This booklet describes what secondary breast cancer in the liver is, what the symptoms are and the treatments used.
This information is by Breast Cancer Care.

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

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

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

For breast cancer care, support and information, call us free on 0808 800 6000 or visit breastcancercare.org.uk
Secondary breast cancer in the liver happens when cancer that started in the breast has spread to the liver.

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

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

What is secondary breast cancer in the liver?

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

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

When breast cancer spreads to the liver, it can be treated but cannot be cured. Treatment aims to control and slow down the spread of the cancer, relieve symptoms and give you the best quality of life for as long as possible.

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

Outlook

When they get their diagnosis, 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 liver

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

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

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

Symptoms

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

Symptoms include:

• pain
• nausea (feeling sick)
• loss of appetite and weight loss
• hiccups
• ascites (a build-up of fluid in the abdomen)
• a general feeling of being unwell
• persistent tiredness and fatigue
• itching and jaundice.

These symptoms are explained in more detail on page 10.

Sometimes secondary breast cancer may be found in the liver before it causes any symptoms.
What tests might I need?

Your specialist will examine you and may be able to feel if your liver is enlarged. They will also discuss any symptoms you have. You may need one or more of the following tests to help confirm a diagnosis of secondary breast cancer in the liver.

**Blood tests**
When liver cells are damaged, certain substances are released that can be detected in the blood. Blood tests called liver function tests can measure these substances and show if there’s a change in how the liver is working. These tests may also help to show how effective any treatment has been.

**Tumour marker tests**
Some people have a blood test for tumour markers. These are proteins found in the blood which may provide more information about how you’re 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.

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

**CT (computerised tomography) scan**
You may also have a CT scan. This uses x-rays to take a series of detailed pictures across the body. It’s also known as a CAT scan.

**PET (positron emission tomography) scan**
This type of scan shows how effectively parts of the body are working. It’s not often used for diagnosis but may help your specialist team see how far the cancer has spread and how well it’s responding to treatment.

**PET-CT scan**
This combines a CT scan with a PET scan in one test to create a more detailed picture.

**MRI (magnetic resonance imaging) scan**
This scan uses magnetism and radio waves to produce a series of cross-sectional images of the inside of the body.
Liver biopsy
In most cases your specialist will be able to tell if you have secondary breast cancer in the liver from your symptoms and scans. However, in some cases it can be useful to have a biopsy taken to confirm the diagnosis and what treatment may be helpful. This involves removing a small piece of tissue from the liver, under local anaesthetic, to be examined under a microscope. An ultrasound is usually used to guide the procedure. You will need to stay in hospital for a few hours after the liver biopsy because of the risk of bleeding.

What treatments may I be offered?
Your treatment may include:

• hormone therapy
• chemotherapy
• targeted therapies
• 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 within the liver
• whether the cancer has spread to other organs
• any symptoms you have
• what treatment you’ve had in the past
• the characteristics 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 aim of treatment will be and help you weigh up the potential benefits against the possible side effects you may have.

Hormone (endocrine) therapy
Hormone therapy is used to treat breast cancers that are stimulated to grow by the hormone oestrogen. These cancers have receptors within the cell that bind to the hormone oestrogen, and are known as oestrogen receptor positive or ER+ breast cancers.
The tissue from the biopsy or surgery for primary breast cancer will have been tested to see if it is ER+. However, your specialist may discuss taking a sample of tissue from your liver to retest the hormone receptors.

If you’d like more information about these treatments, we have booklets about individual hormone therapies.

**Chemotherapy**

Chemotherapy is treatment aimed at destroying cancer cells using anti-cancer drugs, which are also called cytotoxic drugs.

You may be offered a course of a single drug or combination of chemotherapy drugs. This will depend on any chemotherapy you had in the past and how long ago you had it.

For general information about chemotherapy, see our [Chemotherapy for breast cancer](#) booklet or our booklets on individual chemotherapy drugs.

**Targeted therapies (also called biological therapies)**

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

The most widely used targeted therapy is trastuzumab (Herceptin). Only people whose cancer has high levels of HER2 (called HER2 positive) will benefit from having trastuzumab. HER2 is a protein that makes cancer cells grow.

