

Secondary breast cancer in the bone

breast
cancer
care

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



This information is by Breast Cancer Care.

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

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

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

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



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

We hope this booklet answers some of your questions and helps you discuss your options with your specialist team.

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

What is secondary breast cancer in the bone?

Secondary breast cancer occurs when breast cancer cells spread from the primary (first) cancer in the breast to other parts of the body, such as the bone. This may happen through the blood or lymphatic system.

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

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

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

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 and give you the best quality of life for as long as possible.

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

Your specialist can talk to you about the likely progression of your secondary breast cancer. You may worry if their answers are vague, but it isn't possible to accurately predict how each person's illness will respond to treatment.

The bones

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

Bone contains two main types of living cells:

- osteoclasts destroy and remove small amounts of old or damaged bone
- osteoblasts help build up new bone

This process continues throughout life to keep the skeleton healthy and strong.

When breast cancer cells spread to the bone, chemicals are produced that disrupt this process. The osteoclasts can become overactive, causing more bone to be broken down than is being replaced. This can lead to some of the symptoms of secondary breast cancer in the bone.

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

- osteolytic – the cancer causes breakdown or thinning of the bone
- osteoblastic – the cancer increases the production of rigid, thick bone

Often areas of secondary breast cancer have both of these.

Symptoms

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

- pain, which may get worse when lying down
- fractures (breaks)

Other possible effects of having secondary breast cancer in the bone include:

- spinal cord compression (see page 19) which can cause back pain, difficulty walking, numbness and loss of bladder or bowel control
- low levels of blood cells, which can cause an increased risk of infection, anaemia, bruising and bleeding
- too much calcium in the blood (see page 20), which can cause symptoms such as nausea and vomiting, fatigue, passing large amounts of urine, confusion and being very thirsty

Symptoms can range from mild to severe, depending on how many and which bones are affected. It's important to report any new or ongoing symptoms to your specialist.

These symptoms, what to do if you have them and how they can be managed are explained in more detail on page 18.

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

What tests might I need?

Your specialist will examine you and discuss any symptoms you have. You may need one or more of the following tests for your doctor to confirm a diagnosis of secondary breast cancer in the bone and monitor it over time.

X-ray of the bone

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

Bone scan

A bone scan checks the whole skeleton. It can help identify changes to the bone caused by injury, healing or disease such as cancer.

A small amount of radioactive substance is injected into a vein, usually in the arm, two to three 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

This scan uses magnetism and radio waves to produce a series of images of the inside of the body. An MRI doesn't expose the body to x-ray radiation.

CT (computerised tomography) scan

This scan, also known as a CAT scan, uses x-rays to take detailed pictures across the body.

PET-CT scan

This type of scan produces a three-dimensional image giving details on both the structure and function of organs or tissue being looked at.

It's not often used to diagnose secondary breast cancer in the bones, but it may help your specialist team confirm the diagnosis when other scans haven't been able to do so.

Blood tests

When breast cancer spreads to other parts of the body, the amount of certain substances in the blood, such as calcium, may increase. Blood tests can measure these substances and show any changes.

You may also need blood tests before and during certain treatments.

Your specialist team will discuss what tests they are doing and why you are having them.

Tumour marker tests

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

Bone biopsy

In most cases your specialist will be able to tell if you have secondary breast cancer in the bone from your symptoms and scans. However, in some cases a biopsy can help confirm the diagnosis and decide what treatment may help.

A biopsy involves taking a small piece of bone to be examined under the microscope. This may be done using local or general anaesthetic.

Secondary breast cancer in the bone marrow

In some cases secondary breast cancer affects how bone marrow works.

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

Secondary breast cancer in the bone marrow may cause low levels of red blood cells, white blood cells and platelets and can lead to anaemia, increased risk of infection and bruising or bleeding.

A blood test and a bone marrow biopsy may be needed to confirm a diagnosis.

What treatments may I be offered?

Treatment aims to relieve symptoms such as pain, maintain and improve mobility and strengthen the bones, as well as slow down the growth of the cancer.

Your treatment may include:

- pain relief
- bone-strengthening therapy
- hormone (endocrine) therapy
- targeted (biological) therapies
- chemotherapy
- radiotherapy
- surgery

These treatments can be given alone or in combination.

