SECONDARY BREAST CANCER IN THE BONE

BREAST CANCER NOW The research & support charity

We're here

About this booklet

It’s normal to have questions when you’ve been diagnosed with secondary breast cancer in the bone.

This booklet will help you understand what it means when breast cancer spreads to the bone. It’ll guide you through the different treatment options and how the symptoms can be managed. You’ll also find tips on living well with secondary breast cancer.

You don’t have to read the whole booklet at once. You can pick out the sections you feel most helpful and come back to it in more detail when you’re ready to.

You may like to read this booklet alongside our **Secondary breast cancer information pack**. It’s full of practical information that’ll be useful throughout your treatment and care.

What is secondary breast cancer in the bone?

Secondary breast cancer in the bone occurs when cancer that started in the breast spreads to the bone.

The cells that have spread to the bone are breast cancer cells. It’s not the same as having cancer that starts in the bone (bone cancer).

Breast cancer cells can spread to the bone through the lymphatic system or the blood. The lymphatic system is the body’s drainage and filtering system. It’s made up of lymph nodes (lymph glands), vessels and fluid. It helps get rid of waste and fight infection.

You may hear secondary breast cancer called:

- Metastatic breast cancer
- Metastases
- Advanced breast cancer
- Secondary tumours or secondaries
- Stage 4 breast cancer

The bone is the most common site of secondary breast cancer. The bones most commonly affected are the:

- Spine
- Ribs
- Skull
- Pelvis
- Upper bones of the arms and legs

Usually, secondary breast cancer occurs years after primary breast cancer. But it can develop after a few months.

Sometimes it’s found at the same time as the primary breast cancer, or before the primary breast cancer. In this situation, the breast cancer has already spread to other parts of the body such as the bones. This is called “de novo” (which means new) metastatic breast cancer.

Outlook (prognosis)

When breast cancer spreads to the bone, it can be treated but cannot be cured. Treatment aims to:

- Control and slow down the spread of the cancer
- Relieve symptoms
- Give you the best quality of life for as long as possible

If you've been told you have secondary breast cancer in the bone, you may want to know how long you have to live. As treatments have improved, more and more people are living much longer after a diagnosis of secondary breast cancer.

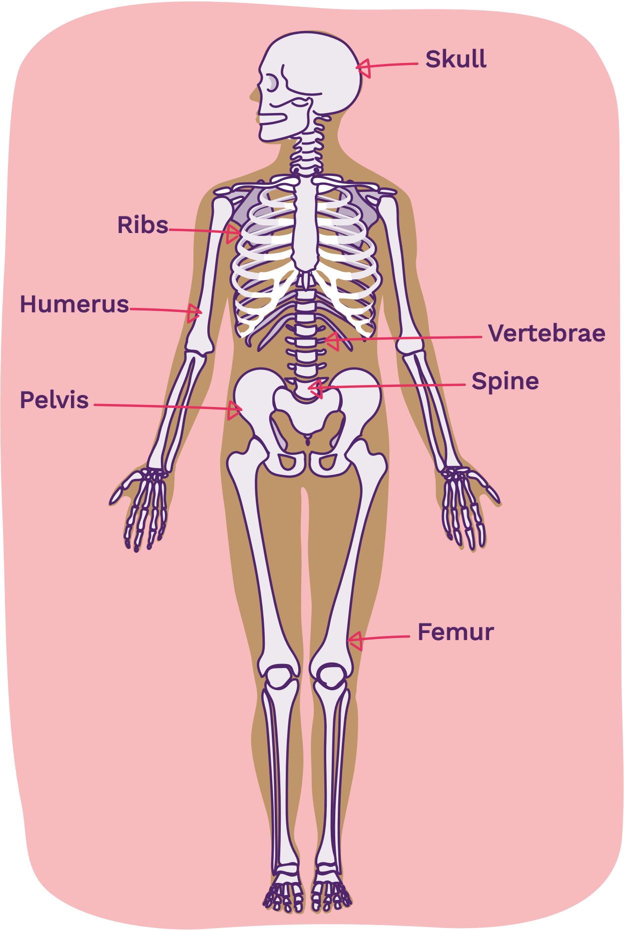
However, life expectancy is difficult to predict because no 2 cancers progress or respond to treatment in the same way.

