

11. CARE OF THE PATIENT WITH METASTATIC DISEASE

11.1 Impact of Advanced Breast Cancer

11.2 Physical Effects of Disease Progression

11.3 Management of Symptoms

11.4 Interventions to Improve Quality of Life

11.5 Management of Pain

The Impact of Advanced Breast Cancer

The following includes extracts from Chapter 2 [The Clinical Practice Guidelines for the Management of Advanced Breast Cancer](#) pp21-24

It is generally accepted that cancer impacts on several important areas of a person's life:

- Physical
- Psychological
- Social
- Sexual and
- Spiritual and existential matters

(Please also refer to the NHMRC NBCC [Psychosocial clinical practice guidelines providing information, support and counselling for women with breast cancer 2000](#))

The focus of management should be the minimisation of the physical and psychosocial impact of the cancer and its treatment. This is especially important in the case of metastatic disease. Clinicians need to be aware of the potential impact of the disease on women's quality of life, and have in place strategies for monitoring this so that appropriate interventions can be implemented. Quality of life has been shown to be a significant, independent prognostic predictor of survival in clinical trials (Level III). Quality of life assessment is also important because changes in sequential assessments may influence the choice of continued observation or the introduction of active treatment.

Identification of those at risk of adverse psychosocial outcome and its early detection and treatment is a crucial step in enhancing the quality of life of women with advanced breast cancer. (p 21)

Related Topics

[11.2 Physical Effects of Disease Progression](#)

[11.3 Management of Symptoms](#)

[11.4 Interventions to Improve Quality of Life](#)

[11.5 Management of Pain](#)

The Impact of Advanced Breast Cancer *cont'd*

Physical issues

Advanced breast cancer can often take the form of a chronic illness.

Adverse symptoms can include loss of function and curtailment of activity.

Women with advanced breast cancer rank general health items such as self-care, mobility, physical activity, appetite and sleep in the upper quartile of importance (Level IV).

Psychological issues

A number of studies have indicated that 25—50 per cent of women show clinically significant levels of anxiety and depression when a diagnosis of recurrence of breast cancer is made (Level III). One study indicated that 21 per cent of women with advanced breast cancer attending a clinic had significant levels of anxiety (as measured by the Hospital Anxiety and Depression Scale), compared with 14 per cent of women without breast cancer in a matched control group

Studies also indicate that 50—75 per cent of women rate the diagnosis of recurrence more devastating than the original diagnosis. The diagnosis of recurrences challenges women to confront their mortality more than any other stage of the cancer illness (Level III). (p 22). [The Clinical Practice Guidelines for the Management of Advanced Breast Cancer](#) pp21-24

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[11.5 Management of Pain](#)

The Impact of Advanced Breast Cancer *cont'd*

Social Issues

The effect of illness on the quality of relationships with family and friends is consistently ranked as a major concern for women with advanced disease. (p 23)

Sexual issues

This area has not been extensively researched and limited information is available. Treatment may have a profound impact on sexual function because of its' side effects. (p 23)

Please see also [Clinical practice guidelines for the management and support of younger women with breast cancer](#)

| Key points | Level | Reference |
|---|--------------|------------------|
| Many if not most women rate the diagnosis of recurrence as more devastating than the original diagnosis | IV | 47 |
| Quality of life is a significant, independent, prognostic predictor of survival in clinical trials | III | 27, 33 |
| Advanced breast cancer and its treatment can both have a significant impact on quality of life | II | 62 |

Related Topics

[11.2 Physical Effects of Disease Progression](#)

[11.3 Management of Symptoms](#)

[11.4 Interventions to Improve Quality of Life](#)

[11.5 Management of Pain](#)

Physical Effects of Disease Progression

Disease progression will depend on

- Where the cancer is located, its extent and
- The type of treatment and the patient's response to treatment.