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

- how extensive the 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 have been through the menopause
- your general health

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

Bone-strengthening therapy

Bisphosphonates and denosumab are drugs that work in slightly different ways to strengthen existing bone and reduce the damage caused by cancer.

They also help control the level of calcium in the blood so that it doesn't become too high (see page 20).

Bisphosphonates

Bisphosphonates are a group of drugs that slow the process of bone breakdown while allowing new bone to be produced as normal. They do this by reducing the number and action of the osteoclasts in the bones (see 'The bones' on page 5).

Bisphosphonates can be given:

- into a vein (intravenously)
- as a tablet or capsule (orally)

Both oral and intravenous treatments are effective and your specialist will recommend whichever is most appropriate for you.

Intravenous (IV) bisphosphonates

Intravenous bisphosphonates can be given at your local hospital or sometimes hospice. Usually you'll need some blood tests before the treatment is given. This includes a test to check your kidney function (see 'Side effects of bisphosphonates and denosumab' on page 12) and the levels of calcium in your blood.

Disodium pamidronate (Aredia) is given over 90 minutes, every three to four weeks.

Ibandronic acid (Bondronat) is given over 15–60 minutes, every three to four weeks.

Zoledronic acid (Zometa) is given over 15–30 minutes, every three to four weeks. Once you've had this treatment for around a year you may be able to have it every 12 weeks instead.

Oral bisphosphonates

Oral bisphosphonates are taken daily. Ideally they should be taken first thing in the morning on an empty stomach with water only. They can't be absorbed when there is food or calcium-containing liquid, such as milk, in the stomach. This means you shouldn't eat or drink anything one hour before and up to one hour after taking your bisphosphonate. You should also stay sitting or standing for one hour after taking them to avoid any irritation to the oesophagus (gullet).

Ibandronic acid (Bondronat) is given as tablets.

Disodium clodronate (Bonefos, Loron, Clasteon) can be given as either a tablet or capsule.

Denosumab (Xgeva)

Denosumab is a targeted (biological) therapy (see page 14) specifically for secondary breast cancer in the bone.

Denosumab reduces bone loss, making complications of secondary breast cancer in the bone less likely to happen. It works by attaching to a substance called RANKL, which is involved in causing bone to be broken down.

It's usually given for as long as the secondary cancer in the bone is under control.

Denosumab is given as an injection under the skin (subcutaneous) usually once every four weeks.

Side effects of bisphosphonates and denosumab

Everyone reacts differently to drugs and some people have more side effects than others. Side effects vary between the different bone-strengthening drugs, but are usually mild.

If you're concerned about any side effects, regardless of whether they're listed here, talk to your specialist team as they may be able to help you manage them.

Flu-like symptoms

Bisphosphonates and denosumab can cause flu-like symptoms, such as joint and muscle pain, fatigue, shivering and fever.

Low levels of calcium

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

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

Calcium and vitamin D supplements are often prescribed with bisphosphonates and denosumab to prevent calcium levels in your blood dropping too low.

Eating a well-balanced diet including foods that contain calcium and vitamin D can also help. Calcium is found in most dairy products such as milk and cheese, and in green leafy vegetables like spinach or broccoli. It's also found in baked beans, sardines, pilchards, nuts and dried fruits such as apricots and figs.

Vitamin D helps your body absorb calcium. It's found in butter, margarine, egg yolks, oily fish like herrings and sardines, cod liver oil and fortified breakfast cereals. Vitamin D is also made by the body when the skin is exposed to sunlight.

Blood tests will be done before you start denosumab to check your levels of calcium and vitamin D.

Effects of IV bisphosphonates on the kidneys

IV bisphosphonates can cause kidney damage, though not all bisphosphonates carry the same risk. Your doctor will check your kidney function before prescribing IV bisphosphonates.

Denosumab doesn't cause kidney damage.

Jaw problems

Osteonecrosis of the jaw (ONJ) is an uncommon but serious long-term side effect of bone-strengthening drugs.

ONJ happens when some of the jaw bone loses its blood supply and dies. The lower jaw is more commonly affected.

