NIHR) website bepartofresearch.nihr.ac.uk

Palliative and supportive care

Palliative and supportive care focuses on symptom control and support. It's an extremely important part of the care and treatment for many people with secondary breast cancer and can significantly improve quality of life for them and their families.

People often associate palliative care with end-of-life treatment. However, many people value having it at any stage of their illness, alongside their medical treatment, to help prevent and relieve symptoms such as pain or fatigue. It can also help with the emotional, social and spiritual effects of secondary breast cancer.

The palliative and supportive care teams are based in hospitals, hospices and the community. You can be referred by your treatment team, GP or breast care nurse depending on your situation.

Availability of treatments

Some treatments for secondary breast cancer may not be routinely available on the NHS. You may still be able to access these treatments in other ways, such as a clinical trial.

Macmillan Cancer Support has information about what you can do if a treatment isn't available. Visit their website macmillan.org.uk or call 0808 808 0000 to find out more.

It can be frustrating and distressing if a treatment you and your cancer specialist feel could benefit you isn't routinely available. For help and information about accessing a treatment, you can speak to your treatment team. You can also call our Helpline on **0808 800 6000** to talk through your concerns.

MANAGING SYMPTOMS OF SECONDARY BREAST CANCER IN THE LUNG

Breathlessness

One of the more common symptoms of secondary breast cancer in the lung is breathlessness. The medical term for this is dyspnoea. Breathlessness affects people differently. It does not cause harm but can be distressing and frightening, which can make your symptoms worse. You may find breathing is uncomfortable, or feel that you can't get enough air into your lungs. You may experience breathlessness when you are still or lying down, but it's often more noticeable when you are moving. However, it's still good to be as active as you can. See 'Physical activity' on page 20 for more information.

Breathlessness can happen for different reasons. For example, secondary breast cancer in the lung can increase the risk of chest infections, which can also cause breathlessness. In this case you may be treated with antibiotics.

In some people the areas of secondary breast cancer cause a narrowing, put pressure on or block part of the airway. If this happens, your treatment team may recommend a stent. This is a small tube that is inserted during a bronchoscopy (see page 7) to keep the airway open and help relieve any breathlessness. The stent can usually stay in the airway permanently.

There are several practical things you can do to help ease your breathlessness. Research has shown that a cool draft of air from a fan or open window can help reduce the feelings of breathlessness. Cooling your face with cold water may also help. You might find it useful to use a handheld fan if you stop to rest while moving or walking. Sitting forward with your arms and elbows on a raised, supportive surface can help you feel like you can breathe better.

Lymphangitis

Sometimes the lymph channels in the lung can become blocked by breast cancer cells, causing inflammation and scarring. This is called lymphangitis.

Lymph fluid is unable to drain away from the lungs and affects the amount of oxygen reaching the blood. A common symptom of lymphangitis is breathlessness. It may also cause a dry cough and, occasionally, coughing up blood. These symptoms can be present even before it's possible to see anything on an x-ray or scan.

If you have lymphangitis caused by your secondary breast cancer, your doctor will usually recommend treatment with chemotherapy. Steroid drugs such as dexamethasone or prednisolone may also be used.

Physiotherapy

Physiotherapy can be helpful in treating breathlessness. Learning relaxation and breathing techniques to use when you start feeling breathless can also help. For example, a technique called controlled breathing, using your lower chest muscles and diaphragm, can help you breathe more slowly and effectively.

Your medical team may be able to refer you to a physiotherapist or to a palliative and supportive care team to teach you breathing exercises. A number of services provide groups, classes and clinics for this purpose.

Occupational therapy

An assessment by an occupational therapist can offer practical solutions to managing breathlessness on a day-to-day basis. They may suggest making changes around the house, such as positioning a chair or stool to stop and rest at while walking between rooms.

Relaxation

Many people find complementary therapies and relaxation helpful in managing their breathlessness. You can find out more about these in our **Complementary therapies, relaxation and wellbeing** booklet.

Macmillan Cancer Support also produces a relaxation CD that helps you learn ways to manage breathlessness. You can order or download the recording from their website macmillan.org.uk You may also find that exercise helps to relieve your breathlessness (see page 20).

If necessary, your doctors can give you medicines such as lorazepam from a group of drugs called benzodiazepines (drugs that relax the muscles), Ventolin (a drug that can relax the airways), or low doses of codeine or morphine to help ease breathlessness.

Oxygen has not been found to be a helpful treatment for breathlessness caused by secondary breast cancer in the lung.

Psychological support

Anxiety and low mood can also make breathlessness worse. You can ask your oncologist, GP, specialist nurse or palliative care nurse about accessing psychological support to help you manage this.

Cough

An ongoing cough is another common symptom that can be distressing and tiring. It may be caused by the cancer itself, or an infection. Phlegm can build up in the chest and throat and may be difficult to bring up.

Cough medicines can help to control coughing, or medicines known as mucolytic medicines may be prescribed to help loosen the phlegm. Your doctors may recommend a nebuliser, which is a device that turns liquid medicine into a mist that can be inhaled through a mouthpiece. Using a nebuliser can also help to loosen the phlegm, making it easier to bring up.

