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**Donations from the public make it possible for us to provide publications like this one free to people affected by breast cancer.**

If you would like to make a donation, please send your cheque to: Breast Cancer Care, RRKZ-ARZY-YCKG, 5-13 Great Suffolk Street, London SE1 0NS. Or donate via our website at [www.breastcancercare.org.uk](http://www.breastcancercare.org.uk)

## About Breast Cancer Care

Breast Cancer Care is here for anyone affected by breast cancer. We bring people together, provide information and support, and campaign for improved standards of care. We use our understanding of people's experience of breast cancer and our clinical expertise in everything we do. Visit [www.breastcancercare.org.uk](http://www.breastcancercare.org.uk) or call our free helpline on **0808 800 6000** (Text Relay **18001**).

Calls may be monitored for training purposes. Confidentiality is maintained between callers and Breast Cancer Care.

## Secondary breast cancer in the liver

This factsheet is for anyone who has been diagnosed with secondary breast cancer in the liver that has spread from primary cancer in the breast. It describes what secondary breast cancer in the liver is, some of the possible symptoms and treatments used.

## Introduction

We hope this factsheet answers some of your questions and helps you discuss your options with your specialist team. You may also find it helpful to read our **Secondary breast cancer** booklet, which looks at the physical and emotional impacts of living with secondary breast cancer.

## What is secondary breast cancer in the liver?

A cancerous (malignant) tumour is made up of millions of cancer cells. Sometimes cells can break away from the original tumour and travel to the liver through the blood or lymph system. You may hear this type of spread described as metastases, recurrence of the cancer, secondary tumours or secondaries. The cells that have spread to the liver are breast cancer cells. It is not the same as having cancer that starts in the liver. When breast cancer spreads to the liver it can be treated although it cannot be cured in the long term.

## What does the liver do?

To understand some of the symptoms described in this factsheet it may help to know where the liver is and what it does. The liver sits on the right-hand 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 a fluid (bile) that helps digest food. It 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 that are needed to help the blood to clot. The liver is a large organ and may be able to carry on working even if part of it is affected by secondary breast cancer.

## What symptoms might I have and how can they be managed?

If you have developed secondary breast cancer in the liver you may have a number of different symptoms or none at all. It is important to remember that any symptoms can also be a sign of other illnesses so you should talk to your specialist team about any new symptoms you have.

### Pain

Secondary cancer can cause the liver to enlarge, which then causes pressure by stretching the capsule around the liver. The pain can range from mild to severe and each person's experience of pain is different. Some people may have only localised discomfort, while others may feel pain under their ribs or across their upper abdomen. Sometimes pain can be felt 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.

It is important to know that pain can almost always be controlled. Your doctors will ask you to describe where the pain is, how it feels, how strong it is and what makes it better or worse. This will ensure that you are given the most suitable pain relief. There are many

different types of pain relief and often a combination of drugs may be needed. If the pain relief prescribed does not seem to be helping do tell your doctors as they will be able to prescribe a different one.

Mild pain relief such as paracetamol can be very helpful, as can anti-inflammatory drugs such as diclofenac. Sometimes steroid drugs can be very effective in reducing swelling around the liver and therefore reducing pain. Liver pain may also be treated with morphine-based drugs. In some cases these drugs may not control the pain fully. You may need to go into hospital or into a hospice for a few days so that a specialist palliative care/pain team can assess you and work out the best pain-relieving drugs for you.

### Nausea

You may feel sick because the liver is enlarged and puts pressure on the stomach or because toxins build up in the body from liver damage. This can be treated with anti-sickness drugs. It is important for your doctor to try to find out what is causing the nausea so that he/she can prescribe the correct type of anti-sickness drug to control it.

## Loss of appetite

When you have secondary breast cancer in the liver your appetite may be reduced. You might find it easier to eat little and often rather than trying to eat normal-sized meals. If necessary, your GP or specialist can prescribe nutritional supplements and/or refer you to a dietitian for advice. In some cases drugs to stimulate your appetite may be helpful.

## Hiccups

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

## Ascites

Ascites is an excessive build-up of fluid in the abdomen. It can make your abdomen swollen and uncomfortable, and sometimes make you feel breathless. Ascites can take weeks or months to develop.

