

What is metastatic breast cancer?

Metastatic [met-ah-STA-tic] breast cancer (MBC) is also known as stage IV or advanced breast cancer. It has spread beyond the breast to other parts of the body (most often the bones, lungs, liver or brain). Some women have MBC when they are first diagnosed. But, this is not common in the U.S. Here, most women develop it when the breast cancer returns at some point after they were first diagnosed and treated.

Getting support

Learning you have MBC can be devastating. It is normal to feel fear, shock, sadness, anger and depression. You do not have to face this alone. Social support may improve your emotional well-being and quality of life. You can have informal support, such as from family, friends and religious groups. You can also have more formal support like counseling in a one-on-one or group setting.

Treatment goals

The main goals of treatment are to control tumor growth and prolong life while also maintaining quality of life.

Treatment is highly personalized. More than with other stages of breast cancer, personal choice guides treatment. Together with your doctor, you can find the balance of treatment and quality of life that is right for you.

Your treatment plan is guided by many factors, including:

- Characteristics of the cancer cells (such as hormone receptor status and HER2/neu status),
- Where the cancer has spread,
- Your current symptoms,
- Breast cancer treatments you had in the past, and
- Your age and general health.

Talk with your doctors about your treatment choices. What do they recommend and why? What are the side effects of each treatment?

You may also want to think about joining a clinical trial. The newest treatments are given first through clinical trials. Taking part helps researchers learn more about how to treat breast cancer. There are many things to consider when making this decision. Your doctor can help you weigh the pros and cons of joining a trial.

Types of treatment

Hormone therapy is usually the first treatment for MBC that is estrogen receptor-positive (ER+). It works to shrink tumors. This treatment has fewer side effects than chemotherapy. Even if you have taken tamoxifen or another hormone therapy in the past, you still may be able to try a different hormone drug.

mTOR inhibitors are a class of targeted therapy drugs that may increase the benefit of hormone therapy. The mTOR inhibitor everolimus (Afinitor) is used to treat ER+, HER2/neu-negative MBC in postmenopausal women who have been treated with the aromatase inhibitor letrozole or anastrozole.

Chemotherapy is usually the first treatment when hormone therapy is not an option. It can shrink tumors faster than hormone therapy. If the first chemotherapy drug (or combination of drugs) stops working and the cancer begins to grow again, a second or third drug can be used. It is not uncommon for people to have many chemotherapy regimens over the course of their treatment.

Anti-HER2/neu targeted therapies are used to treat HER2/neu-positive breast cancers. These tumors have high amounts of a protein called HER2/neu on the surface of their cells. Specially designed anti-HER2 drugs can target these cells. FDA-approved anti-HER2 drugs include:

- Trastuzumab (Herceptin),
- Pertuzumab (Perjeta),
- Lapatinib (Tykerb), and
- Trastuzumab emtansine (T-DM1, Kadcyla).

Radiation therapy can relieve pain or other symptoms caused by MBC. It is often used for breast cancer metastases to the bone.

Surgery is rarely used to treat MBC. At this point, the cancer cells are no longer in one place. This makes it hard to remove the cancer surgically.

Fatigue

Fatigue is often a concern. It can be caused by many things. Two common causes are depression and trouble sleeping. And, for some people, fatigue is caused by anemia (a drop in red blood cells).

Although it may seem difficult, one way to reduce fatigue is to be more physically active (if you are able). If you are feeling overly tired or are having trouble sleeping, talk to your doctor. Manage your day-to-day activities. Reduce your commitments. Ask for help from friends and family. Getting plenty of rest can also help relieve fatigue.

Stay Positive

Only you can choose how you will face this challenge. Those with MBC can still live active lives. Stay positive. It is important to your quality of life. It may help to keep a journal of your fears, concerns and questions to discuss with your doctor. Seek out the resources and support you need to live your life to the fullest.

Stopping treatment

At some point the side effects of treating MBC may outweigh the benefits. You may consider stopping treatment to focus on palliative care. Palliative care is also called comfort care. The goal is to provide comfort and maintain the highest possible quality of life for as long as life remains. Talk with your doctor and family about your thoughts and fears. Ask them to support the choices you make.

Resources

Advanced Breast Cancer Community
www.advancedbreastcancercommunity.org/

American Cancer Society
1-800-227-2345
www.cancer.org

Metastatic Breast Cancer Alliance
www.mbcalliance.org

National Comprehensive Cancer Network (NCCN)
1-888-909-NCCN
www.nccn.org

Living Beyond Breast Cancer
1-888-753-5222
www.lbbc.org

Pain

One of the biggest fears of people with MBC is that they will have a lot of pain. Pain can almost always be managed with medication.

Pain is usually easier to treat when it starts. If you wait until the pain is severe before you tell your doctor, it can be harder to control. It may require more medication. Sometimes treatment plans can be changed to reduce painful side effects. It is important to tell your doctor about any pain you have.

Everyone's pain is different. Describe what you are feeling to your doctors. This helps them figure out the best pain management options. Certain types of pain respond better to certain types of treatment.

1. Keep a record.

Because pain cannot be seen, it is hard to measure and describe. Keep a journal to help tell your doctor what you are feeling. Be sure to note:

- Where the pain is located,
- When the pain appears,
- The nature of the pain (throbbing, burning, tingling, pressure, etc.),
- How long the pain lasts, and
- What eases the pain or makes it worse

2. Tell your doctor.

Pain can make you feel depressed or on edge. It affects your quality of life. It can also cause your relationships with others to suffer. Tell your doctor about what you are feeling. It gives him or her the chance to help you.

3. Ask for a referral.

Managing pain can be complex. Each person reacts differently to treatment. If you are not getting good pain control, ask your doctor about adding a palliative care or pain specialist to your team.

Related fact sheets in this series:

- Breast Cancer Prognosis
- Clinical Trials
- End-of-life Care
- If Breast Cancer Returns

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