Prognosis may depend on:

- How much cancer there is
- Which areas of the body are affected
- The features of the breast cancer

Your treatment team can talk to you about how your secondary breast cancer may progress. You may worry if their answers are vague, but it's difficult to accurately predict this.

The bones



Bone contains 2 main types of living cells: osteoclasts and osteoblasts.

Osteoclasts destroy and clear small amounts of old or damaged bone. Osteoblasts help build up new bone. This process keeps the skeleton healthy and strong throughout our lives.

When breast cancer cells spread to the bone, the osteoclasts can become overactive. This causes more bone to be broken down than is being replaced. This can weaken the bone and lead to some of the symptoms of secondary breast cancer in the bone.

Areas of secondary cancer in the bone may be described as:

- Lytic – the cancer causes breakdown or thinning of the bone
- Sclerotic – the cancer increases the production of rigid, thick bone

Often areas of secondary breast cancer in the bone are lytic and sclerotic.

Symptoms

You may have several symptoms. It's important to report any new or ongoing symptoms to your treatment team, however minor they seem.

The main symptoms of secondary breast cancer in the bone are:

- Pain in your bones, often described as "gnawing". This occurs when resting or sleeping, and may get worse when lying down (especially at night) or when doing specific movements
- Fractures (breaks) that happen without injury

Other possible effects include:

- Spinal cord compression (see page 25) which can cause back pain, difficulty walking, numbness, loss of bladder or bowel control and, if not treated, can lead to paralysis
- Low levels of blood cells, which can increase the risk of infection, anaemia, bruising and bleeding
- Too much calcium in the blood (see page 26), which can cause symptoms such as feeling sick (nausea) and being sick (vomiting), fatigue, passing large amounts of urine, confusion and being very thirsty

These symptoms are explained in more detail on page 23.

Sometimes secondary breast cancer is found in the bones during a scan before it causes any symptoms. 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 bones.

Tests you may need

Your treatment team will examine you and discuss any symptoms you have.

You may need 1 or more of the following tests to help diagnose secondary breast cancer in the bone. These tests can also monitor your cancer over time.

Bone x-ray

An x-ray can show some changes in the bone, but it may not be able to pick up small areas of cancer.

Bone scan

A bone scan checks the whole skeleton and can help identify changes to the bone.

You will have a small amount of radioactive substance injected into a vein, usually in your arm, 2 to 3 hours before the scan. This helps identify if there’s been a change in the bones (often called a “hot spot”).

MRI (magnetic resonance imaging) scan

An MRI 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-ray radiation.

You may have a liquid called a contrast solution injection into a vein, usually in your arm, before the scan. This helps produce clearer images to identify the number, size and location of areas of cancer.

CT (computerised tomography) scan

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

A contrast solution is usually injected into a vein before the scan (see “MRI scan”).

PET (positron emission tomography) scan

This type of scan produces a 3D image to show the structure and function of organs or tissue being looked at.

PET-CT scan

This combines a PET scan with a CT scan to produce a 3D image, giving details on both the structure and function of the organs or tissue being looked at. It’s not often used to diagnose secondary breast cancer in the bones. But it may help your treatment team confirm the diagnosis when other scans haven’t been able to.

Blood tests

You may need blood tests before and during certain treatments. You may also need them to monitor your condition, for example to check the level of calcium in your blood (see page 26).

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

Tumour marker tests

You may have a blood test for tumour markers. These are proteins found in the blood that the body may produce in response to cancer.

However, it’s not clear how reliable measuring blood tumour markers is. This is because they can be raised for different reasons, such as other benign (not cancer) health conditions or the treatment for these.

For some people, tumour markers may be normal even when breast cancer has come back.

If tumour markers are raised at the time of diagnosis, some treatment teams may continue to check them regularly.

When used, tumour markers are a very small part of monitoring your condition. They're not used on their own to make decisions about starting or changing treatment.