If the cough is very difficult to control your doctors may prescribe a codeine-based drug or low-dose morphine or steroids.

Pain

Pain relief is a very important part of the care of many people with secondary breast cancer. Once pain is under control, many people feel less anxious and can eat and sleep better.

Although many people with secondary breast cancer in the lung do not experience pain, if the cancer affects the lining around the lungs (the pleura) it may cause irritation leading to pain or discomfort when breathing. This is often worse when breathing in or coughing.

Most pain can be relieved or controlled. It's very important that your pain is assessed regularly by your nurse or doctor to make sure it stays under control.

You can read more about pain control in our **Secondary breast cancer information pack**, which also includes a symptom diary in which you can record your pain.

Pleural effusion

A pleural effusion is a build-up of extra fluid between the pleural layers and will usually be confirmed by a chest x-ray. It may develop if cancer cells have spread into the pleura, causing irritation and producing fluid that can then build up.

It might make you feel breathless but this can sometimes be eased by getting rid of the extra fluid. A small amount can be removed by numbing the area with a local anaesthetic and drawing the fluid off with a needle and syringe.

If there is a larger amount of fluid, a narrow drainage tube can be inserted into the pleural space (see 'The lungs' on page 4), also under a local anaesthetic. It will then be stitched into place and connected to a drainage bottle. The fluid will drain out slowly over time (often a few days). Leaving the drain in until the fluid has drained completely often helps pleura stick back together. This procedure can be repeated if the fluid builds up again. A permanent drain may be inserted so fluid can be drained regularly and more easily at home.

Sometimes after a pleural effusion has been drained another procedure called a pleurodesis is performed. This involves injecting a drug or powder into the drain, then leaving the drain clamped for about one hour before removing it. This aims to seal the two layers of the pleura together to prevent the fluid building up again.

Poor appetite and weight loss

Sometimes people with secondary breast cancer can't eat as much as usual. This means they have difficulty maintaining their weight as well as providing the body with energy. Low energy levels can affect mobility (moving around) and might make it harder to manage any symptoms such as breathlessness.

Poor appetite can be due to the effects of the cancer, treatment or anxiety. A small number of people may have difficulty swallowing.

You might find it easier to eat little and often instead of having set meals. If you still feel you aren't eating enough, are losing

weight or have no interest in food, talk to your doctor or specialist nurse about dietary supplements or ask to speak to a dietitian for specialist advice. In some circumstances you may be prescribed medication to help stimulate your appetite.

Fatigue (extreme tiredness)

Cancer-related fatigue is one of the most common symptoms experienced by people with secondary breast cancer.

Everyone knows what it feels like to be tired sometimes, but cancer-related fatigue can feel much more severe. It can come and go or be continuous, and this can be distressing and frustrating.

Fatigue has many causes, from psychological factors such as the stress of coping with the diagnosis, to physical ones such as the side effects of treatment or progression (growth and spread) of the cancer.

Fatigue may have a significant effect on your ability to cope with your cancer and its treatment. It can also affect your everyday activities and quality of life.

For more information on managing fatigue see our **Secondary breast cancer information pack**.

Blood clots

People with breast cancer have a higher risk of blood clots. Their risk is higher because of the cancer itself and some treatments for breast cancer.

You may be at risk of a blood clot forming known as a deep vein thrombosis (DVT). People with a DVT are at risk of developing a pulmonary embolism (PE). This is when part of the blood clot breaks away and travels to the lung.

Blood clots can be harmful but are treatable so it's important to report symptoms as soon as possible.

If you experience any of the following symptoms contact your local A&E department, or treatment team straight away:

- Pain, redness/discolouration, heat and swelling of the calf, leg or thigh
- Swelling, redness or tenderness where a central line is inserted to give chemotherapy, for example in the arm, chest area or up into the neck
- Shortness of breath
- Tightness in the chest
- Unexplained cough (or coughing up blood)

PHYSICAL ACTIVITY

Although there has been little research into the benefits of exercise for people with secondary breast cancer, several studies have looked at its effectiveness for people with primary breast cancer.

The results have been positive and there is no reason to believe that people with secondary breast cancer would not have similar benefits from exercising. However, you may need to take a little extra care.

Regular exercise may help to:

- Increase fitness, strength, stamina and flexibility
- Control weight (when combined with a healthy diet)
- Boost the immune system
- Reduce blood pressure
- Reduce fatigue

People who exercise, even gently, during and between treatments may tolerate treatments better and experience less pain, sickness, problems sleeping and fatigue.

What is regular exercise?

Guidance suggests ‘regular exercise’ means 30 minutes of moderate-intensity exercise at least five days a week. This can be a lot initially if you’re new to exercise, so before starting any exercise it’s important to discuss it with your treatment team. You can begin gently and build up gradually. It doesn’t need to be 30 minutes all at once. There are many ways to include physical activity in your daily routine so joining a gym or attending classes is not necessary.

‘Moderate intensity’ usually means you breathe harder, become warmer and are aware of your heart beating slightly faster than normal. However, you should be able to talk and it should not feel as if you’re pushing yourself too hard.