Breast cancer most commonly spreads to one or more of the following sites:

- Bones
- Liver
- Brains
- Lungs and / or the pleura

Bone cancer

Symptoms of this cancer may include

Bone pain due to:

- Cancer pressing on the bone
- Cancer in the bone pressing on nerves
- A fracture of the bone
- Spinal cord compression
- Hypercalcaemia

Secondary cancer of the lungs or pleura

Symptoms of this cancer may include:

- Shortness of breath
- Dry cough
- Fatigue
- Chest pain
- A feeling of heaviness in the chest

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[11.1 Impact of Advanced Breast Cancer](#)

[11.3 Management of Symptoms](#)

[11.4 Interventions to Improve Quality of Life](#)

[11.5 Management of Pain](#)

Physical Effects of Disease Progression

Secondary cancer of the Liver

Symptoms of this cancer may include:

- Weight loss
- Lack of appetite
- Fatigue
- Discomfort or pain on the right side of the abdomen
- Nausea
- Jaundice
- Swelling of the abdomen

Secondary cancer of the brain

- Symptoms of this cancer may include:
- Headaches
- Nausea and vomiting
- Weakness in an arm or leg, or unsteadiness in walking
- Change in vision
- Seizures
- Confusion or disorientation or personality changes (rare)

Side effects of treatment

What are the side effects of hormonal therapies? - see pp 48—51 [A Guide for women with Metastatic breast cancer](#)

This resource [Hormone Therapy](#)

What are the side effects of chemotherapy? [A Guide for women with Metastatic breast cancer](#) pp 58 –68

This resource [Chemotherapy](#)

What are the side effects of Radiotherapy? [A Guide for women with Metastatic breast cancer](#) pp 76—77

This resource [Radiotherapy](#)

Related Topics

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[11.3 Management of Symptoms](#)

[11.4 Interventions to Improve Quality of Life](#)

[11.5 Management of Pain](#)

Management of Symptoms

The following is reproduced from the publication:

[Clinical Practice Guidelines for the Management of Metastatic Breast Cancer](#) Chapter 9 pp 107

Symptoms in women with advanced breast cancer are multifactorial, caused directly or indirectly by the underlying tumour, its complications or treatment. Non-cancer related causes should not be forgotten. In an Australian sample of cancer patients receiving chemotherapy in 1993 (45 per cent for breast cancer) an average of 20 symptoms were reported. 13 of which were physical and seven psychosocial. More than 50 percent reported experiencing nausea, tiredness, hair loss, concern about family members, depression, anxiety and dread of treatment. (p 107).

Related Topics

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- [11.5 Management of Pain](#)

Interventions to Improve Quality of Life

The following is reproduced from the publication:
[Clinical Practice Guidelines for the Management of Metastatic Breast Cancer](#) Chapter 8 pp 103—106

Physical interventions

Anything that reduces distress from symptoms has the potential to improve quality of life, so long as the benefits outweigh the side effects.

| Key point | Level | Reference |
|---|-------|-----------|
| Baseline and serial quality of life measures independently predict survival | III | 27, 33 |

| Guideline | Level | Reference |
|--|-------|-----------|
| Although chemotherapy may have significant side effects, it can improve the quality of life and should therefore be considered | II | 27, 229 |

Psychosocial interventions

| Key point | Level | Reference |
|---|-------|-----------|
| Psychosocial Interventions in women with advanced breast cancer improve quality of life | II | 49, 348 |

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- [11.5 Management of Pain](#)

Interventions to Improve Quality of Life *cont'd*

Psychosocial interventions

| Guidelines | Level | Reference |
|---|--------------|------------------|
| Psychosocial support alleviates anxiety and depression, improves coping, and improves physical and functional adjustment. | I | 76, 136 |
| Relaxation therapy eases cancer pain | I | 136 |
| Education programs improve pain control | II | 352 |
| Supportive group counselling improves 10-year survival | II | 348,349 |
| Group therapy increases self-esteem and reduces anxiety, depression and anger | II | 350 |
| Education sessions for women newly diagnosed with advanced breast cancer improve adjustment, knowledge, death awareness and self concept. | III | 351 |

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Management of Pain

The following is reproduced from the publication:

[Clinical Practice Guidelines for the Management of Metastatic Breast Cancer](#) Chapter 10 p 113

Health professionals need to acknowledge the psychosocial, cultural and spiritual influences on pain perception, including fears that pain may be uncontrollable, that it is inevitable, that it will continue, and that it will get worse. Fear of analgesics, particularly opioids, may contribute to a patient's reluctance to report cancer pain.