Bone biopsy

In most cases your treatment team can tell if you have secondary breast cancer in the bone from your symptoms and scans.

However, you may need a biopsy to help confirm the diagnosis and decide what treatment may help.

A biopsy involves taking a small piece of bone to examine under the microscope. This may be done using local anaesthetic (an injection to numb the area) or general anaesthetic (medication to make you sleep).

You may need a biopsy if:

- The cancer affects only 1 area of bone
- It's been a long time since you finished treatment for primary breast cancer
- You've had more than 1 type of invasive cancer

Secondary breast cancer in the bone marrow

Secondary breast cancer can happen in any bone, but it's most common in bones that have bone marrow.

Bone marrow is a spongy material inside the bones. It makes blood cells (white blood cells, red blood cells and platelets) to replace those naturally used up in the body.

In some cases, the cancer affects how bone marrow works. This can lead to anaemia, increased risk of infection and bruising or bleeding. Because of this, your treatment team may ask the opinion of a doctor who specialises in diseases of the blood (haematologist) when planning your treatment and care.

You may need a blood test and bone marrow biopsy to confirm a diagnosis of secondary breast cancer in the bone marrow.

Treating secondary breast cancer in the bone

Treatment aims to control and slow the spread of the cancer, relieve symptoms and give you the best quality of life for as long as possible.

Your treatment may include:

- Pain relief
- Bone-strengthening therapy
- Hormone (endocrine) therapy
- Targeted therapies
- Immunotherapy
- Chemotherapy
- Radiotherapy
- Surgery

You may have these treatments on their own or in combination.

Decisions about treatment

You'll be cared for by a team of healthcare professionals, each with their own expertise. This is known as the multidisciplinary team (MDT). They will meet regularly to discuss your care at the MDT meeting.

When deciding how best to treat you, your treatment team will consider:

- How much cancer is in the bones
- 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 treatment team should discuss any recommendations for treatment with you and take your wishes into account.

They will talk with you about your options, explain the aim of your treatment and help you weigh up the potential benefits against the possible side effects.

You may also be referred to the orthopaedic team. They specialise in treating people with disorders of the bones, joints, ligaments, tendons and muscles. They can help plan your treatment or manage your symptoms.

Questions you may want to ask

You may want to ask your treatment team about:

- Your treatment options and why they're recommending a particular drug or procedure
- The aim of your treatment
- The possible side effects and what can be done to manage them
- Whether there are any additional options for you, including new procedures or treatment at other centres
- Any clinical trials you could take part in
- Whether a referral to another specialist, such as an orthopaedic surgeon, is appropriate
- The risks and benefits of each treatment
- What to do if you get new symptoms and who to report them to

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

Bone-strengthening therapy

Bone-strengthening therapy strengthens existing bone and reduces the damage caused by the cancer. Different drugs do this in different ways.

Bone-strengthening therapy also helps to control the level of calcium in the blood, so it doesn't become too high (see page 26).

The most common bone-strengthening therapies are the bisphosphonate drug zoledronic acid (Zometa) and the targeted therapy drug denosumab (Xgeva).

Bisphosphonates

Bisphosphonates slow down or prevent loss of bone tissue while allowing new bone to be produced.

The most commonly used bisphosphonate drug is zoledronic acid (Zometa).

Zoledronic acid is given into a vein (intravenously) over at least 15 minutes every 3 to 4 weeks.

You will have zoledronic acid as an outpatient at your local hospital. This can also be done at a local hospice.

You'll have blood tests before starting zoledronic acid. This includes a test to check your kidney function and the levels of calcium in your blood.

Once you've had this treatment for around 1 year you may be able to have it every 12 weeks instead.

You'll usually have zoledronic acid for as long as your treatment team feels you're benefiting from it and any side effects are manageable.

Denosumab (Xgeva)

Denosumab is a targeted therapy for secondary breast cancer in the bone.

Denosumab reduces bone loss. This reduces the risk of complications of secondary breast cancer in the bone such as fractures, bone pain or spinal cord compression.

