

SECONDARY BREAST CANCER IN THE LUNG

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About this booklet

Whether you've been diagnosed with secondary breast cancer in the lung or you know someone who has, this booklet is for you.

It'll help you understand what it means when breast cancer has spread to the lung. It'll guide you through the different treatment options and how to manage the symptoms. You'll also find tips on living well with secondary breast cancer.

You don't have to read this whole booklet now if you don't want to. You can pick out the sections that 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 lung?

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

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

Breast cancer cells can spread to the lung through the lymphatic system or the blood.

Secondary breast cancer may also be called:

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

Usually, secondary breast cancer occurs months or years after primary breast cancer.

Sometimes it's found at the same time as the primary breast cancer, or before the primary breast cancer has been discovered.

In this situation, the breast cancer has already spread to other parts of the body such as the lung. This is called *de novo* (which means new) metastatic breast cancer.

Outlook (prognosis)

When breast cancer spreads to the lung, it can be treated but cannot be cured.

If you've been told you have secondary breast cancer in the lung, you may want to know how long you've got 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. Each person's case is different, and no 2 cancers progress or respond to treatment in the same way.

A 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 how each person's cancer will respond to treatment.

The lungs

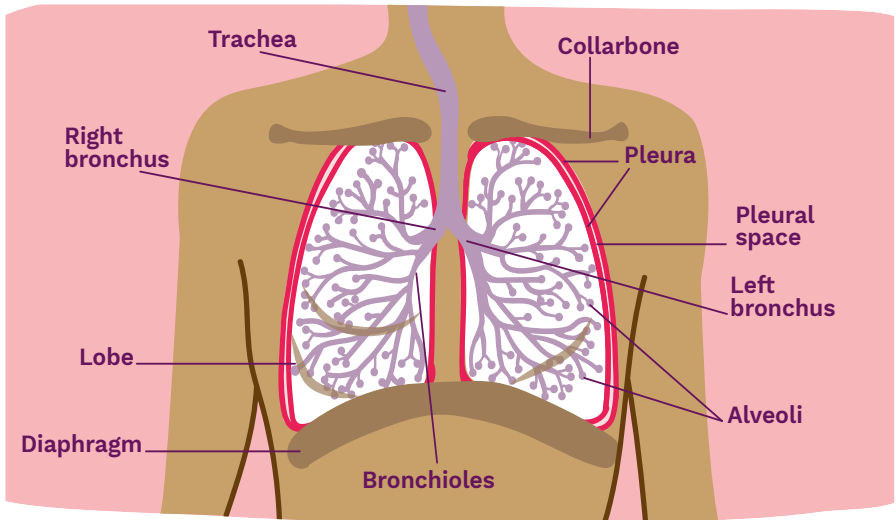
To understand some of the symptoms described in this booklet, it may help to know how the lungs work.

The lungs take up most of the chest area, extending from the collarbone down to the tummy (abdomen). They're protected by the ribcage.

When we breathe in, our chest expands, our lungs inflate and air is drawn in.

The diaphragm is a large dome-shaped muscle that separates the chest cavity from the abdomen. It constantly expands and relaxes to help the breathing process.

The lungs are attached to the inside of the chest wall by 2 thin layers of tissue called the pleura. There's a small space (sometimes called the pleural space or virtual space) between the 2 layers of tissue that's filled with a small amount of fluid. This fluid stops the 2 layers rubbing together when we breathe.



Each lung is made up of sections called lobes.

Air is carried to our lungs by the windpipe (trachea), which divides into tubes known as the left bronchus and right bronchus (or bronchi when talking about both). The bronchi then divide into smaller tubes called bronchioles.

At the end of the bronchioles are millions of tiny air sacs called alveoli. It's here that oxygen from the air we breathe in is absorbed into the bloodstream and carbon dioxide is passed from the bloodstream into the air we breathe out.

Symptoms

You may have a number of symptoms.

They can range from very mild to severe, depending on whether 1 or 2 lungs are affected and where the cancer is in the lungs. For example, in some people, cancer may only spread to the pleura.

It's important to report any new or ongoing symptoms to your GP, breast care nurse or treatment team.

Symptoms include:

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

Sometimes the cancer can press on a nerve in the chest that affects your vocal cords. This may cause your voice to change, for example it might become hoarse.

