
What is metastatic breast cancer?

Metastatic 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). MBC is not a type of breast cancer, but the most advanced stage of breast cancer. It is also known as Stage IV breast cancer. At least 154,000 people are currently living with MBC in the U.S. About 6 percent of women have MBC when they are first diagnosed. Most cases of MBC occur when breast cancer returns at some point after treatment for early stage breast cancer.

Treatment goals

Although MBC cannot be cured, it can be treated.

Treatment focuses on length and quality of life.

Treatment is highly personalized. 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 status)
- Where the cancer has spread
- Your current symptoms
- Past breast cancer treatments
- 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? Komen's [Questions to Ask Your Doctor](#) downloadable card may help you with questions to ask.

You may want to join 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.

You can also look up trials using the first-ever clinical trial search engine designed specifically for people with MBC. www.komen.org/metastaticclinicaltrials/

Types of treatment

Hormone therapy is usually the first treatment for estrogen receptor-positive MBC, even if you have taken hormone therapy in the past. If the first hormone therapy stops working and the cancer starts to grow again, a second hormone therapy can be used. If the second drug stops working, another can be tried. Drugs known as CDK4/6 inhibitors (everolimus, palbociclib or ribociclib) may be used in combination with hormone therapy.

Chemotherapy is usually the first treatment when hormone therapy is not an option. 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 (anti-HERs) are drugs used to treat HER2-positive MBC. These include trastuzumab, pertuzumab, T-DM1 and lapatinib.

Fatigue (extreme tiredness)

Fatigue is common with MBC. Sometimes, even getting plenty of rest doesn't help. Two common causes are depression and trouble sleeping. In some people, it's caused by anemia (a low red blood cell count).

Talk with your doctor about ways to manage your fatigue. Although it may seem hard, one way to reduce fatigue is to be physically active (if you are able). Ask family and friends to help you with day-to-day activities.

Pain

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

It's important to tell your doctor about any pain you have. Pain is usually easier to treat when you first have it, so tell your doctor right away. Waiting until the pain is severe can make it harder to control and may require more medication.

Everyone's pain is different. Tell your doctor exactly what you are feeling. This helps guide your pain treatment options. Sometimes treatment plans can be changed to reduce painful side effects.

Because pain cannot be seen, it's 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.

Stopping treatment for cancer

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 your 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.

Getting support

Learning you have MBC can be devastating. It's normal to feel fear, shock, sadness, anger and depression. You do not have to face this alone. Social support from family, friends and others may improve your emotional well-being and quality of life. You can also get more formal support like counseling in a one-on-one or group setting.

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

Related fact sheets in this series:

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