

Secondary breast cancer in the liver



This booklet describes what secondary breast cancer in the liver is, possible symptoms and the treatments that may be used.



This information is by Breast Cancer Care.

We are the only specialist UK-wide charity that supports people affected by breast cancer. We've been supporting them, their family and friends and campaigning on their behalf since 1973.

Today, we continue to offer reliable information and personal support, over the phone and online, from nurses and people who've been there. We also offer local support across the UK.

From the moment you notice something isn't right, through to treatment and beyond, we're here to help you feel more in control.

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



Secondary breast cancer in the liver occurs when cancer that started in the breast has spread to the liver.

We hope this booklet answers some of your questions about your condition 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 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 liver?

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 liver. This may happen through the lymphatic or blood system.

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

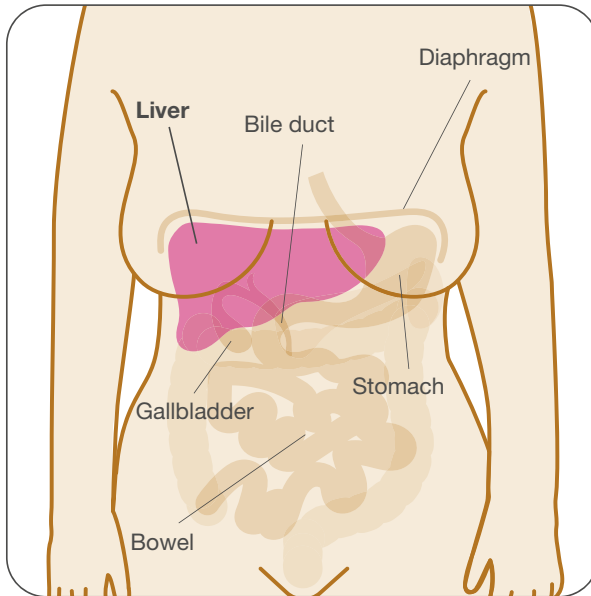
Outlook (prognosis)

When breast cancer spreads to the liver, 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, many people want to know how long they've got to live. As treatments have improved, 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 of your secondary breast cancer. You may worry if their answers are vague, but it's not possible to accurately predict how each person's illness will respond to treatment.

The liver



To understand some of the symptoms described in this booklet, it may help to know more about the liver.

The liver is a large organ that can carry on working even if part of it is affected by secondary breast cancer.

The liver sits on the right side of your upper abdomen just under the ribs. It's made up of different sections (called lobes) and is surrounded by a capsule. It's close to a number of other organs including the bowel, the diaphragm (the muscle that separates the chest and abdomen) and the right kidney.

The liver produces bile which helps to digest food. Bile is stored in the gallbladder and released into the small bowel through the bile duct. The liver converts food into heat and energy, stores glucose and vitamins, and breaks down harmful substances such as alcohol and drugs. It also produces important proteins including those that are needed to help the blood to clot.

Symptoms

There are a number of common symptoms of secondary breast cancer in the liver. They can range from mild to severe, depending on how much of the liver is affected by the cancer. It's important to report any new or persistent symptoms to your specialist.

Symptoms include:

- pain in the abdomen (tummy) which may also be felt in the right shoulder
- discomfort or pain in the right side of the abdomen under the ribs
- nausea (feeling sick)
- loss of appetite and weight loss
- hiccups
- ascites (a build-up of fluid in the abdomen causing swelling)
- a general feeling of being unwell
- feeling constantly tired
- itching and jaundice (yellowing of the skin)

These symptoms are explained in more detail on pages 17–21.

Sometimes secondary breast cancer in the liver may be found during a scan before it causes any symptoms.

What tests might I need?

Your specialist will examine you and may be able to feel if your liver is enlarged. They'll also 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 liver.

Blood tests

When breast cancer spreads to the liver the amount of certain substances in the blood may increase. Blood tests, called liver function tests, can measure these substances and show if there's a change in how the liver is working.