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

These symptoms are explained in more detail on page 17.

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

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 lung. These tests can also confirm which area or areas are affected and monitor this over time.

Chest x-ray

A chest x-ray is often the first investigation you'll have.

CT (computerised tomography) scan

This type of scan uses x-rays to take detailed pictures across the body. You may have dye injected into a vein, usually in your arm, before you have the scan. This helps produce clearer images to identify the number, size and location of areas of cancer.

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

This combines a PET scan with a CT scan to produce a 3-dimensional image. It gives details of the structure, function and activity of the organs or tissue being looked at.

Lung biopsy

Sometimes you'll have a biopsy of the lung. This is usually done while you're sedated, meaning you'll be given some medication to help you relax.

It involves removing a small piece of tissue from the lung under local anaesthetic, to be examined under a microscope.

A small cut is made in the skin and a needle is passed into the lung to remove the tissue from the lung.

If you have a build-up of fluid in the space around the lungs (pleural effusion), a sample of fluid can also be taken for testing (see pleural effusion on page 22).

Bronchoscopy

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

CT-guided lung biopsy

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

EBUS (endobronchial ultrasound)

This test involves passing an ultrasound probe attached to a bronchoscope into the lungs. It allows the doctor to see your lungs and lymph nodes and take a biopsy.

Blood tests

You may need blood tests before and during certain treatments.

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

Tumour marker blood tests

Some people 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 for breast cancer is. This is because they can also be raised for other reasons, such as 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.

Treating secondary breast cancer in the lung

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.

Your treatment may include:

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

These treatments can be given 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 making decisions about how best to treat you, your treatment team will consider:

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

Your treatment team should discuss any recommendations for treatment with you and take into account your wishes.

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.

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

Questions to ask

You may want to ask your treatment team about:

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

You can also ask if a specialist nurse is available to go over your plan, repeat information or explain any new terms to you. They can also give you more information and support.

It's important that 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.

In some people the 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.

It can take 2 to 3 months before you see any benefits from hormone therapy.

The most commonly used hormone therapy drugs are:

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

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

We have booklets and information on our website about different hormone therapy drugs, including their side effects. You can search your treatment on [breastcancer.org](https://www.breastcancer.org) to get more information on each treatment.

Hormone therapy may be given in combination with targeted therapy.

Targeted therapy

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're offered will depend on the features of your cancer.

For information about different types of targeted therapy see [breastcancer.org/targeted-therapy](https://www.breastcancer.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 that can measure your HER2 levels. They may have already been tested using tissue from your primary breast cancer.

However, in some people the HER2 levels 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.

If the breast cancer is HER2-positive, you'll be offered targeted therapy. This may be given together with other treatments.

- 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. These are usually taken alongside hormone therapy.

These include:

- Abemaciclib (Verzenio)
- Alpelisib (Piqray)
- Everolimus (Afinitor)
- Palbociclib (Ibrance)
- Ribociclib (Kisqali)

Targeted therapies used to treat some triple negative breast cancers – cancers that are oestrogen receptor negative, progesterone receptor negative and HER2-negative – that have spread include:

- Atezolizumab (Tecentriq)
- Pembrolizumab (Keytruda)
- Sacituzumab govitecan (Trodelvy)

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've 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 secondary breast cancer in the lung.

Sometimes you might also have treatments such as surgery or radiotherapy. These can treat the cancer in the lung and help relieve symptoms. But they will not treat cancer in other areas of the body, so may be useful if secondary breast cancer only affects your lung.

Targeted radiotherapy

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

You may be offered very precise radiotherapy if you have a limited number of small secondary cancers in the lungs and have a good level of general health and fitness.

This is called stereotactic radiotherapy or radiosurgery.

It allows high doses of radiation to be delivered with accuracy and minimal damage to the surrounding tissue.

Stereotactic radiotherapy used to treat secondary breast cancer in the lung may also be called CyberKnife, 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 lung, occasionally it may be part of a treatment plan.

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

Video-assisted thoracoscopic surgery (VATS)

Video-assisted thoracoscopic surgery (VATS) is a type of operation that allows doctors to see inside the chest and lungs.