It's given as an injection under the skin (subcutaneously) usually once every 4 weeks.

Once you've had this treatment for a certain amount of time, your treatment team may recommend having it every 12 weeks instead.

You'll usually have denosumab for as long as your treatment team feels you're benefiting from it and any side effects are manageable.

Side effects of bisphosphonates and denosumab

Like any treatment, bisphosphonates and denosumab can cause side effects. Everyone reacts differently to drugs and some people have more side effects than others. These side effects can usually be managed and those described here will not affect everyone.

Side effects vary between the different bone-strengthening drugs, but they are usually mild.

If you're worried about any side effects, regardless of whether they're listed here, talk to your treatment team.

Flu-like symptoms

Bisphosphonates and denosumab can cause flu-like symptoms, such as:

- Joint and muscle pain
- Fatigue
- Shivering
- Fever

Low levels of calcium

Bisphosphonates and denosumab can cause calcium levels in the blood to drop too low. This is known as hypocalcaemia.

Early symptoms of hypocalcaemia include tingling around the mouth and lips and in the hands and feet.

You may be prescribed calcium and vitamin D supplements with bisphosphonates and denosumab to prevent your calcium levels dropping too low.

Eating a well-balanced diet, including foods that contain calcium and vitamin D, can also help. For more information about a balanced diet, see our **Diet and breast cancer booklet**.

You will have blood tests before you start denosumab to check your levels of calcium and vitamin D.

Kidney changes

Zoledronic acid can cause kidney problems. Your doctor will check your kidney function before prescribing it.

Denosumab does not cause kidney problems.

Osteonecrosis

Some bone-strengthening drugs can cause some of the jawbone to lose its blood supply and die. This is called osteonecrosis of the jaw (ONJ).

Your treatment team will recommend you see a dentist before starting bone-strengthening drugs.

If you do not have a dentist or you're having difficulty registering with one, let your treatment team know.

You may be given a dental alert card. You should show this to a dentist if you develop any symptoms of ONJ, including:

- Jaw pain
- Loose teeth
- Swelling, redness or ulcers on the gums

Let your treatment team know straight away if you have any of these symptoms.

ONJ is hard to treat, so trying to prevent it is very important. Good dental hygiene can help reduce the risk of developing ONJ. This includes brushing your teeth and flossing, making sure dentures fit well, and having regular dental check-ups.

There's also evidence that people who smoke are at more risk of developing ONJ. Speak to your treatment team or GP if you need support with stopping smoking.

It's not clear how long the risk of ONJ continues once treatment is completed.

In rare cases, osteonecrosis can affect the ear. If you have any ear pain, discharge from your ear, or an ear infection while taking bone-strengthening drugs, let your treatment team know.

If you need dental treatment

If you need any dental treatment, it’s important to speak to your treatment team.

If you need an invasive dental treatment, such as an extraction, you may need to wait for the area to fully heal before starting bone-strengthening drugs. This usually takes about 4 to 6 weeks.

If you’re taking bone-strengthening drugs and need invasive dental treatment, you may need to stop using the drugs before your dental treatment and until the area is fully healed.

Do not stop taking bone-strengthening drugs unless your treatment team or dentist tells you to.

You may need to be referred to a specialist dentist before you have any invasive dental treatment.

Fracture

Although rare, bone-strengthening drugs can cause the large bone in the upper leg (femur) to fracture. It’s not fully understood why this happens.

If you have pain in your thigh, hip or groin, let your treatment team know.

Hormone (endocrine) therapy

Some breast cancers use the hormone oestrogen in the body to help them to grow. These are known as oestrogen receptor positive or ER-positive breast cancers.

Hormone therapies block or stop the effect of oestrogen on breast cancer cells. Different hormone therapy drugs do this in different ways.

Testing for hormone receptors

If you had a biopsy or surgery for primary breast cancer, the tissue removed will have been tested to see if it was ER-positive.

Sometimes oestrogen receptors change when secondary breast cancer develops. Because of this, your treatment team may discuss having a biopsy to retest for hormone receptors.