You may also need blood tests before and during certain treatments. These tests may also help to show how effective any treatment has been.

Your treatment team will discuss what tests they're doing and why you're 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's some debate about the accuracy of measuring tumour markers so they're not used by all specialists.

Ultrasound scan

An ultrasound scan uses high-frequency sound waves to produce an image of the liver to show any abnormalities.

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 tissue being looked at, so is generally more useful than a PET scan alone. It's not often used to make a diagnosis of secondary breast cancer, but 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.

MRI (magnetic resonance imaging) scan

This scan uses magnetism and radio waves to produce a series of images of the inside of the body. An MRI does not expose the body to x-rays and can show how much of the liver has been affected.

Liver biopsy

In most cases your specialist will be able to tell if you have secondary breast cancer in the liver from your symptoms and scans. However, where possible, it's useful to have a biopsy to confirm the diagnosis and guide decisions about your treatment (for more information on this, see 'What treatments may I be offered' on the next page). A biopsy involves removing a small piece of tissue from the liver, under local anaesthetic, to be examined under a microscope. An ultrasound is usually used as a guide. You'll need to stay in hospital for a few hours after the liver biopsy because of the risk of bleeding.

What treatments may I be offered?

Your treatment may include:

- hormone (endocrine) therapy
- chemotherapy
- targeted (biological) therapy
- surgery
- radiofrequency ablation, cryotherapy or targeted radiotherapy

These treatments can be given alone 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 liver
- 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.

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

- to explain your treatment options, and why they're recommending a particular drug or procedure
- to explain the aim of your treatment
- to go through the side effects you might get and how you can manage them
- whether there are additional options for you, including new procedures or treatments at other centres where you could be referred to discuss these further

- if there are any clinical trials you'd be eligible for
- whether a referral to an expert, such as a surgeon specialising in the liver, is appropriate
- to go over the risks and benefits of each treatment they've recommended
- what to do if you get new symptoms or side effects from your treatment

You can also ask if there's a specialist nurse 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.

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's 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' on the next page).

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 alone 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 it was.

For general information about chemotherapy, see our **Chemotherapy for breast cancer** booklet or our booklets 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 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 (such as Herceptin), pertuzumab (Perjeta) and trastuzumab emtansine (Kadcyla).

Occasionally, you may be offered 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 therapy. These include palbociclib (Ibrance), ribociclib (Kisqali) and abemaciclib (Verzenios). Everolimus (Afinitor) may also be used.

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

Other treatments

Drugs are the main treatment for secondary breast cancer in the liver. However, sometimes treatments such as surgery, radiotherapy or local chemotherapy (see 'Intrahepatic chemotherapy and chemoembolisation' over the page) may be used. These can treat the cancer in the liver 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 liver.

Surgery

Although surgery will not cure secondary breast cancer in the liver, 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 liver is very small, can be easily accessed by the surgeon and there's no other secondary breast cancer elsewhere in the body. However, in most cases several areas of the liver are affected and surgery is not possible.

Liver transplants are not an option for people who have secondary breast cancer.

Thermal ablation or cryoablation

Thermal ablation or cryoablation can be used alone or in combination with surgery. These procedures destroy cancer cells by heating or freezing them. For example, radiofrequency ablation (RFA) involves inserting a needle into individual tumours in the liver and destroying them with heat. RFA is a specialist treatment and not widely available. Your treatment team can tell you if it may be suitable for you.

Stereotactic radiotherapy (also known as radiosurgery)

Very precise radiotherapy may be considered for some people with small secondary cancers in the liver 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 liver 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.

Intrahepatic chemotherapy and chemoembolisation

Intrahepatic chemotherapy and chemoembolisation involve giving chemotherapy directly into the liver. This is done through a thin tube, called a catheter, into the main blood supply to the liver. Giving chemotherapy directly into the liver means a higher concentration of the drug can be delivered to the area of cancer.