Symptoms include:

- persistent jaw pain
- loose teeth
- swelling, redness or ulcers on the gums

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

See your dentist for a check-up before starting treatment with bone-strengthening drugs. Tell your dentist that you'll be taking a bone-strengthening drug as they can cause problems such as infection and delayed healing following dental surgery.

Speak to your specialist if your dentist recommends any dental treatment.

In rare cases, ONJ can also affect the ear. If you have any ear pain, discharge from your ear or an ear infection while having bone-strengthening drugs, contact your specialist.

Fracture

Although rare, bone-strengthening drugs can cause fractures. It's not fully understood why this happens, but is more likely in people who have been on them for a long time.

Fractures can happen with little or no trauma. If you experience any persistent thigh, hip or groin pain, contact your specialist team so you can be assessed.

Pregnancy

Taking bisphosphonates or denosumab while pregnant may have a harmful effect on a developing baby. Some women can still become pregnant even if their periods are irregular or have stopped, so effective barrier contraception such as a condom should be used.

Hormone (endocrine) therapy

Hormone therapies are used to treat cancers that are stimulated to grow by the hormone oestrogen. These cancers have receptors within the cell that bind to oestrogen, and are known as oestrogen receptor positive or ER+ breast cancers.

Tissue from your primary breast cancer will usually have been tested to see if it is ER+. However, in some people the oestrogen receptors change during the development of the secondary breast cancer. Because of this, your doctor may discuss taking a sample of bone (or another area of secondary breast cancer) to retest for hormone receptors.

If you've had hormone therapy before, your doctor may prescribe the same drug again or change it to a different one. It can take two to three months before the benefits of the hormone therapy are seen.

The most commonly used hormone therapy drugs are tamoxifen, goserelin (Zoladex), aromatase inhibitors (anastrozole, exemestane and letrozole) and fulvestrant (Faslodex).

We have booklets and information on our website about different hormone therapy drugs, including their side effects.

Targeted (biological) therapies

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

The most widely used targeted therapies are suitable for people whose cancer has high levels of HER2 (called HER2 positive). HER2 is a protein that helps cancer cells grow.

There are various tests to measure HER2 levels, which will usually have been done using tissue from your primary breast cancer. However, in some people the HER2 levels change during the development of the secondary breast cancer. Because of this, your doctor may discuss doing a biopsy of the secondary breast cancer to retest for HER2.

The most common targeted therapy used for HER2 positive breast cancer is trastuzumab (Herceptin is the most well-known brand name). Other targeted drugs used to treat HER2 positive breast cancer include trastuzumab emtansine (Kadcyla), pertuzumab (Perjeta) and lapatinib (Tyverb).

Other targeted therapies used to treat secondary breast cancer include palbociclib (Ibrance), ribociclib (Kisqali), everolimus (Afinitor), denosumab (Xgeva) and bevacizumab (Avastin).

For more information, you can read our **Trastuzumab (Herceptin)** booklet or visit [breastcancercare.org.uk](https://www.breastcancercare.org.uk) for information about other targeted therapies.

Chemotherapy

Chemotherapy destroys cancer cells using anti-cancer drugs.

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

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

Radiotherapy

Radiotherapy is very commonly used to treat secondary breast cancer in the bone.

Radiotherapy uses high energy x-rays to destroy cancer cells. It aims to reduce pain and prevent further growth of cancer in the area affected. It can also be used after surgery (see page 16) to stabilise a weakened bone.

Radiotherapy carries on working after the treatment has finished, so you may not feel the benefits until a couple of weeks later. It's not uncommon to have an increase in pain after radiotherapy for one or two days.

Radiotherapy is usually given as a single dose or divided into a number of doses over a few days. It's usually given only once to an affected area. Giving more radiotherapy to the same area may be possible for some people depending on how much has been given in the past.

Stereotactic radiotherapy

Stereotactic radiotherapy is a very precise radiotherapy treatment that may be considered for some people with a single or limited number of secondary cancers in the bone.

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

Stereotactic radiotherapy may also be called CyberKnife, which is the name of the radiotherapy machine. Stereotactic radiotherapy is a specialist treatment and is not widely available. Your specialist team can tell you if it may be suitable for you.