Under general anaesthetic (where you are put to sleep), a thin tube with a built-in camera (thoracoscope) is placed through a small cut in the side of the chest. 1 or 2 other small cuts are made in the skin, and surgical instruments can be passed through these.

It can be used to take tissue from the lung for a biopsy or to treat a pleural effusion (see page 22).

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.

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

Make 2nds Count, a charity that supports research into secondary breast cancer, also has a list of trials on its website make2ndscount.co.uk

Palliative and supportive care

Palliative and supportive care focuses on symptom control and support.

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

You may associate palliative care with end-of-life treatment. But many people benefit from 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.

Palliative and supportive 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.

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 on the NHS. 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 information about accessing a treatment, you can speak to your treatment team. You can also call our helpline on **0808 800 6000** to talk through your concerns.

Managing symptoms of secondary breast cancer in the lung

Breathlessness

Breathlessness is 1 of the more common symptoms of secondary breast cancer in the lung. The medical term for this is dyspnoea.

Breathlessness affects people differently. It does not cause harm but can be distressing, which can make your symptoms worse.

You may find breathing is uncomfortable, or feel that you can't get enough air into your lungs.

You may have breathlessness when you are still or lying down, but it's often more noticeable when you are moving. However, it's still good to be as active as you can (see page 25).

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

In some people the areas of secondary breast cancer can cause a narrowing, put pressure on or block part of the airway. If this happens, your treatment team may recommend a stent. This is a small tube that's inserted during a bronchoscopy (see page 8) to keep the airway open and help relieve any breathlessness. The stent can usually stay in the airway permanently.

If your breathlessness suddenly gets worse, contact your treatment team immediately.

Tips to ease breathlessness

There are several practical things you can do to help ease your breathlessness.

Research has shown that a cool draft of air from a fan or open window can help reduce the feelings of breathlessness. Cooling your face with cold water may also help.

You might find it useful to use a handheld fan if you stop to rest while moving or walking.

Sitting forward with your arms and elbows on a raised, supportive surface can help you feel like you can breathe better.

Lymphangitis

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

Lymph fluid cannot drain away from the lungs and this affects the amount of oxygen reaching the blood.

Breathlessness is a common symptom of lymphangitis. It may also cause a dry cough and, occasionally, coughing up blood. These symptoms can be present even before it's possible to see anything on an x-ray or scan.

If you have lymphangitis caused by your secondary breast cancer, your treatment team will usually recommend chemotherapy to treat it. You may also have steroid drugs such as dexamethasone or prednisolone.

Physiotherapy and breathing exercises

Physiotherapy can be helpful in treating breathlessness.

Learning relaxation and breathing techniques to use when you

start to feel breathless can also help. For example, a technique called controlled breathing, using your lower chest muscles and diaphragm, can help you breathe more slowly and effectively.

Your treatment team may be able to refer you to a physiotherapist or a palliative and supportive care team to teach you breathing exercises. Some hospitals, hospices and other services provide groups, classes and clinics for this purpose.

Occupational therapy

An assessment by an occupational therapist can offer practical ways to manage breathlessness.

They may suggest making changes around the house, such as placing a chair or stool between rooms so you can stop and rest if you need to.

Relaxation and exercise

Many people find complementary therapies and relaxation helpful in managing their breathlessness.

Macmillan Cancer Support produces a relax and breathe audiobook which helps you learn ways to manage breathlessness. You can download the recording from their website macmillan.org.uk

You may find exercise helps relieve your breathlessness (see page 26).

Medication

If necessary, your treatment team or GP can give you medicines to help ease breathlessness. These may include:

- Lorazepam – from a group of drugs called benzodiazepines, which relax the muscles
- Ventolin – a drug that can relax the airways
- Low doses of codeine or morphine

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

Psychological support

If you're feeling anxious or low, you might feel more breathless.

You can ask your treatment team, GP, specialist nurse or palliative care nurse about accessing psychological support to help you manage this.

You can also find helpful information in the "Your needs and concerns" section of our **Secondary breast cancer information pack**.

Cough

An ongoing cough is a common symptom that can be distressing and tiring.

It may be caused by the cancer itself, or an infection. Phlegm can build up in the chest and throat and may be difficult to bring up.

Cough medicines can help to control coughing.