To find out whether breast cancers are HER2 positive, a test will usually have been done on tissue from a biopsy or surgery for primary breast cancer. However, your specialist may discuss taking a sample of tissue from your liver to retest the HER2 receptors.

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

**Surgery**

Although surgery will not cure secondary breast cancer in the liver, occasionally an oncologist may ask the opinion of a surgeon. Surgery is more likely if the area of secondary breast cancer in the liver is very small, can be easily accessed by the surgeon, and there is no other secondary breast cancer elsewhere in the body. However, in most
cases several areas of the liver are affected and surgery is not possible. Liver transplants are not an option for people who have secondary breast cancer.

**Other treatments**

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

**Stereotactic radiotherapy (also known as radiosurgery)**
Very precise radiotherapy may be considered for people with small secondary cancers in the liver who have a good level of general health and fitness. This treatment allows high doses of radiation to be delivered with extreme accuracy and minimal damage to the surrounding tissue. Stereotactic radiotherapy may also be called CyberKnife, which is the name of the radiotherapy machine. CyberKnife is a specialist treatment that’s only available in some centres. Your specialist team can tell you if it may be suitable for you.

**Intrahepatic chemotherapy and chemoembolisation**
Intrahepatic chemotherapy and chemoembolisation involve giving chemotherapy directly into the liver. This is done through a thin tube, called a catheter, into the main blood supply to the liver.

Giving chemotherapy directly into the liver means a higher concentration of the drug can be delivered to the area of cancer.

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

These treatments are usually only available as part of a clinical trial.
Clinical trials

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

For more general information on clinical trials see our website, or cancerresearch.org.uk for listings of current UK trials.

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.

Palliative care is usually associated with end-of-life treatment. However, 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.

Managing symptoms of secondary breast cancer in the liver

Pain

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

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

Sometimes you may feel pain in the right shoulder. This is called referred pain and is caused by the enlarged liver pressing on nerves that also go to the shoulder.
Most pain can be relieved or controlled. There are a number of healthcare professionals who are experts in pain management and can help. To find the best way of treating your pain, you’ll need to describe it to your doctors. They will ask you where the pain is, how it feels, how strong it is and what makes it better or worse.

Keeping a pain diary can help you do this. Your hospital may give you a pain diary or you can find one in our Secondary breast cancer resource pack. You can also download copies from our website breastcancercare.org.uk/patient-resources.

There are many different types of pain relief and often a combination of drugs will be needed. It’s very important that your pain is assessed regularly by your nurse or doctor to make sure it stays under control. It’s useful to know who to contact if your pain changes or gets worse. Let your specialist team, palliative care team or GP know if you experience a change in the type or location of pain, a new pain or long-term pain which gets worse or doesn’t improve with treatment.

**Nausea and vomiting**
If you feel sick (nausea) or are being sick (vomiting), it’s likely to be due to your cancer, its treatment or emotional side effects such as anxiety.

You may feel sick because the liver is enlarged and puts pressure on the stomach, or because toxins build up in the body from the liver not working properly. In most cases, nausea and vomiting can be controlled and treated with anti-sickness drugs. It’s important for your doctor to try to find out the cause so that it can be managed effectively. You can help your specialist or palliative care team decide what treatment will work best by keeping a record of what makes nausea or vomiting worse or when it happens.

**Poor appetite and weight loss**
Sometimes people with secondary breast cancer can’t eat as much as usual. This means they have difficulty maintaining their weight as well as providing the body with energy. Poor appetite can be due to the effects of the cancer, treatment or anxiety.

You might find it easier to eat little and often instead of having set meals. If you still feel you aren’t eating enough, or are losing weight, talk to your doctor or nurse about dietary supplements or ask to speak to a dietitian for specialist advice. In some circumstances you may be prescribed medication to help stimulate your appetite.
**Hiccups**

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

**Ascites**

Ascites is a large build-up of fluid in the abdomen. It can take weeks or months to develop and can make your abdomen swollen and uncomfortable. Because the fluid can cause pressure on your stomach and diaphragm, it can sometimes make you feel breathless or nauseous.

