Inspired by a passion she discovered while in treatment for early-stage breast cancer, Judy Kassaye, of Round Rock, Tex., was celebrating her acceptance to nursing school when tests showed that the cancer had returned. The news came 20 months after her initial treatment ended.

“I had just started running again,” says Judy, 39, who once ran a half-marathon and was looking forward to training for another race. “I didn’t expect the cancer to come back. It was a shocker.”

So, too, was her doctor’s advice when the results showed metastases, or cancer spread, in Judy's liver as well as in her lymph nodes and chest. “She said, ‘You need to stop your school and spend some time with your family…this is a serious thing,’” Judy recalls.

Sarah Burkybile, of Joplin, Mo., also was surprised when a scan showed she had lung metastases (called “mets” for short). “I had no symptoms,” she says. “There were just two mets and they were very small, 5mm and 7mm.”

Where breast cancer spreads may depend on the breast cancer subtype. Hormone receptor-positive breast cancer often goes to the bones. Triple-negative disease tends to travel to organs, including the liver and lungs. But all types can travel to any of these locations, says Erica L. Mayer, MD, MPH, a breast cancer oncologist at Dana-Farber Cancer Institute in Boston.

Metastases in the liver or lungs pose challenges compared to the more common metastases in bones. While bone metastases can often lead to pain in the bones, symptoms of spread to either the lungs or liver may be vague, making it more difficult to recognize the source of the problem. Many women with liver or lung metastases have no symptoms before the spread is detected.

Liver and lung mets often are found when “something tips you off to start looking,” says Linda T. Vahdat, MD, director of the breast cancer research program at Weill Cornell Medical College in New York. That “something” could be a lab finding—such as liver function results—or discomfort. Judy had nerve pain, later found to be due to lymph node involvement. Judy’s doctor sent her for testing, which also revealed the spread to her liver.

Liver mets may cause symptoms including bloating, a feeling of fullness, loss of appetite, abdominal pain or jaundice, yellowing of skin or eyes. Lung mets can lead to a cough that is dry, contains mucus or produces blood. It may cause shortness of breath, chest pain or fatigue.

“I have a hard time eating. I get really nauseous,” says Jennifer Coy, 40, of Littleton, Colo., who was diagnosed with both liver and lung mets following a recurrence in her lymph nodes and bones. “Occasionally, I get a cough.”

Dr. Vahdat points out that having problems doesn’t automatically mean that breast cancer has spread. Symptoms may arise from treatment or other conditions.
TAKING CHARGE

When should you alert your healthcare provider to problems you think might be related to metastatic recurrence? “Anytime there’s a change that doesn’t get better, a new symptom they can’t explain—I’d rather my patients tell me about everything,” says Kathryn Tumelty, AOCNP, breast oncology nurse practitioner at Fox Chase Cancer Center in Philadelphia. Unusual changes that continue without improvement, such as pain, nausea, a cough or shortness of breath, should be reported, she adds.

Hearing that metastatic breast cancer has spread to new areas can have an emotional impact. The symptoms that may accompany lung and liver mets—shortness of breath, stomach pain—may add to that toll, especially because vital organs are affected.

Life stress can increase emotional pressure. Sarah lost two family members to the tornado that hit Joplin in May and was juggling many responsibilities. After months of treatment for lung mets, she put therapy on hold. “I needed a [treatment] break, both mentally and physically,” she says. “I needed time for myself, to grab some normalcy.” Her doctor agreed. Sarah and her doctor will use tests to monitor her health throughout her break.

TREATMENT APPROACHES

To make good treatment choices, it’s just as important to test the hormone receptor and HER2 status of breast cancer metastases as it is with primary breast cancers.

Surprising as it may seem, the hormonal status of breast cancer can change over time. Women initially diagnosed with hormone receptor-positive disease may later have metastases that are hormone receptor-negative, and vice versa. A 2011 study found that in women who developed liver mets that changed estrogen, progesterone or HER2 receptor status, 12 percent had a therapy change for metastatic treatment. If the cancers had not been tested, these women may have received ineffective therapy for their current diagnosis.

Also, since HER2 testing has been routinely available for about 10 years, some women who develop mets now might never have been tested for HER2 status.