Pain needs to be accurately assessed and diagnosed, as not all pains are due to cancer. While acknowledging the subjective nature of the pain experience, measurement of pain with a visual analogue scale or a numerical rating scale (0-10) assists in objectifying the intensity of pain.

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- [11.4 Interventions to Improve Quality of Life](#)

Management of Pain *cont'd*

| Guidelines | Level | Reference |
|---|-------|-----------|
| Oral analgesics are the mainstay of pain relief in patients with cancer. Strong opioids are safe and effective for moderate to severe pain | I | 359 |
| Analgesia should be taken regularly at prescribed times, rather than on an as-needed (prn) basis. Prn analgesics for chronic pain should be reserved for breakthrough pain only | IV | 360 |
| Radiotherapy plays a major role in the management of acute cancer pain | I | 301 |
| The regular use of laxatives should be considered in conjunction with the administration of analgesics, preferably before constipation develops | IV | 364 |
| Bisphosphonates have a role in the treatment and prevention of bone pain in breast cancer | I | 358 |
| Non-steroidal anti-inflammatory drugs (NSAIDs) have a role in the treatment of inflammatory bone pain. | II | 369 |
| Epidural, intrathecal and intracerebroventricular opioids are often effective in treating acute pain that is not controlled with conventional treatment. | I | 363 |

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- [11.4 Interventions to Improve Quality of Life](#)

Metastatic Breast Cancer

Further Information:

[The management of the woman with metastatic breast cancer—
a guide for GPs](#) National Breast Cancer Centre

[A guide for women with Metastatic breast cancer](#)—National
Breast Cancer Centre

[Secondary or metastatic breast cancer](#)—Breast Cancer Network
Australia

[Explaining secondary breast cancer](#)—Breast Cancer Network
Australia

[Overcoming cancer pain: a guide for people with cancer, their
families and friends](#)— Cancer Council Tasmania

[About Herceptin](#)©—Medicare Australia

Please note at time of publication Herceptin© had just been listed on the Pharmaceutical Benefits Scheme (PBS).

Publications:

[When cancer won't go away: for people whose cancer has ad-
vanced](#)—Cancer Council Tasmania

[When cancer won't go away: for carers of people whose cancer
has advanced](#) Cancer Council Tasmania

Title: Personal stories living with breast cancer

Publisher: *National Breast Cancer Centre (NBCC)*

Description: This section includes personal accounts from women men and fami-
lies affected by a diagnosis of breast cancer. If you are interested in contributing to
this section please let us know. **Date:** May 2004

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[11.3 Management of Symptoms](#)

[11.4 Interventions to Improve Quality of Life](#)

[11.5 Management of Pain](#)

Metastatic Breast Cancer *cont'd*

Title: Metastatic breast cancer

Publisher: *National Breast Cancer Centre (NBCC)*

Description: Every woman's cancer is different and the way the cancer develops will be different for each woman. For some women living with a diagnosis of metastatic breast cancer is similar to living with a chronic illness. **Date:** Feb 2004

Title: Barbara's story

Publisher: *Better Health Channel*

Description: A personal account. Barbara was diagnosed with breast cancer at the age of 45. After the shock of her initial diagnosis she decided not to give in to depression, but to fight her disease. **Date:** Dec 2003

Title: Living with breast cancer

Publisher: *National Breast Cancer Centre (NBCC)*

Description: The diagnosis and treatment of breast cancer causes changes in your life and can change how you think and feel about things. These changes and their effects will not be the same for all women

Date: Oct 2003

Title: Information for partners of women with breast cancer

Publisher: *National Breast Cancer Centre (NBCC)*

Description: When the woman you love has breast cancer written from a males perspective **Date:** Oct 2003

Title: Feelings and fears living with breast cancer

Publisher: *National Breast Cancer Centre (NBCC)*

Description: Sharing your thoughts and feelings with others even painful feelings can help you cope with your diagnosis. **Date:** Oct 2003

Title: Breast cancer: just words, not a sentence

Publisher: *myDr*

Description: Read Valerie's story, a real-life account of living with breast cancer. **Date:** May 2001

[NSW Breast Cancer Institute publications](#)

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- [11.4 Interventions to Improve Quality of Life](#)
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