Radioisotopes

This is another way of giving radiotherapy, although it's rarely used for secondary breast cancer in the bone and is usually available only as part of a clinical trial. A radioisotope is given in a liquid form as an injection into a vein. The radioisotope travels through the bloodstream and delivers radiotherapy to the bones affected by the cancer cells. It's sometimes useful when there are several areas of cancer throughout the body.

Surgery

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

Sometimes surgery is a treatment option for spinal cord compression (see page 19). This type of surgery is called decompression surgery.

Vertebroplasty

If the secondary breast 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 to stabilise and strengthen them, and relieve pain. This is called a vertebroplasty and is done in the x-ray department. It takes about an hour and you can usually go home later that day.

Clinical trials

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

Palliative and supportive care

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

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

You can be referred by your specialist team, GP or breast care nurse depending on your situation. Some people may be able to refer themselves.

Availability of treatments

Some treatments for secondary breast cancer may not be routinely available in the NHS. You may still be able to access these treatments in other ways.

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

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

Managing the symptoms of secondary breast cancer in the bone

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

Pain

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

Pain may come and go, and can range from mild to severe. It may feel like a dull ache or a burning or stabbing pain. You may find that the pain is persistent, is worse at certain times such as at night, or that certain movements affect it.

Pain can affect your mobility and quality of life, but most pain can be relieved or controlled.

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.

There are a number of effective treatments for pain caused by secondary breast cancer in the bone, including pain relief and radiotherapy.

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

To make sure any pain feels under control at all times, you may need to take the drugs regularly, even if you're not in a great deal 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 helping, ask your GP or specialist 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 a specialist palliative care or symptom control team.

Bone weakening and fracture

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

If a bone has fractured you may need surgery to try to repair the fracture. You may also be given drug treatment to stop this happening in the future (see page 10).

Spinal cord compression

Spinal cord compression is a risk for people with secondary breast cancer in the bone that has spread to the spine. It can happen when:

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

The spinal cord is a bundle of nerves that runs from the brain to the lower back, and is protected by the vertebrae.

Symptoms can include:

- severe or unexplained back pain which may also be felt 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

It's important to know who to contact at the hospital if you have any of these symptoms at any time. Spinal cord compression can have serious effects if not diagnosed quickly, so seek medical advice without delay to reduce the risk of any long-lasting effects.

Spinal cord compression is usually treated with radiotherapy and steroids. Some people may have surgery. A combination of all three treatments may also be used.

We've produced an alert card that you can hand to any healthcare professionals you come into contact with if you believe you have symptoms of spinal cord compression (see the back page of this booklet).

Hypercalcaemia (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 cause symptoms such as:

- fatigue
- nausea and vomiting
- loss of appetite
- constipation
- loss of concentration
- drowsiness
- being very thirsty
- passing large amounts of urine
- weakness
- confusion

Hypercalcaemia can be serious if not diagnosed quickly, so seek medical advice if you have any of these symptoms. Your doctor will examine you and will usually request a blood test to check your calcium levels.

To relieve your symptoms you might be told to drink plenty of water. However, many people will need to be given fluids into a vein (intravenously) to help flush the calcium out of the body. If you're not already having bone-strengthening drugs (see page 10), your doctor will prescribe these.

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

Fatigue

Cancer-related fatigue (extreme tiredness) is one of the most common symptoms experienced by people with secondary cancer. Everyone knows what it feels like to be tired sometimes, but cancer-related fatigue can feel much more severe. It can come and go or be continuous, and this can be distressing and frustrating.

Fatigue has many causes, from psychological factors such as the stress of coping with the diagnosis, to physical ones such as the side effects of treatment, loss of appetite, medication, disturbed sleep or progression of the cancer.

Fatigue may have a significant impact on your ability to cope with your cancer and its treatment.

It can also affect your everyday activities and have an adverse effect on your quality of life.

To help manage fatigue, you can:

- tell your doctor about the fatigue, as its cause may be treatable
- keep a fatigue diary – recording your level of fatigue every day can often help you identify causes of fatigue and plan activities
- plan your days so you have a balance of activity and rest
- do small amounts of physical activity each day; even just a short walk can help
- accept that you may have good days and bad days
- prepare for a special occasion by getting some rest beforehand
- try to eat well – if your appetite is poor, it may help to eat smaller amounts more often and drink plenty of fluids to keep hydrated. You could also ask to be referred to a dietitian for advice
- accept offers of help from other people to save your energy for things you enjoy

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

Blood clots

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

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

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

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

- pain, redness/discolouration, heat and swelling of the calf, leg or thigh
- swelling, redness or tenderness where a central line is inserted to give chemotherapy, for example in the arm, chest area or up into the neck
- shortness of breath
- tightness in the chest
- unexplained cough (may cough up blood)

Physical activity

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

The results have been positive and its likely people with secondary breast cancer could have similar benefits from exercising. However, you may need to take a little extra care.