Hormone therapy drugs

If you’ve had hormone therapy before, your treatment team may prescribe the same drug again or change it to a different one.

The most commonly used hormone therapy drugs are:

- Aromatase inhibitors (anastrozole, exemestane and letrozole)
- Fulvestrant (Faslodex)
- Goserelin (Zoladex)
- Leuprorelin (Prostap)
- Tamoxifen

You may find it useful to read our booklets or online information about different hormone therapy drugs, including their side effects. You can search for your treatment on **breastcancernow.org** to get more information.

You may have hormone therapy in combination with targeted therapies.

Targeted therapies

Targeted therapy is the name given to 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 have will depend on the features of your cancer.

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

HER2 targeted therapy

Some breast cancer cells have a higher-than-normal level of a protein called HER2 on their surface, which makes them grow more quickly. This is known as HER2-positive breast cancer.

There are various tests to measure HER2 levels. They may have already been tested using tissue from your primary breast cancer.

However, HER2 levels can change when secondary breast cancer develops. Because of this, your treatment team may discuss doing a biopsy of the secondary breast cancer to retest HER2 levels.

Targeted therapies for HER2-positive breast cancer include:

- Pertuzumab (Perjeta)
- Trastuzumab
- Trastuzumab deruxtecan (Enhertu)
- Trastuzumab emtansine (Kadcyla)
- Tucatinib (Tukysa)

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

Other targeted therapies

Some targeted therapies are used to treat HER2-negative, oestrogen receptor positive (ER-positive) breast cancer. You usually take these alongside hormone therapy.

They include:

- Abemaciclib (Verzenios)
- Everolimus (Afinitor)
- Palbociclib (Ibrance)
- Ribociclib (Kisqali)
- Capivasertib (Truqab)
- Alpelisib (Piqray)

Immunotherapy

Atezolizumab and pembrolizumab are targeted therapies suitable for some people with triple negative breast cancer. Triple negative means the cancer is oestrogen receptor negative, progesterone receptor negative and HER2-negative.

They are also referred to as an immunotherapy. Immunotherapy for cancer treatment helps the immune system to recognise and attack cancer cells.

Chemotherapy

Chemotherapy destroys cancer cells by affecting their ability to divide and grow.

A number of chemotherapy drugs are used to treat secondary breast cancer. These drugs may be given alone or in combination with targeted therapies.

The drugs you’re offered will depend on many things, including any chemotherapy you had in the past and how long ago you had it.

For general information about chemotherapy, including side effects, see our **Chemotherapy for breast cancer** booklet, or read our information on individual chemotherapy drugs or combinations.

Radiotherapy

Radiotherapy uses high energy x-rays to destroy cancer cells.

External beam radiotherapy is commonly used to treat secondary breast cancer in the bone. It aims to reduce pain and prevent further growth of cancer in the area affected. It can also be used after surgery to stabilise a weakened bone.

There are different types of external beam radiotherapy. Some deliver high doses of radiation very precisely to a single or limited number of secondary cancers in the bone. This minimises the damage to the surrounding healthy tissue.

You may hear these types of radiotherapy called stereotactic radiotherapy, CyberKnife, stereotactic ablative radiotherapy (SABR) or high dose conformal radiotherapy.

The type of radiotherapy you have will depend on your situation. Your treatment team can tell you if it may be suitable for you.

Surgery

Although surgery will not cure secondary breast cancer in the bone, occasionally it may be part of a treatment plan.

You’re more likely to have surgery if the area of cancer in the bone is very small, can be easily accessed by the surgeon, and there’s no other secondary breast cancer elsewhere in the body.

When breast cancer spreads to the bones it can make them weak and more likely to break (fracture). Orthopaedic surgery involves the muscles and bones. It may be considered either to treat a fracture or to try to stabilise a bone that has become weakened.

Sometimes surgery is a treatment option for spinal cord compression (see page 25). This type of surgery is called decompression surgery.

Spinal procedures

If cancer is causing severe back pain and damage to the bones in the spine, you may be able to have an injection of bone cement into the bones. This will stabilise and strengthen the bones and may also relieve pain.