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

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

**Fatigue (extreme tiredness)**

Cancer-related fatigue is one of the most common symptoms experienced by people with secondary breast cancer. Everyone knows what it feels like to be tired sometimes, but cancer-related fatigue can feel much more severe. It can come and go or be continuous, and this can be distressing and frustrating. It has many causes, from psychological ones such as the stress of coping with the diagnosis, to physical ones such as the side effects of treatment or progression of the cancer.

Fatigue may have a significant effect on your ability to cope, your mood and your relationships. Fatigue can also affect your everyday activities and quality of life. Many people find that it stops them working, socialising and generally living life in the way they want to.
Tell your doctor or palliative care team about the fatigue so you can be fully assessed. Causes such as difficulty sleeping or anaemia (see below) can be treated and may improve the feelings of fatigue.

Keeping a diary of your activities and energy levels can help you work out your patterns of fatigue. This can be useful when talking to your doctor and when planning for day-to-day life. Your hospital may provide you with a fatigue diary or you can find one in our Secondary breast cancer resource pack. You can also download copies from our website breastcancercare.org.uk/patient-resources

There are a number of things you can do to help manage your energy levels to reduce the effects of fatigue.

- Plan your days so you have a balance of activity and rest.
- Try to 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 or days out by planning some additional rest before and after.
- 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 practical help from other people to save your energy for things you enjoy.

Macmillan Cancer Support also has a booklet called Coping with fatigue. Order it free from Macmillan’s website macmillan.org.uk or call 0808 808 00 00.

**Anaemia**

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

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

A procedure called an ERCP (endoscopic retrograde cholangiopancreatography) is sometimes used to find out if the bile duct is blocked. A narrow flexible tube with a light at the end is passed through the mouth and the stomach to access the bile duct. A dye is put through the tube and a series of x-rays is taken to look at the movement of the dye through the duct. If you need a stent to help reduce jaundice, it can often be put in place at the same time. You will be given medication to make you feel drowsy beforehand and asked not to eat or drink anything for several hours before this test.

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. Keeping this in the fridge can make it soothing when you apply it.

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

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

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

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

If you experience any of the following symptoms contact your local A&E department, GP or 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 there seems no reason to believe that people with secondary breast cancer would not have similar benefits from exercising. However, you may need to take a little extra care.

Regular exercise may help to:

• increase fitness, strength, stamina and flexibility
• control weight (when combined with a healthy diet)
• boost the immune system
• reduce blood pressure
• reduce fatigue.
People who exercise, even gently, during and between treatments may tolerate treatments better and have less pain, sickness, problems sleeping and fatigue.

**What is regular exercise?**

Regular exercise can help many people with cancer improve their quality of life. 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 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 without joining a gym or going to exercise classes.

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

**Exercise and secondary breast cancer in the liver**

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

If you’re currently having treatment you may need to exercise at a slightly lower level. And stop straightaway 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 such as dancing and gardening can also be beneficial. You could also include some light toning or conditioning exercises such as stretching or low-impact yoga. The most important thing is to choose something you can safely enjoy.

For information on exercise and secondary breast cancer in the bone, lung and brain see our [Secondary breast cancer resource pack](#).
Living with secondary breast cancer in the liver

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

You may be able to cope with these feelings on your own or with the support of the people closest to you. Some people want support from professionals – you can talk to your breast care nurse, palliative care nurse (who may be a Macmillan nurse), hospice or home care specialist nurse. They 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 and find out what support is available in your area.

Finding support

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

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

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

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

We hope this information was helpful, but if you have questions, want to talk to someone who knows what it’s like or want to read more about breast cancer, here’s how you can.

Speak to trained experts, nurses or someone who’s had breast cancer and been in your shoes. Call free on 0808 800 6000 (Monday to Friday 9am–5pm, Wednesdays til 7pm and Saturday 9am–1pm).

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.

We want to be there for every person facing the emotional and physical trauma of a breast cancer diagnosis. Donate today and together we can ensure that everyone affected by breast cancer has someone to turn to.

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We might occasionally want to send you more information about our services and activities

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We won’t pass on your details to any other organisation or third parties.

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

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

For a full list of the sources we used to research it:
Phone 0345 092 0808
Email publications@breastcancercare.org.uk

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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

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