Mucolytic medicines may be prescribed to help loosen the phlegm, making it easier to cough up.

Your treatment team or GP may recommend a nebuliser. This device turns liquid medicine into a mist that you inhale through a mouthpiece. Using a nebuliser can also help to loosen the phlegm, making it easier to bring up.

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

Pain

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

Pain can affect your mobility and quality of life.

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

How pain may feel

Many people with secondary breast cancer in the lung do not have pain.

However, if the cancer affects the lining around the lungs (the pleura), it may cause irritation. This can lead to pain or discomfort when breathing. The pain is often worse when breathing in or coughing.

Controlling pain

Most pain can be relieved or controlled.

It's very important that your specialist nurse, treatment team or GP 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 if they can prescribe a different one. 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.

Pleural effusion

A pleural effusion is a build-up of extra fluid between the pleural layers (see “The lungs” on page 4). It will usually be confirmed by a chest x-ray.

It may develop if cancer cells have spread into the pleura, causing irritation and producing fluid that can then build up.

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

If there's a larger amount of fluid, a narrow drainage tube can be inserted into the pleural space, also under a local anaesthetic. It will then be secured in place with stitches and connected to a drainage bottle. The fluid will drain out slowly, often over a few days.

Leaving the drain in until the fluid has drained completely often helps the pleura stick back together. This procedure can be repeated if the fluid builds up again. A permanent drain may be inserted so fluid can be drained regularly and more easily at home.

Sometimes after a pleural effusion has been drained, you may have another procedure called a pleurodesis. This involves injecting a drug or powder into the drain, then leaving the drain clamped for about 1 hour before removing it. This aims to seal the 2 layers of the pleura together to prevent the fluid building up again.

Poor appetite and weight loss

You might find you can't eat as much as usual. This might make it harder to maintain your weight and get enough energy.

Low energy levels can affect mobility and might make it harder to manage symptoms such as breathlessness.

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, are losing weight or have no interest in food, talk to your specialist nurse, treatment team or GP about dietary supplements. You can also ask to speak to a dietitian for specialist advice.

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

Extreme tiredness (cancer-related fatigue)

Cancer-related fatigue is 1 of the most common symptoms in people with secondary breast cancer.

Fatigue is extreme tiredness that does not go away with rest or sleep. It has many causes, from the emotional impact of a diagnosis to side effects of treatment or growth and spread of the cancer.

Fatigue may affect how you cope with your cancer and its treatment. It can also make everyday activities harder and affect your 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 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, redness/discolouration of the skin, 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 or a sudden increase in breathlessness
- Pain or tightness in the chest
- Unexplained cough or coughing up blood

Living with secondary breast cancer in the lung

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.

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

Some people with secondary breast cancer in the lung have no symptoms while others have breathlessness, pain, loss of appetite, tiredness and fatigue.

While physical activity may help reduce some symptoms, it's important to listen to your body. Gentle, regular activity is often most effective.

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

When choosing your exercise, try to focus on aerobic-type activities such as walking, swimming or cycling. Activities like 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.

Exercise programmes

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.

Symptoms of secondary breast cancer in the lung can be similar to those of long-term respiratory diseases such as chronic obstructive pulmonary disease (COPD) and asthma.

Research has found that when people with respiratory disease exercise regularly they are less breathless, have more stamina, are better able to perform everyday tasks and have a better quality of life.

Exercise and breathlessness

There are a number of things you can do to avoid or reduce breathlessness while exercising.

First, avoid exercising in very cold or dry conditions as this makes it harder for your lungs to expand. Swimming indoors can be ideal because the pool is usually quite warm and the air is damp.

Second, always start your session with a gentle warm-up to get your body ready to exercise. Slowly increase how hard you're breathing so your lungs have time to adjust to the new demands.

Some people find exercise that involves relaxation, such as yoga, helps their breathlessness.

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

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

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

Coping emotionally

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

There may be times when you feel 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 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.

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](https://www.breastcancernow.org) or by calling our helpline 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 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.

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 breastcancer.org/give

ABOUT THIS BOOKLET

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



For a full list of the sources we used to research it:
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Medical disclaimer

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

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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

Fifth Floor
Ibex House
42-47 Minories
London EC3N 1DY



Patient Information Forum

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