This is called a vertebroplasty. It's done in the x-ray department. It takes about an hour, and you can usually go home later that day.

A kyphoplasty is a similar procedure. It uses a high-pressure balloon inside the vertebrae to make a space to put the cement into. It can also be used to restore or increase the height of the vertebrae.

Clinical trials

Clinical trials and research studies are commonly offered as part of treatment for secondary breast cancer.

Many breast cancer trials look at new treatments or different ways of giving existing treatments, such as surgical techniques, chemotherapy, targeted therapies or radiotherapy. These treatments may improve symptoms or help you live longer.

Your treatment team may talk with you about a clinical trial, or you can ask if there are any trials you're eligible to join.

For more information on clinical trials, see our **Secondary breast cancer information pack**.

You can find listings of trials on the Cancer Research UK website cancerresearch.org and on the National Institute for Health Research (NIHR) website bepartofresearch.nihr.ac.uk

Make 2nds Count is a charity that supports research into secondary breast cancer. You can find more information about clinical trials on its website make2ndscount.co.uk

METUPUK, a patient advocacy group working to improve outcomes for those living with secondary breast cancer, also has information about trials on its website metupuk.org.uk

Best supportive and palliative care

Best supportive care focuses on symptom control and support. It includes palliative care, if necessary.

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

You may associate palliative care with end-of-life treatment. But many people value having it at any stage of their diagnosis.

You may have it alongside your medical treatment. Or if you're no longer on treatment for your cancer, to help prevent and relieve symptoms such as pain or fatigue. It can also help with the emotional, social, spiritual and financial effects of secondary breast cancer.

Best supportive and palliative care teams are based in hospitals, hospices and the community.

Your treatment team, GP or specialist nurse can refer you depending on your situation. Or you may be able to refer yourself.

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, early or compassionate access schemes, or privately.

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

It can be frustrating and distressing if a treatment you and your treatment team 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 this through.

Managing the symptoms of secondary breast cancer in the bone

Many people with secondary breast cancer in the bone feel well. However, symptoms can affect your quality of life if they are not controlled.

Pain

Pain relief is a very important part of the care of many people with secondary breast cancer.

Pain can affect your mobility and quality of life.

Once pain is under control, you may feel less anxious and can eat and sleep better.

How pain may feel

Secondary breast cancer in the bone can cause pain in or near the affected area, though not all areas of cancer will cause pain.

Pain may come and go and can range from mild to severe. It may feel like a gnawing pain but also it might be a dull ache or a burning or stabbing pain.

The pain may be ongoing and may be worse at certain times, such as at night. Certain movements may also affect it.

Controlling pain

Most pain can be relieved or controlled.

It’s very important your specialist nurse, treatment team, GP or palliative care nurse regularly assesses your pain to make sure it stays under control.

Be as specific as possible when telling your doctor or nurse where the pain is and what it feels like. This will help them decide how to control your pain.

You may find it helpful to record this in a pain diary.

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

Alongside pain relief, doctors often use other drugs. These include anti-inflammatory drugs, steroids and drugs used to treat depression or epilepsy, which can also help relieve certain types of pain.

You may need to take the drugs regularly even if you’re not in a lot of pain. This is because waiting until the pain gets worse can make it more difficult to control.

If your pain relief does not seem to be controlling your pain, ask your GP or treatment team to reassess you.

You may also be given extra pain relief to take in between your scheduled doses if you have any additional pain (often called breakthrough pain).

If your pain is not under control, you can be referred to the palliative care or symptom control team for specialist advice.

Bone weakening and fracture

Secondary breast cancer in the bone may mean the affected bones are weakened, which can increase the risk of a break (fracture). This is called a pathological fracture, which means the break in the bone is due to disease and not caused by an accident or injury.

You may need surgery to try to repair a fractured bone. You may have radiotherapy after the surgery.

You may also have drug treatment to stop this happening in the future (see page 12).

You may have bones pinned to reduce the risk of them breaking. This is called prophylactic bone pinning.

If you have secondary cancer in your spine, you may need a brace for support.