Regular exercise may help to:

- increase fitness, strength, stamina and flexibility
- control weight (when combined with a healthy diet)
- boost the immune system
- reduce blood pressure
- reduce fatigue

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

What is regular exercise?

Guidance suggests 'regular exercise' means 30 minutes of moderate-intensity exercise at least five days a week. This can be a lot initially if you're new to exercise, so before starting any exercise it's important to discuss it with your specialist team.

You can begin gently and build up gradually. It doesn't need to be 30 minutes all at once. There are many ways to include physical activity in your daily routine so joining a gym or attending classes is not necessary.

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

Exercise and secondary breast cancer in the bone

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

and reduces fracture risk. Research shows that regular weight-bearing exercise, such as walking, is the best choice for strengthening bones. As your bones are at a greater risk of fracture, avoid high-impact activities such as contact sports.

For people whose cancer has spread to the spine, there's a potential risk of developing spinal cord compression (see page 19). Because of this, avoid activities that involve twisting the spine or large forward bends of the spine.

You can ask your GP or specialist team about the best type of exercise for you.

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

Living with secondary breast cancer in the bone

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

You may be able to cope with these feelings on your own or with the support of the people closest to you. Some people want support from professionals – you can talk to your breast care nurse, palliative care nurse (who may be a Macmillan nurse), hospice or home care specialist nurse. They 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 or Macmillan nurse, you can ask for a referral to be made through your hospital team or GP. You could also call the Breast Cancer Care Helpline on **0808 800 6000** to talk through your concerns.

Finding support

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

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

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

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



Four ways to get support

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



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



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



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



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

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

If you found this booklet helpful, please use this form to send us a donation. Our information resources and other services are only free because of support from people such as you.

Donate today and together we can ensure that everyone affected by breast cancer has someone to turn to.

Donate online

Donate using your debit or credit card breastcancercare.org.uk/donate

Donate by post

Please accept my donation of **£10/£20/my own choice of £**

I enclose a cheque/PO/CAF voucher made payable to **Breast Cancer Care**

Name _____

Address _____

_____ Postcode _____

Email address _____

Telephone _____

In addition, we'd love to keep you updated about our work and provide you with other opportunities to get involved with Breast Cancer Care. Please tell us how you would like to hear from us (by ticking these boxes you confirm you are 18 or over)

- I'd like to hear from you by email
- I'd like to hear from you by text message or SMS
- Please do not contact me by post
- Please do not contact me by telephone

We never give your information to other organisations to use for their own purposes. To change your preferences, or find out more information on how we use your data, please view our privacy policy at breastcancercare.org.uk or contact supporter services on 0345 092 0800.

Please return this form to Breast Cancer Care, **Freepost RRKZ-ARZY-YCKG, Chester House, 1-3 Brixton Road, London SW9 6DE**

Code: LP



About this booklet

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



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

Phone **0345 092 0808**

Email publications@breastcancercare.org.uk



You can order or download more copies from breastcancercare.org.uk/publications



We welcome your feedback on this publication: breastcancercare.org.uk/feedback



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Spinal cord compression alert card

Spinal cord compression is a risk for people with secondary breast cancer in the bone that has spread to the spine.

You may want to keep this card with you. If you think you have the symptoms of spinal cord compression, you can hand this alert card to any healthcare professionals you come into contact with.

See page 19 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.

Contact your local A&E department or your specialist team straight away if you have any of these symptoms:

- severe or unexplained back pain which may also be felt 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



When you have breast cancer, everything changes. At Breast Cancer Care, we understand the emotions, challenges and decisions you face every day, and we know that everyone's experience is different.

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

For healthcare professionals

This patient has secondary 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.

You can order more copies of this card from **breastcancercare.org.uk**

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