For those reasons, treatment for metastatic disease may start with a biopsy, taking and testing a sample of metastatic tissue. Usually, it is straightforward to biopsy many body parts, including the soft tissues of the liver and lungs. “We always biopsy when we can do so safely and most of the time we can,” Dr. Vahdat says.

Treatments depend upon tumor biology, location, size and number as well as your overall condition. Liver and lung mets may be treated with chemotherapy, hormonal therapy, biologic therapy, radiation, and site-specific procedures to alleviate symptoms such as fluid around the lungs. Triple-negative disease is treated with chemotherapy; in clinical trials, you may access targeted therapies under study, such as PARP inhibitors, anti-angiogenesis agents and epidermal growth factor receptor (EGFR) inhibitors.

“Treating women who have metastatic breast cancer is a balancing act,” says Dr. Vahdat. “Some of them feel fine and you don’t want them feeling bad from treatment. Just because someone may have lung or liver mets doesn’t mean they need to have strong chemo.”

Your doctor should consider what might occur if a treatment doesn’t work and what your lifestyle concerns may be. “These all factor in to giving therapy that will give maximum shrinkage [of the cancer] with minimum side effects,” Dr. Vahdat says.

Since breast cancer spread to her bones and liver 12 years ago, Carole Kubrin, 55, of West Chester, Ohio, has been treated with chemotherapy, stem cell transplant, aromatase inhibitors, bone-strengthening medicines and targeted therapy. At one point she discontinued medicines and sought alternative treatments. A year later, tests showed more liver mets. She went back on conventional medicines.

“When my liver wasn’t working, my legs were huge and I had a bloated stomach,” Carole says. She had multiple treatments to drain fluid from her belly. She credits her recovery to her faith, walking for exercise and “all my friends and angels.”

Nearly three years have passed since her successful treatments. Carole still takes medications. “I feel great,” she says.

EXPLORING CLINICAL TRIALS

A number of clinical trials are looking at new treatments for different types of metastatic breast cancer, including triple-negative disease. Each trial has its own eligibility requirements. Having liver or lung mets usually will not disqualify you, Dr. Vahdat says.

She notes that promising studies include trials with T-DM1, an armed antibody that combines trastuzumab (Herceptin) with chemotherapy to treat metastatic HER2-positive breast cancer. Another group of studies Dr. Vahdat finds encouraging use the anti-HER2 agent neratinib (not yet FDA approved) with chemotherapy.

Dr. Mayer encourages women to ask about clinical trials, or ask for a referral to a center that conducts studies. Find suggestions for locating trials under “Clinical Trials & Research Studies” at lbhc.org.
“Since when does washing a sink full of dishes require me to rest afterward?” I asked myself this morning. After all, I had been lounging for most of it. However, after dishes and a quick pick up of our kitchen, I was winded and needed to sit. I realized that not only was I too tired to attend the library volunteer training at noon, but also I wouldn’t have the energy to pick my daughter up after her jump rope class.

Energy drink in hand, I returned to the couch and hoped for the best. Surely, with some rest, I might be able to take my daughter to gymnastics later today. The jury is still out.

It does not seem that long ago when I declared victory over cancer for the first time. I was originally diagnosed with stage IIIC triple-negative breast cancer on Nov. 12, 2009. After undergoing chemotherapy followed by a modified radical mastectomy, removal of the breast, surrounding muscle and tissue, I was declared cancer-free. To help prevent recurrence, I decided to have a prophylactic mastectomy on my other breast followed by six weeks of radiation. But in July 2011, an ultrasound and CT scan revealed a minimum of seven tumors on my liver. I started chemo right away. I stopped working. I began finding my way in an unknown world.

Since I was diagnosed with metastatic breast cancer, my life has been one big lesson in changing pace. No longer am I limited by what will fit into my schedule, but rather by physical limitations that seem to change on a daily basis. Some days I am motivated to take on the day; others, I am not. On the days I’m not so motivated, I find myself strategizing how to spend my standing time and planning the next place to sit. I often find myself hunched over the bathroom sink while brushing my teeth, too tired to stand upright. I just wish it had not become a habit. My hair has also fallen out. Since I am bound to chemo for the rest of my life, I do not know if it is temporary or permanent. I try not to think about it too much.