Spinal cord compression

You may be at risk of spinal cord compression if your breast cancer has spread to your spine.

The spinal cord is a bundle of nerves that runs from the brain to the lower back. It's protected by the bones of the spine (vertebrae).

Spinal cord compression can happen when:

- A spinal bone (vertebra) collapses and puts pressure on the spinal cord
- Cancer grows in or near the spine, putting pressure on the spinal cord

Spinal cord compression

Spinal cord compression can have serious effects if it's not diagnosed quickly. Go to your local A&E department straight away if you have any of the following symptoms:

- **Severe or unexplained back pain, which you may also feel around the front of the chest and belly**
- **Pain in the back which changes when you lie down, stand up or lift something**
- **Difficulty walking**
- **Numbness or pins and needles in the fingers, toes or bottom**
- **Problems controlling urine or bowel movements**

Treating spinal cord compression

Spinal cord compression is usually treated with radiotherapy and steroids. It can also be treated with surgery. Or you may have a combination of all 3 treatments.

Alert card

You can find an alert card at the back of this booklet. You can hand this to any healthcare professional you see if you believe you have symptoms of spinal cord compression.

Too much calcium in the blood

Secondary breast cancer in the bone can cause calcium to be released into the bloodstream. Too much calcium in the blood is called hypercalcaemia.

Hypercalcaemia can be serious if it’s not diagnosed quickly.

It’s important to know who to report the following symptoms to if they occur, so check this with your treatment team:

- Fatigue
- Nausea and vomiting
- Loss of appetite
- Constipation
- Loss of concentration
- Drowsiness
- Being very thirsty
- Passing large amounts of urine
- Weakness
- Confusion

Your specialist will examine you. You will usually need a blood test to check your calcium levels.

You might be told to drink plenty of water to help your symptoms. However, you may need to be given fluids into a vein (intravenously) to help flush the calcium out of your body.

If you’re not already having bone-strengthening drugs (see page 12), your treatment team will prescribe these.

Eating foods that contain calcium or taking prescribed calcium supplements does not usually cause hypercalcaemia.

Extreme tiredness (cancer-related fatigue)

Cancer-related fatigue is one of the most common symptoms of 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 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 such as a deep vein thrombosis (DVT).

If you have a DVT, there's a risk part of the blood clot could break away and travel to the lung. This is known as a pulmonary embolism (PE).

Blood clots can be life-threatening and should be treated quickly.

Go to your local A&E department straight away if you have any of the following symptoms:

- Pain in your arm or leg
- Redness/discolouration of the skin of the arm or leg
- Heat and swelling of the arm or leg
- 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
- Pain or tightness in the chest
- Unexplained cough or coughing up blood

Living with secondary breast cancer in the bone

Physical activity

Research has shown that people who exercise, even gently, during and between treatments may tolerate them better. Other benefits include less pain, less sickness, improved sleep and fatigue.

Exercise is also known to help improve mood.

Your treatment team can give you guidance on how much exercise you can do depending on your situation.

Exercise and secondary breast cancer in the bone

The most common effects of secondary breast cancer in the bone are bone weakening and fractures. These are also seen in people with osteoporosis. In these people, regular exercise increases bone strength and reduces fracture risk.

Research shows regular weight-bearing exercise, such as walking or stair climbing, is the best choice for strengthening bones and muscles.

Resistance and balance exercises can also help build strength.

Avoid high-impact activities, such as contact sports and lifting heavy weights, unless you've agreed this with your treatment team and you're working with an expert.

If your cancer has spread to the spine, you're at risk of spinal cord compression (see page 25). Because of this, avoid activities that involve twisting the spine or large forward bends of the spine.

You can ask your GP or treatment team about the best type of exercise for your situation. They may refer you to a physiotherapist.

For more information on exercise and general health and wellbeing, see our **Secondary breast cancer information pack**.

Exercise referral programme

A GP exercise referral programme can help you increase your 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 how to exercise safely.

Coping emotionally

Knowing that your cancer has spread to your bones can cause a range of emotions.