Exercise and secondary breast cancer in the lung

Some people with secondary breast cancer in the lung have no symptoms while others have symptoms such as breathlessness, pain, loss of appetite, tiredness and fatigue. While physical activity may help reduce some symptoms it’s important to listen to your body. Gentle, regular activity is often most effective.

If you’re currently having treatment you may need to exercise at a slightly lower level. Stop if it hurts or feels like you’re working too hard.

When choosing your exercise, try to focus on aerobic-type activities such as walking, swimming or cycling. Activities such as dancing and gardening can also be beneficial. You could also include some light toning or conditioning exercises such as stretching or low-impact yoga. The most important thing is to choose something you can safely enjoy.

Support and advice through GP exercise referral programmes can often be of benefit to people with secondary breast cancer. They aim to help people with long-term health conditions to increase physical activity levels and improve health and wellbeing.

Trained instructors can provide support if you want to start a new activity. It's important the instructor knows about you and any changes to your health so they can advise you on how to exercise safely. You can ask your GP to refer you to a suitable exercise programme.

Breathlessness, coughing, pain, tiredness and loss of appetite can all be symptoms of secondary breast cancer in the lung. These symptoms are similar to those experienced by people with long-term respiratory diseases such as chronic obstructive pulmonary disease (COPD) and asthma. Research has found that when people with respiratory disease exercise regularly they are less breathless, have more stamina, are better able to perform everyday tasks and have a better quality of life.

There are a number of things you can do to avoid or reduce breathlessness while exercising. Firstly, avoid exercising in very cold or dry conditions as this makes it more difficult for your lungs to expand. Swimming can be ideal because the pool hall is usually quite warm and the air is damp. Secondly, always start your exercise session with a gentle warm up to get your body ready to exercise and to slowly increase how hard you're breathing so your lungs have time to adjust to the new demands.

Walking can also be helpful. However, it's best to walk somewhere you can take plenty of rest stops.

You could also try ‘pursed lip breathing’. This involves pursing your lips and breathing in and out through the narrowed opening. This reduces the air pressure, making it easier for your lungs to expand and contract.

For more information on exercise and secondary breast cancer see our **Secondary breast cancer information pack**.

LIVING WITH SECONDARY BREAST CANCER IN THE LUNG

Knowing that your cancer has spread to your lung can cause a range of emotions. There may be times when you feel very isolated or overcome by fear, anxiety, sadness, uncertainty, depression or anger.

You may be able to cope with these feelings on your own or with the support of the people closest to you. Some people want support from professionals – you can talk to your specialist nurse, palliative care nurse, hospice or home care specialist nurse. They will have a good understanding of the specific needs of people with secondary cancers and will be familiar with different ways of coping and adapting to the diagnosis. They also have specialist knowledge in helping with pain and symptom control and can arrange for you to talk to a counsellor or psychotherapist.

If you’re not in regular contact with a palliative care nurse, you can ask for a referral to be made through your hospital team or GP. You could also contact the Breast Cancer Now Helpline on **0808 800 6000** to talk through your concerns and find out what support may be available in your area.

FINDING SUPPORT

Breast Cancer Now's Living with Secondary Breast Cancer meet-ups take place monthly throughout the UK.

Whether you have questions about pain management, treatments and side effects, or just want to talk openly to others who have had a secondary diagnosis, these sessions can provide you with helpful information and support in a relaxed environment.

For more information about Living with Secondary Breast Cancer, visit **breastcancernow.org** or call **0345 077 1893**.

You can also chat to other people living with secondary breast cancer on our online discussion Forum **forum.breastcancernow.org**

Live Chat is a weekly private chat room where you can talk about whatever's on your mind. Visit **breastcancernow.org/information-support/support-you/live-chat**

NOTES

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SUPPORT FOR TODAY HOPE FOR THE FUTURE

We believe that we can change the future of breast cancer and make sure that, by 2050, everyone diagnosed with the disease lives – and is supported to live well. But we need to act now.

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How we use your information

From time to time, we may contact you by telephone and post to keep you updated on our work and ways you can help. You can change the way you hear from us at any time by emailing us at supporterengagement@breastcancernow.org or calling us on 0333 20 70 300.

To help us to work more efficiently, we may analyse your information to make sure you receive the most relevant communications, and to target our digital advertising. This may include using publicly available information. You can ask us to stop this at any time, by contacting us using the above contact details.

You can read more about how we will use your information on our website at breastcancernow.org/privacy, or contact us if you'd like a paper copy.



ABOUT THIS BOOKLET

Secondary breast cancer in the lung was written by Breast Cancer Now's clinical specialists, and reviewed by healthcare professionals and people affected by breast cancer.



For a full list of the sources we used to research it:
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BREAST CANCER NOW

The research
& care charity

At Breast Cancer Now we're powered by our life-changing care. Our breast care nurses, expertly trained staff and volunteers, and award-winning information make sure anyone diagnosed with breast cancer can get the support they need to help them to live well with the physical and emotional impact of the disease.

We're here for anyone affected by breast cancer. And we always will be.

For breast cancer care, support and information, call us free on **0808 800 6000** or visit **breastcancernow.org**

Breast Cancer Now

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