“Changing Pace: Living with Metastatic Breast Cancer

BY MARI WHITE, FOR LBBC

“I am astounded by how much assistance I have received from both friends and strangers. The constancy of offers to help and the encouragement of many have made it easier to delegate so I can focus on my health.”

My progression to a stay-at-home mom of two has been a slow one. I spent my career as the private foundation grants writer for Rady Children’s Hospital in San Diego. After I was diagnosed, I took time off work to undergo treatment. Since I had never been able to enjoy summer at home with the kids before, my early treatment weeks felt like a vacation. However, by the time school started, caring for my health had become a full-time job. I began focusing on complementary therapies and research on treatments; everything I did during the day, right down to my need for a nap schedule, was a reminder that I was sick.

I am astounded by how much assistance I have received from both friends and strangers. The constancy of offers to help and the encouragement of many have made it easier to delegate so I can focus on my health.

It was more difficult for me to ask for help managing our house; now I am grateful I have a system in place and someone to help me manage it. Through one of my support groups, I learned about a service called MyLifeLine.org that offers free personal websites to cancer patients. The site can be easily updated and includes a “Helping Calendar,” where the types of help needed can be scheduled. I signed up for the service and created a personal website, and now a neighborhood friend helps manage it.

I am so grateful that the help I receive from others has allowed me to change my pace. More so than I ever thought I would have to. I am blessed, and I am loved. And I know this. It gives me the will to fight. Like the famous quote, “When I reach the end of my rope, I tie a knot and hold on.” I am holding on, with fists clenched tight.
A clinical trial is recruiting participants at 582 locations in the United States. The randomized, phase III study seeks 845 women with locally recurrent or metastatic breast cancer who have not taken chemotherapy for metastatic disease.

This study compares the chemotherapy medicines paclitaxel (Taxol) and paclitaxel albumin-stabilized nanoparticle formation (nab-paclitaxel, or Abraxane), with or without the biological therapy bevacizumab (Avastin).

The study is organized by the Cancer and Leukemia Group B and the North Central Cancer Treatment Group (now known collectively as the Alliance for Clinical Trials in Oncology Network, ACTION), in collaboration with the National Cancer Institute.

Paclitaxel belongs to a chemotherapy group known as taxanes. These medicines inhibit the growth of cancer cells, which may slow or stop tumor growth. Nab-paclitaxel is made differently but contains paclitaxel as its active medicine and works similarly. Bevacizumab targets the blood vessels that feed cancer.

The future of bevacizumab in breast cancer treatment is unclear. In 2010 FDA ruled bevacizumab does not extend life but increases risks for life-threatening side effects. Many doctors believe bevacizumab improves survival for some women, so they continue to study it in controlled settings. Bevacizumab remains approved for metastatic breast cancer, and this clinical trial allows its optional use. Participants may choose to take bevacizumab upon enrollment in the study.

The study has two groups, or arms. In the first (comparator) arm, participants receive weekly infusions of paclitaxel and may receive bevacizumab in the first and third weeks. The second arm is a study group: participants will receive nab-paclitaxel and may receive bevacizumab. It is not known which regimens will be most effective.

Because this trial is randomized, you have an equal chance of receiving paclitaxel or nab-paclitaxel. You will only receive bevacizumab in either arm of the trial, however, if you request it.

Previously, this study had a third arm, in which participants received the chemotherapy medicine ixabepilone (Ixempra). That arm closed in July 2011, when early study findings, also called a planned interim analysis, showed ixabepilone was unlikely to work better than weekly paclitaxel. Final results will include a formal analysis of all three study arms.

Each treatment course will deliver weekly therapy for three weeks, then repeat every 28 days, for as long as benefit is shown without unacceptable side effects. Participants fill out questionnaires periodically to report side effects, social support, non-cancer conditions, physical activity and more. After a certain number of treatments, participants whose cancers respond to treatment may take a “chemotherapy break” while continuing on bevacizumab.

For details on this trial and study locations, go to clinicaltrials.gov and search for NCT00785291.