There may be times when you feel very isolated, scared, anxious, angry or depressed.

You may be able to cope with these feelings on your own or with the support of the people closest to you.

Some people find support from professionals helpful. 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 you 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 your treatment team or GP to refer you.

You can also call our nurses on **0808 800 6000** to talk through your concerns and find out what support may be available in your area.

Finding support

Find out about our support services at **breastcancernow.org**

You can also call our nurses on **0808 800 6000** or email **nurse@breastcancernow.org**

Living with secondary breast cancer

We have different options to help you find the support you need. Face-to-face or online. Expert videos that you can watch in your own time, or group conversations with people like you. Whether you want to explore wellbeing, side effects, exercise – or just share what's on your mind. And it's all facilitated by qualified counsellors.

Younger Women with Secondaries Together

Younger Women with Secondaries Together gives you the chance to meet other women under 45 with secondary breast cancer. You'll get to talk about what's on your mind in a safe, welcoming space. And we'll give you tailored information on treatment, living with secondary breast cancer and more.

Forum

Thousands of people affected by breast cancer use the forum. And they're always ready to listen, share and support each other. Day or night. So you can talk about what's on your mind in a safe, confidential space, with people who understand.

Local support

You may be able to find other support in your area by contacting your local cancer information centre. Speak to your specialist nurse or treatment team to find out what local support is available to you.

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BREAST CANCER NOW The research & support charity

We're Breast Cancer Now, the research and support charity. However you're experiencing breast cancer, we're here.

Life-changing support

Whoever you are, and whatever your experience of breast cancer, our free services are here. Whether you're worried about breast cancer, dealing with a diagnosis, working out life with or beyond treatment – or someone you love is.

World-class research

We support over 290 of the brightest minds in breast cancer research. They're discovering how to prevent breast cancer, live well with the disease, and save lives. Every day, they get closer to the next breakthrough.

Change-making campaigns

We fight for the best possible treatment, services and care for everyone affected by breast cancer, alongside thousands of dedicated campaigners.

Could you help?

We don't get any government or NHS funding for our support services or health information. So, we rely on donations and gifts in wills to make our vital work happen. If you'd like to support us, go to **breastcancernow.org/give**

ABOUT THIS BOOKLET

Secondary breast cancer in the bone 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:
Email **health-info@breastcancernow.org**

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Medical disclaimer

We make every effort to ensure that our health information is accurate and up to date, but it doesn't replace the information and support from professionals in your healthcare team. So far as is permitted by law, Breast Cancer Now doesn't accept liability in relation to the use of any information contained in this publication, or third-party information included or referred to in it.

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Spinal cord compression alert card

Having secondary breast cancer in the bone means you're at risk of spinal cord compression.

You may want to keep this card with you. Check with your treatment team who you should speak to if you have any of these symptoms.

If you think you have the symptoms of spinal cord compression, you can hand this alert card to any healthcare professionals you see.

See page 25 for more information on spinal cord compression.

For patients

Having secondary breast cancer in the bone means you're at risk of spinal cord compression.

Go to your local A&E department straight away if you have any of these symptoms:

- Severe or unexplained back pain which you may feel around the front of the chest and belly
- Pain in the back which changes when you lie down, stand up or lift something
- Difficulty walking
- Numbness or pins and needles in the fingers, toes or bottom
- Problems controlling urine or bowel movements

For healthcare professionals

This patient has secondary (metastatic) breast cancer in the bone and is at risk of spinal cord compression.

They may need an urgent MRI scan.

They should be made comfortable and placed in a flat position to protect the spine.

If spinal cord compression is confirmed they will need urgent treatment to prevent further damage to the spine.

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NOW The research & support charity

We're here

Information you can trust, support you can count on

Whatever breast cancer brings, we're here for you.

Whether you're living with secondary breast cancer or know someone who is, you can rely on us for information and support.

Call **0808 800 6000** to talk things through with our helpline nurses.

Visit **breastcancernow.org** for reliable information about breast conditions and breast cancer.

Breast Cancer Now
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Trusted Information Creator
Patient Information Forum