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. A tube is then passed into the abdominal cavity, stitched into place and connected to a

drainage bag outside your body. This allows the fluid to drain slowly over time. The nurses looking after you will measure the amount of fluid drained off from time to time. Although you will be aware of the tube once it is in place it should not 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.

## Tiredness and fatigue

You may find that you tire more easily. This might be because of the secondary cancer itself, the treatment you are having or a poor appetite. Tell your doctor how you are feeling as it may be possible to treat the cause of your fatigue. In some cases, steroid drugs can help to boost energy levels. Try to have a balance of rest and exercise and if you have things you must do or you enjoy doing, try to pace yourself and expect to take longer to do them.

## Anaemia

You may become anaemic (decreased number of red blood cells) for a number of different reasons, for example due to problems with blood clotting. A blood test can be done to find out if you are

anaemic and in some cases iron tablets or a blood transfusion can help.

## Jaundice

Jaundice can occur when the bile duct (a tube coming out of the liver) becomes blocked. 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. You may need to have a stent (tube) inserted into the bile duct to drain the bile.

## Itchy skin

Jaundice can cause itching, which may be worse at night or when you are hot. It is important to keep your skin well moisturised. Try using a non-perfumed skin cream such as aqueous cream. Keeping it in the fridge can make it soothing when you apply it.

Sometimes tablets may be needed and your specialist should be able to advise you about this. Sleeping tablets may help if the itching is stopping you sleeping at night. Try to avoid alcohol, spicy food and heat (hot baths or direct sunlight), all of which can make the itching worse.

## What investigations will I need?

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

### Blood tests

You may have blood tests while you are at the hospital and the types of blood test can depend on where your secondary breast cancer is and what treatment you are having. Some women 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 but some doctors question their accuracy and they are not routinely used.

When liver cells are damaged certain substances are released that can be detected in the blood. Blood tests can measure these substances and may also help to show how effective any treatment has been.

### Ultrasound scan

An ultrasound scan uses sound waves to build up pictures of the liver to show any abnormalities. It is painless and usually takes less than 30 minutes.

### CT scan (computerised tomography)

A CT scan is a type of x-ray that creates a three-dimensional picture of the liver. To help show up any abnormalities more clearly, a coloured dye may be injected into one of your veins. The scan is completely painless but you will have to lie still.

### MRI scan (magnetic resonance imaging)

This scan uses magnetic waves instead of x-rays. It gives more detailed information about soft tissue than a CT scan. An MRI scan is not painful but you will have to lie and still for up to an hour.

### ERCP (endoscopic retrograde cholangiopancreatography)

If you are jaundiced this procedure 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 into the bile duct. A dye is put through the tube and a series of x-rays are taken to look at the movement of the dye through the duct. (If you need a stent to help reduce jaundice it can be put in place at the same time.) You will not be able to eat or drink anything for several hours before this test and you will be given medication to make you feel drowsy beforehand.

### Liver biopsy

In most cases your specialist will be able to tell if the cancer cells in the liver are from the breast. If there is any doubt about your diagnosis a liver biopsy can be done. This involves removing a small piece of tissue from the liver under local anaesthetic to be examined in the laboratory.

## What treatments might I be offered?

As well as treatments to relieve symptoms you may also be offered treatments aimed at slowing down the growth of the cancer. Your treatment may include chemotherapy, hormone therapy, targeted therapies or surgery, either alone or in combination. The treatment you are offered will depend on a number of factors. These include your symptoms, whether or not you have had the menopause, the type of tumour you had originally, treatments you have had in the past and your general health. Your specialist team will discuss treatment options with you and help weigh up the potential benefits against possible side effects.

### Hormone therapy

Hormone therapies are used to treat cancers that are sensitive to oestrogen

(oestrogen receptor positive) or progesterone (progesterone receptor positive). If you had hormone therapy as part of your primary treatment, your doctor may prescribe the same drug again or change it to a different one. For more information on specific hormone therapy drugs, see our factsheets.

### Chemotherapy

You may be offered chemotherapy which can be a combination of drugs or a course of a single drug. This may depend on any chemotherapy you had when your breast cancer was first treated. For more general information see our **Chemotherapy for breast cancer** booklet.