In chemoembolisation, the chemotherapy is delivered along with an oily liquid or foam that blocks the blood supply to the cancer. The cancer is deprived of oxygen and nutrients, and the chemotherapy stays in the area for longer. The liver continues to be supplied with blood in the normal way.

These treatments may not be routinely available on the NHS but may be offered as part of a clinical trial.

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 there are any clinical trials you're eligible to enter.

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 beartofresearch.nihr.ac.uk

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. Macmillan Cancer Support has information about what you can do if a treatment is not available. Visit their website macmillan.org.uk or call 0808 808 00 00 to find out more.

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

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 living 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.

Managing symptoms of secondary breast cancer in the liver

Pain

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

Some people may have discomfort around the liver area only, while others may feel pain under their ribs or across their upper abdomen. This is because secondary breast cancer in the liver can cause the liver to become enlarged.

Sometimes you may feel pain in the right shoulder. This is called referred pain and is caused by the enlarged liver pressing on nerves that go to the shoulder. Steroids may be used to help relieve this.

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 where you can record your pain.

Nausea and vomiting

If you experience nausea (feeling sick) or vomiting (being sick), it's likely to be due to your treatment, the cancer itself putting pressure on the stomach or causing the liver not to work properly, or emotional side effects such as anxiety.

Nausea and vomiting can almost always be controlled and treated with anti-sickness drugs. It's important for your doctor to try to find out the cause so that it can be managed effectively. You can help your treatment or palliative care team decide which treatment will work best by keeping a diary of what makes nausea or vomiting worse or recording when it happens.

Poor appetite and weight loss

Sometimes people with secondary breast cancer cannot eat as much as usual. This means they may have difficulty maintaining their weight as well as providing the body with energy.

Poor appetite can be due to the effects of the cancer, treatment or anxiety. You might find it easier to eat little and often instead of having set meals. If you still feel you're not eating enough, or are losing weight, talk to your doctor or nurse about dietary supplements or ask to speak to a dietician for specialist advice. In some circumstances you may be prescribed medication to help stimulate your appetite.

Hiccups

Hiccups may be a result of the enlarged liver pressing on the diaphragm and causing it to spasm. It may help to sit upright and drink small amounts frequently. There are also medicines that can help.

Ascites

Ascites is a large build-up of fluid in the abdomen (tummy). It can take weeks or months to develop and can make your abdomen swollen and uncomfortable. Because the fluid can cause pressure on your stomach and diaphragm, it might make you feel breathless or nauseous. If you start to get symptoms like this, tell your treatment team straight away.

A procedure called paracentesis may be used to relieve the symptoms. This is done by numbing the skin with a local anaesthetic and inserting a needle into the lower abdomen. It's often done at the same time as an ultrasound examination. A small tube is then passed into the abdominal cavity, stitched into place or held in place by a dressing, and connected to a drainage bag outside your body. This allows the fluid to drain slowly, often over a few hours or sometimes a few days.

Although you'll be aware of the tube once it's in place, it should not be uncomfortable. The tube will be removed once the fluid has stopped draining. This procedure can be repeated if the fluid builds up again. A diuretic (water tablet) is occasionally prescribed to slow down the build-up of fluid. Some people may need to keep a drain in permanently that can be managed at home.

Fatigue (extreme tiredness)

Cancer-related fatigue is one of the most common symptoms experienced by people with secondary 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, loss of appetite, medication, disturbed sleep or progression of the cancer.

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

For more information on managing fatigue see our [Secondary breast cancer information pack](#).

Anaemia

Having too few red blood cells is called anaemia. You may become anaemic for a number of different reasons, for example due to problems with blood clotting. If you feel particularly tired, breathless or dizzy, let your treatment team know. A blood test can be done to find out if you're anaemic. In some cases tablets may be prescribed or a blood transfusion may be necessary.

Jaundice

Jaundice can occur when the bile duct becomes blocked or when the liver is seriously affected by the cancer. If you develop jaundice, the whites of your eyes and your skin take on a yellow tinge. In some cases your urine may become darker and your stools (faeces) may become pale. If tests show your bile duct is blocked, you may need to have a tube called a stent inserted to keep the bile duct open.

