

METASTATIC (SECONDARY) BREAST CANCER IN THE LIVER

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About this booklet

It's normal to have questions when you've been diagnosed with metastatic (secondary) breast cancer in the liver.

This booklet will help you understand what it means when breast cancer spreads to the liver. 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 metastatic breast cancer.

You don't have to read the whole booklet at once. You can pick out the sections you feel are 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 metastatic breast cancer in the liver?

Metastatic breast cancer in the liver occurs when cancer that started in the breast spreads to the liver.

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

Breast cancer cells can spread to the liver 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 metastatic breast cancer called:

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

Metastatic breast cancer can occur anytime after a diagnosis of primary breast cancer.

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

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
- Give you the best quality of life for as long as possible

If you've been told you have metastatic breast cancer in the liver, 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 metastatic breast cancer.

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

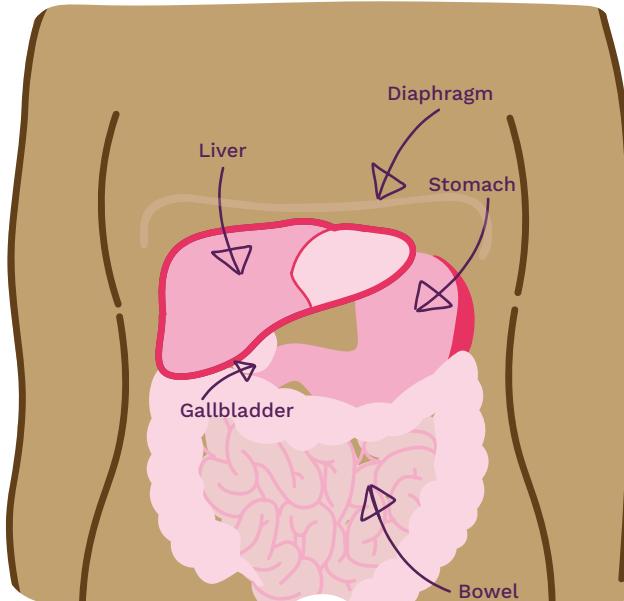
Prognosis may depend on:

- 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 metastatic breast cancer may progress. You may worry if their answers are vague, but it's difficult to accurately predict this.

The liver

The liver is a large organ that sits on the right side of your upper tummy (abdomen), just under your ribs.



An illustration of the position of the liver

It's made up of different sections (called lobes) and is surrounded by a capsule. It is close to several other organs including your:

- Bowel
- Diaphragm (the muscle that separates the chest and abdomen)
- Right kidney

The liver produces a liquid called bile which helps to digest food. Bile is stored in the gallbladder and is released into the small bowel through the bile duct.

The liver converts food into heat and energy, stores sugar (glucose) and vitamins, and breaks down harmful substances such as alcohol and drugs.

It also produces important proteins including those needed to help the blood clot.

The liver can carry on working even if part of it is affected by metastatic breast cancer.

Symptoms

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

Symptoms can range from mild to severe, depending on how much of the liver is affected by the cancer.

Symptoms include:

- Pain in the tummy (abdomen) which may also be felt in the right shoulder
- Discomfort or pain in the right side of the abdomen under the ribs
- Feeling sick (nausea)
- Loss of appetite and weight loss
- Hiccups
- Build-up of fluid in the abdomen causing swelling (ascites)
- A general feeling of being unwell
- Feeling constantly tired
- Itching and yellowing of the skin (jaundice)

These symptoms are explained in more detail on page 17.

Sometimes metastatic breast cancer is found in the liver 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 liver.

Tests you may need

Your treatment team will examine you and may be able to feel if your liver is enlarged. They will also discuss any symptoms you have.

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

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 certain substances in your blood. You may hear these tests called liver function tests.

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.

Ultrasound scan

An ultrasound scan uses sound waves to produce an image of the liver.

CT (computerised tomography) scan

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

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

PET-CT (positron emission tomography-computerised tomography) scan

This combines a PET scan with a CT scan to produce a 3D image, giving details on the structure and function of the organs or tissue being looked at.

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.

Liver biopsy

In most cases your treatment team can tell if you have metastatic breast cancer in the liver 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 tissue from the liver to examine under the microscope. This will usually be done using local anaesthetic (an injection to numb the area). An ultrasound is usually used as a guide.

You'll likely need to be in hospital for up to 6 hours after the liver biopsy.

Treating metastatic breast cancer in the liver

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:

- Hormone (endocrine) therapy
- Chemotherapy
- Targeted therapies
- Surgery
- Radiofrequency ablation and cryotherapy
- Targeted radiotherapy

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).

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

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

They'll 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.

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
- 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.

Hormone (endocrine) therapy

Some breast cancers use the hormone oestrogen in the body to help them 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 metastatic 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.

Some hormone therapy drugs used are:

- Aromatase inhibitors (anastrozole, exemestane and letrozole)
- Elacestrant (Korserdu)
- 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. Visit **breastcancernow.org** to get more information.

Hormone therapy may be given in combination with targeted therapies.

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

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 metastatic breast cancer develops. Because of this, your treatment team may discuss doing a biopsy of the metastatic breast cancer to retest HER2 levels.

Targeted therapies for HER2-positive breast cancer include:

- Pertuzumab (Perjeta)
- Pertuzumab and trastuzumab (Phesgo)
- 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)
- Alpelisib (Piqray)
- Capivasertib (Truqab)
- Everolimus (Afinitor)
- Palbociclib (Ibrance)
- Ribociclib (Kisqali)

Some targeted therapies are used to treat triple negative breast cancer that has spread. Triple negative means the cancer is oestrogen receptor negative, progesterone receptor negative and HER2-negative.

