

PRIMARY CARE 10 TOP TIPS

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Managing complex symptoms: metastatic breast cancer

1 Recurrence

- Is highest in the first two years after primary diagnosis.
- There is a slight increase in risk for hormone negative patients around seven years after diagnosis.
- A diminishing risk remains for all patients throughout their lifetime.

2 Site of metastases

- Metastatic disease is most common in the bone, with 25–40% presenting.
- Visceral sites commonly include lungs, liver and brain. Less common sites include ovary and peritoneum.
- The type of primary may affect the type of metastatic presentation eg triple negative breast cancer is less likely to

present as bone metastases, HER2+ breast cancer has a propensity to develop in the central nervous system.

3 Incidence/prevalence

- There are no accurate figures on metastatic disease in the UK (not routinely recorded by cancer registries).
- Data from the cancer waiting times datasets will be available in the future.
- Approximately 10% of women have identified metastatic breast cancer at the time of initial diagnosis.

4 Symptoms

- Metastatic symptoms can be vague and varied.
- They may present with bone pain, headache, dyspnoea

or abdominal discomfort.

- Anyone with a history of breast cancer presenting with persistent symptoms will need investigation.

5 Management

- There is no cure but survival can be variable, often for several years after diagnosis of metastases.
- The average survival rate is estimated to be around two years.
- Prognostic factors may relate to the site, size and number of metastases, general health and response to treatments.
- Treatments are individually planned and may include hormone therapy, chemotherapy, targeted therapy, bisphosphonates and supportive care.
- The advice in the National

Institute for Health and Clinical Excellence (NICE) *Guidelines for Advanced Breast Cancer* (2009) describes the tests, treatment, care and support that patients with advanced breast cancer should be offered.

6 Targeted therapy

- These include Herceptin (trastuzumab), lapatinib and bevacizumab. They are only appropriate for certain breast cancer types and are not all available through the NHS.
- Herceptin has fewer side effects than chemotherapy but requires regular monitoring by multiple-gated acquisition (MUGA) scan to identify possible cardiotoxicity. Risks might be increased by previous radiotherapy or anthracycline (eg doxorubicin) chemotherapy.

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7 Chemotherapy and radiotherapy

- Women undergoing chemotherapy should have a hospital number to ring for advice 24 hours a day and should report any signs of infection.
- Xeloda (Capecitabine), an oral chemotherapy agent, may be prescribed and is taken in cycles at home. It can have the common chemotherapy side effects of infection and anaemia but may cause 'hand foot syndrome', when the palms and soles become red and sore. The severity may require a dose reduction, decided by the oncologist.
- Radiotherapy may be helpful in managing symptomatic metastatic disease, especially involving bone metastases.

8 Side effects of hormonal therapies

- Hormone therapy is often the first option for oestrogen positive metastatic breast cancer. This means some women may experience long term side effects from their hormone therapy.
- Arthralgia can be a problem with Aromatase Inhibitors (Arimidex, Aromasin, Femara). It is usually symmetric, involving the hands, arms, knees, feet, back and pelvic bones. Exercise and analgesics can improve the symptoms.
- Menopausal symptoms can be problematic including hot flushes and vaginal dryness.
- Regular exercise and stopping smoking have been shown to be of benefit, however vitamin E and evening primrose oil supplements have shown no more benefit than placebo.

- Drug treatment for hot flushes may be considered, and include Clonidine and antidepressants such as Venlafaxine, Fluoxetine, Paroxetine and Gapapentin.
- Hormone replacement therapy is not normally offered to women with breast cancer, but low dose progesterone (Megace) can be effective but has no evidence of long term benefit.

9 Bisphosphonates

- Often prescribed to women with bone metastases, relieving pain by reducing bone breakdown.
- An uncommon but important side effect is osteonecrosis of the jaw, an area of exposed bone in the maxillofacial region that does not heal within eight weeks after identification. Women should ideally have a dental assessment before

starting treatment and then maintain good dental hygiene.

10 Potential presentations requiring prompt/urgent attention

- Malignant spinal cord compression – increasing back pain, gait disturbance, sensory changes, bowel or bladder disturbance – refer urgently.
- Remember to consider pleural effusion, superior vena cava obstruction, hypercalcemia, sepsis, all of which cause symptoms that can be alleviated with appropriate treatment.
- Identify long bone metastases early if possible. Treatment (including radiotherapy and sometimes prophylactic internal fixation) may reduce the risk of pathological fracture.