

What is metastatic breast cancer?

Metastatic [met-ah-STA-tic] breast cancer (MBC) is also known as stage IV or advanced breast cancer. MBC is breast cancer that 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. In the U.S. most women develop it when the breast cancer returns at some point after diagnosis and treatment for early disease.

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. Family, friends and religious groups can help. You can also get more formal support like counseling in a one-on-one or group setting.

Treatment goals

Although today MBC cannot be cured, this does not mean it cannot be treated. Treatment focuses on length and quality of life.

Treatment is highly personalized. More than with other stages of breast cancer, personal choice guides MBC 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
- Your age and general health

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

You may want to think about joining a clinical trial. Clinical trials offer the chance to try new treatments and possibly benefit from them. Your doctor can help you decide if a clinical trial is a good option for you.

Types of treatment

Hormone therapy is usually the first treatment for MBC that is estrogen receptor-positive (ER-positive). Even if you have taken tamoxifen or another hormone therapy in the past, you still may be able to try another hormone drug.

Chemotherapy is usually the first treatment when hormone therapy is not a choice. It can shrink tumors faster than hormone therapy. If the first chemotherapy drug (or combination of drugs) stops working and the cancer grows, a second or third regimen may be used.

Targeted therapies are drugs used to treat certain breast cancers by targeting genes and proteins inside cancer cells or a pathway involved in the development of cancer. Examples are:

- mTOR inhibitors: drugs that may increase the benefit of hormone therapy
- Cyclin-dependent kinase 4 and 6 (CDK4/6) inhibitors: drugs designed to stop the growth of cancer cells
- Anti-HER2/neu targeted therapies: drugs used to treat HER2/neu-positive breast cancers

Fatigue (Being tired)

Fatigue is often a concern. Two common causes are depression and trouble sleeping. In some people, it is caused by anemia (a drop in red blood cells).

Although it may seem hard, one way to reduce fatigue is to be physically active (if you are able). If you feel tired or have trouble sleeping, talk with your doctor. Ask family and friends to help you manage your day-to-day activities. Getting plenty of rest can also help relieve fatigue.

Stopping treatment

At some point, treatment to control the cancer may be stopped. This can happen when treatment no longer shows benefit or when it greatly affects quality of life. Once treatment is stopped, palliative care becomes the focus of care. The goal is to provide comfort and maintain the highest possible quality of life. Talk with your doctor and family about your thoughts and fears. Ask them to support the choices you make.

Pain

One of the biggest fears is pain. Pain can almost always be managed with medicine.

Pain is usually easier to treat when it starts. If you wait until the pain is severe to tell your doctor, it can be hard to control. It may also require more medicine. 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. Tell your doctor exactly what you are feeling. This helps guide your pain treatment options.

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
- What eases the pain or makes it worse

Managing pain can be complex. If your doctor is unable to control your pain, ask him or her for a referral to a palliative care or pain specialist.

Resources

Susan G. Komen
1-877 GO KOMEN (1-877-465-6636)
www.komen.org

Advanced Breast Cancer Community
www.advancedbreastcancercommunity.org/

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

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

Metastatic Breast Cancer Alliance
www.mbcalliance.org

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

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