They include:

- Sacituzumab govitecan (Trodelvy)

And immunotherapies:

- Atezolizumab (Tecentriq)
- Pembrolizumab (Keytruda)

Chemotherapy

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

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

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

Other treatments

Drugs are the main treatment for metastatic breast cancer in the liver.

Sometimes treatments such as:

- Surgery
- Targeted radiotherapy
- Treatment using heat (thermal ablation) or freezing (cryoablation)
- Chemotherapy given directly to the liver (local chemotherapy)

These can treat the cancer in the liver and help relieve symptoms. They will not treat cancer in other areas of the body, so may be useful for people whose metastatic breast cancer only affects their liver.

Your treatment team will let you know if any of these are appropriate for you.

Clinical trials

Clinical trials and research studies are an important part of treatment for metastatic 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.

If you're interested in taking part in a clinical trial, your treatment team can discuss this with you.

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

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

Make 2nds Count is a charity that supports research into metastatic breast cancer. You can find more information about clinical trials through the clinical trials service on make2ndscount.co.uk

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

Supportive and palliative care

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 metastatic 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 metastatic breast cancer.

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

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

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Availability of treatments

Some treatments for metastatic 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.

You can find out more information by searching “New cancer drug treatments” on our website **breastcancernow.org**

Macmillan Cancer Support also 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 symptoms of metastatic breast cancer in the liver

Many people with metastatic breast cancer in the liver 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 metastatic breast cancer.

Pain can affect your mobility and quality of life.

Once pain is under control, many people feel less anxious and can eat and sleep better.

How pain may feel

You may have discomfort around the liver area. Or you may feel pain under your ribs or across your upper tummy (abdomen). This is because metastatic breast cancer in the liver can cause the liver to become enlarged.

You may sometimes feel pain in your right shoulder. This is called referred pain and is caused by the enlarged liver pressing on nerves that go to the shoulder. You may be given steroids to help relieve this.

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 get a pain diary from your doctor or nurse.

You can read more about pain control in our **Secondary breast cancer information pack**.

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 doesn't seem to be controlling your pain, ask your specialist nurse, treatment team, GP or palliative care nurse 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 and you do not have access to palliative and supportive care or a symptom control team, you can ask to be referred to them for specialist advice.

Nausea and vomiting

Nausea (feeling sick) or vomiting (being sick) are likely to be due to:

- Your treatment
- The cancer putting pressure on the stomach or causing the liver not to work properly
- 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 treatment team to try to find out the cause so that it can be managed effectively. You can help your treatment or supportive and palliative care team decide what treatment will work best by keeping a diary of what makes nausea or vomiting worse and when it happens.

Poor appetite and weight loss

You may find you can't eat as much as usual. This can make it hard to maintain your weight.

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 specialist nurse, treatment team, GP or palliative care nurse about dietary supplements or ask to speak to a dietitian for specialist advice.

In some cases you may be prescribed medication to help increase 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.

Your treatment team may be able to prescribe you medication to help.

Ascites

Ascites is a large build-up of fluid in the tummy (abdomen).

It can take weeks or months to develop and can make your tummy feel swollen and uncomfortable.

Because the fluid can cause pressure on your stomach and diaphragm, it can sometimes make you feel breathless or sick.

If you start to feel like this, let your treatment team know straight away.

A procedure called paracentesis may be used to drain the fluid and relieve 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. 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.

Extreme tiredness (cancer-related fatigue)

Cancer-related fatigue is one of the most common symptoms of metastatic 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**.

Anaemia

Having too few red blood cells is called anaemia. If you feel breathless, dizzy or particularly tired, let your treatment team know.

You may become anaemic for several reasons, for example due to problems with blood clotting.

You can have a blood test to find out if you're anaemic.

You may need to take tablets or have a blood transfusion. Your treatment team will discuss this with you.

Jaundice

Jaundice is a symptom of metastatic breast cancer in the liver.

It can develop if your bile duct is blocked (see page 5).

If you develop jaundice, the whites of your eyes and your skin look more yellow. In some cases, your pee (urine) may become darker and your poo 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.

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.

You may be given medication to help relieve the itching. Your treatment team can advise you about this.

Your treatment team may be able to prescribe sleeping tablets 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. Having certain treatments also increases the risk of blood clots such as a DVT (deep vein thrombosis).

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.

Contact your treatment team or 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 that comes on suddenly
- Pain or tightness in the chest
- Unexplained cough or coughing up blood

Some symptoms may look different on different skin tones.

Living with metastatic breast cancer in the liver

Physical activity

Some people with metastatic breast cancer in the liver have no symptoms, while others have a combination of symptoms.

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

While physical activity may help reduce some symptoms, it's important to listen to your body and not push yourself too hard

For more information on physical activity, 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 on how to exercise safely.

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Coping emotionally

Knowing your cancer has spread to your liver 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.

You can talk to your specialist nurse, treatment team, GP or palliative care nurse. They will have a good understanding of the specific needs of people with metastatic 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 to be referred by your treatment team or GP.

Marie Curie also has more information on coping emotionally on their website mariecurie.org.uk

You can also call our helpline 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** or by calling our helpline on **0808 800 6000**.

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 metastatic 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 metastatic 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.

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

Metastatic (secondary) breast cancer in the liver 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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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.

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Patient Information Forum

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