### Targeted cancer therapies

This is a newer group of drugs that work by stopping specific ways that breast cancer cells divide and grow. The most well known targeted therapy at the moment is Herceptin (trastuzumab), which may be used to treat breast cancers that are HER2 positive. To find out whether breast cancers are HER2 positive a laboratory test is usually done on tissue removed at the original operation. For more information see our **Herceptin (trastuzumab)** factsheet. Other drugs are currently being researched and

assessed for general use, but are not yet widely available. However, they are expected to be used more as knowledge increases about their benefits and side effects.

### Surgery

In very rare cases, surgery might be an option if only a small part of the liver is affected. 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.

### Newer treatments

#### Thermal ablation

This treatment is still in the early stages of experimental use and is not widely available. Thermal ablation involves using heat to destroy cancerous cells. Needles are inserted into the tumour, using scanning to guide their position, and heated to approximately 80 degrees centigrade. This causes damage to the cells that can't be repaired.

## Living with secondary breast cancer in the liver

Finding out that the cancer has spread to your liver may leave you feeling a variety of emotions. These may be similar to when you were first diagnosed, only this time they may be stronger. There may be times when you feel very isolated or overcome by fear, anxiety, sadness, depression or anger. For many people, the uncertainty of living with secondary cancer can be the hardest part of the diagnosis.

You may be able to cope with these feelings on your own or with the support of those 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 greater understanding of the special 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. If you are not in regular contact with a palliative care nurse or Macmillan nurse you can ask for a referral to be made through your GP or hospital. You could also contact the breast care nurse who supported you during your treatment for primary breast cancer.

## Further support

If you have any concerns, you can talk to your specialist or breast care nurse. You may also find it helpful to talk to someone who has had a similar experience to you. You can do this one-to-one or in a support group. For more information on individual support or support groups in your area call our helpline.

### Breast Cancer Care

For further medical information, emotional support and details of our services, call our free helpline.

Our website has an email enquiry service called Ask the nurse, along with forums and live chat sessions where you can share your views with people in a similar situation.

We run courses and activities for people with breast cancer, which aim to provide information and support and give people the chance to meet others in a similar situation.

Our wide range of publications will guide you from diagnosis to living with secondary breast cancer. You can download and order these publications from our website.

Helpline: **0808 800 6000**  
(Text Relay **18001**)  
Web: **[www.breastcancercare.org.uk](http://www.breastcancercare.org.uk)**

## Other organisations

### Macmillan Cancer Support

89 Albert Embankment,  
London SE1 7UQ  
General enquiries: 020 7840 7840  
Helpline: 0808 808 00 00  
Website: [www.macmillan.org.uk](http://www.macmillan.org.uk)  
Textphone: 0808 808 0121  
or Text Relay

Macmillan Cancer Support provides practical, medical, emotional and financial support to people living with cancer and their carers and families. Over the phone, its cancer support specialists can answer questions about cancer types and treatments, provide practical and financial support to help people live with cancer, and are there if someone just wants to talk. Its website features expert, high-quality information on cancer types and treatments, emotional, financial and practical help, and an online community where people can share information and support. Macmillan also funds expert health and social care professionals such as nurses, doctors and benefits advisers.

### Marie Curie Cancer Care

89 Albert Embankment  
London SE1 7TP  
Administration: 020 7599 7777  
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Website: [www.mariecurie.org.uk](http://www.mariecurie.org.uk)

Marie Curie Cancer Care enables people who are seriously ill with cancer to have the choice to stay at home at the end of their lives rather than go into hospital or a hospice. They fund hospices across the UK offering specialist care in a comfortable environment. Marie Curie also conducts research into the causes and treatment of cancer and works to improve care for people who are affected by cancer and other life limiting illnesses.

## Notes

A large print version of this booklet can be downloaded from our website, [www.breastcancercare.org.uk](http://www.breastcancercare.org.uk)

It is also available in Braille and audio on request. Call 0845 092 0808 for more information.

This factsheet has been produced by Breast Cancer Care's clinical specialists and reviewed by healthcare professionals and people affected by breast cancer.

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