A procedure called an ERCP (endoscopic retrograde cholangiopancreatography) is sometimes used to place a stent into the bile duct. A narrow flexible tube with a light at the end is passed through the mouth and the stomach to reach the bile duct. You'll be given medication to make you feel drowsy beforehand and asked not to eat or drink anything for several hours before this procedure. Alternatively, a stent can be placed using a procedure called a PTC (percutaneous cholangiopancreatography) where a specialist will numb an area of skin over the liver and use a CT scan or ultrasound to guide the tube through the skin into the bile duct.

Itchy skin

Jaundice can cause itching, which may be worse at night or when you're hot. It's important to keep your skin well moisturised. Try using a non-perfumed skin cream and keeping it in the fridge to make it soothing when you apply it.

Sometimes medication may be prescribed to help relieve the itching and your specialist should be able to advise you about this. Sleeping tablets may help if the itching interrupts your sleep at night. Try to avoid alcohol, spicy food and heat (hot baths or direct sunlight), all of which can make the itching worse.

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. 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, GP 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 (may cough 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 seems 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 have 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 does not need to be 30 minutes all at once. There are many ways to include physical activity in your daily routine without joining a gym or going to exercise classes.

'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 liver

Some people with secondary breast cancer in the liver have no symptoms while others have a combination of pain, sickness, loss of appetite, hiccups, tiredness and fatigue. While physical activity may help reduce some symptoms it's important to listen to your body and not push yourself too much. Gentle, regular activity, such as walking, is often most effective.

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

When choosing your exercise, try to focus on aerobic 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.

For information on exercise and secondary breast cancer in the bone, lung and brain see our individual secondary breast cancer booklets.

Living with secondary breast cancer in the liver

Knowing that your cancer has spread to your liver 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 breast care nurse, palliative care nurse (who may be a Macmillan nurse), hospice or home care specialist nurse. They'll 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 or Macmillan nurse, you can ask for a referral to be made through your hospital team or GP. You could also call the Breast Cancer Care Helpline on **0808 800 6000** to talk through your concerns and find out what support is available in your area.

Finding support

Breast Cancer Care's Living with Secondary Breast Cancer meet-ups take place monthly in locations 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 breastcancercare.org.uk or call **0345 077 1893**.

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

Four ways to get support

We hope this information was helpful, but if you have questions, want to talk to someone or read more about breast cancer, here's how you can.



Speak to our nurses or trained experts. Call our free Helpline on **0808 800 6000** (Monday to Friday 9am–4pm and Saturday 9am–1pm). The Helpline can also put you in touch with someone who knows what it's like to have breast cancer.



Chat to other women who understand what you're going through in our friendly community, for support day and night. Look around, share, ask a question or support others at **forum.breastcancercare.org.uk**



Find trusted information you might need to understand your situation and take control of your diagnosis or order information booklets at **breastcancercare.org.uk**



See what support we have in your local area. We'll give you the chance to find out more about treatments and side effects as well as meet other people like you. Visit **breastcancercare.org.uk/in-your-area**

We're here for you: help us to be there for other people too

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- Please do not contact me by post
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Please return this form to Breast Cancer Care, Freepost RRRKZ-ARZY-YCKG, Chester House, 1-3 Brixton Road, London SW9 6DE

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About this booklet

Secondary breast cancer in the liver was written by Breast Cancer Care'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:

Phone **0345 092 0808**

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Breast Cancer Care and Breast Cancer Now are uniting to create one charity for everyone affected by breast cancer. Our aim is that by 2050, everyone who develops breast cancer will live and be supported to live well.

From research to care, our new charity will have people affected by breast cancer at its heart – providing support for today and hope for the future. We'll find ways to prevent the disease, improve early diagnosis, develop new treatments, campaign for better care, and support people with the physical and emotional impact of breast cancer.

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

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