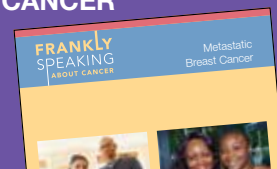


FRANKLY SPEAKING ABOUT CANCER

Treatment for Metastatic Breast Cancer

Companion to
FRANKLY SPEAKING
ABOUT CANCER:
METASTATIC BREAST
CANCER



If you've just learned that you or someone you love has metastatic breast cancer, you may be scared or feel like there's no hope.

You may find comfort in knowing that you are not alone. More than 150,000 people in the United States are living with metastatic breast cancer. While there is still no cure, people with metastatic breast cancer are living longer, fuller lives than ever before.

This booklet covers treatments for metastatic breast cancer only. Additional information can be found in our *Frankly Speaking About Cancer: Metastatic Breast Cancer* book. Learn what you need to know right away to begin to move forward and make the best decisions for your care and your life.


**CANCER SUPPORT
COMMUNITY.**



Understanding Treatment Options

The goal of treatment for metastatic breast cancer is to slow down or stop the growth of cancer or to help you feel better. People often try different treatments, staying with one for as long as it is effective. Your doctor may recommend one or more therapies. There are four main approaches to treating metastatic breast cancer:

- **Hormone Therapy:** the use of drugs that block hormones that are driving cancer growth
- **Chemotherapy:** the use of drugs to destroy or damage fast-growing cells like cancer cells so they cannot divide and multiply
- **Targeted Therapy:** the use of drugs that work by targeting specific changes in some cancer cells that help them grow, divide, and spread

- **Immunotherapy:** uses the body's natural defenses (the immune system) to identify, attack, and kill cancer cells
- **Receiving treatment through a clinical trial:** studies that test new approaches to treating cancer

Knowing the biomarkers of your breast cancer helps doctors decide how to treat it. The three most important ones are:

- ER, the hormone estrogen (*ES-truh-jin*)
- PR, the hormone progesterone (*pro-JES-teb-rone*)
- HER2, the protein HER2 (*her-two*)

Your cancer can be positive (+) or negative (-) for them.

This table shows the possible treatment options based on these three biomarkers.

BIOMARKER	HORMONE THERAPY	CHEMO-THERAPY	TARGETED THERAPY	IMMUNO-THERAPY	CLINICAL TRIALS
ER+ and/or PR+, HER2-	✓	✓	✓		✓
ER+ and/or PR+, HER2+	✓	✓	✓		✓
ER-/PR-, HER2+		✓	✓		✓
ER-/PR-, HER2- (Triple Negative)		✓		✓	✓
ER-/PR-, HER2- (Triple Negative) and BRCA+		✓	✓		✓

QUESTIONS TO ASK YOUR DOCTOR ABOUT EACH TREATMENT THEY RECOMMEND

- What type of treatment do you recommend for me? _____

- Is this a hormone therapy, chemotherapy, targeted therapy, or immunotherapy?

- Why do you think this type of treatment would be better for me than others?

- Do you recommend taking this treatment in combination with another type of treatment? _____

- Am I eligible to participate in a clinical trial? _____

- What are the common side effects of the treatment(s) you're recommending?

- When will side effects occur? _____

- What can be done to help prevent or manage side effects? _____

- How will this treatment be given? _____

- Will I get it intravenously (through a needle in a vein) or orally (in a pill)? _____

- Will I need a port (a small device placed under the skin to make it easier to get intravenous treatments)? _____

- How often will I receive treatment? _____

- Where will I go for treatment? How long will a treatment session take? _____

- How will we know if this treatment is working? _____

HORMONE THERAPY

Hormone therapy is used to treat breast cancers that are ER+ or PR+. These drugs are usually given by pill, but some can be given by injection. You may take other treatments at the same time as these drugs.

Hormone therapy works in different ways. Some drugs lower the level of estrogen; others block its use. Certain drugs are for women who have not yet gone through menopause (still get their period). Others are for women who have gone through menopause. Some work for both. Depending on the type of hormone therapy you are treated with, you may have different side effects.

The table lists hormone therapies by type and their possible side effects. Keep in mind that you may not get any or even most of the possible side effects of a drug. New treatments become available all the time so this may not be a complete list. **These are the latest types of hormone therapies that are available as of May 2020.**

TYPE OF HORMONE THERAPY	COMMON SIDE EFFECTS	IMPORTANT THINGS TO KNOW
<p>SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)</p> <ul style="list-style-type: none"> • tamoxifen (Nolvadex[®], Soltamox[®]) • toremifene (Fareston[®]) 	<ul style="list-style-type: none"> • Hot flashes • Vaginal discharge • Leg cramps • Slight increased risk of: <ul style="list-style-type: none"> - uterine cancer - blood clots - cataracts • Other post-menopausal symptoms 	<ul style="list-style-type: none"> • SERMs work for both pre- and post- menopausal women with HR+ cancer. • SSRIs, drugs used to treat depression and anxiety, may interfere with tamoxifen.
<p>AROMATASE INHIBITORS</p> <ul style="list-style-type: none"> • anastrozole (Arimidex[®]) • exemestane (Aromasin[®]) • letrozole (Femara[®]) 	<ul style="list-style-type: none"> • Hot flashes • Vaginal dryness that can lead to pain during sex • Decrease in bone density and increased fractures • Pain in joints and soft tissue • Joint stiffness • Increased cholesterol 	<ul style="list-style-type: none"> • These drugs work for post-menopausal women with HR+ cancer and for premenopausal women whose treatment induced menopause.
<p>SELECTIVE ESTROGEN RECEPTOR DOWN REGULATORS</p> <ul style="list-style-type: none"> • fulvestrant (Faslodex[®]) 	<ul style="list-style-type: none"> • Hot flashes • Other post-menopausal symptoms including vaginal dryness that can lead to pain during sex, tendency to gain weight, and some degree of joint stiffness • Reactions (such as pain, redness, or swelling) at the injection site 	<ul style="list-style-type: none"> • This drug is used to treat post-menopausal women with HR+/HER2- breast cancer. • If taking anti-coagulants, ask your health care team if they should be paused before Faslodex injections.

HORMONE THERAPY (Continued)

TYPE OF HORMONE THERAPY	COMMON SIDE EFFECTS	IMPORTANT THINGS TO KNOW
LUTEINIZING HORMONE-RELEASING HORMONES (LHRH) AND GONADOTROPIN-RELEASING HORMONE (GNRH) AGONISTS <ul style="list-style-type: none">• goserelin acetate (Zoladex®)• leuprolide (Lupron®)	<ul style="list-style-type: none">• Hot flashes• Other post-menopausal symptoms including ending menstrual periods, vaginal dryness, tendency to gain weight, and some degree of joint stiffness• Reactions (such as pain, redness, or swelling) at the injection site	<ul style="list-style-type: none">• These drugs are used to treat premenopausal women with HR+ breast cancer by suppressing ovary function.



CHEMOTHERAPY

Chemotherapy (also called chemo) uses drugs to destroy or damage fast-growing cells like cancer cells. It is used to shrink tumors, slow cancer's growth, relieve symptoms, or help people live longer.

Most chemotherapy drugs are given intravenously (through a vein). Some drugs can be given as a pill or by injection. These drugs continue to work for days or weeks after they are taken. Thus, a period of rest of one to three weeks follows each dose or cycle. This gives your body a chance to recover from some side effects.

You may get one type of chemotherapy at a time (single-agent therapy) or several drugs in combination (combination therapy). You also may get chemo in combination with other types of treatment. **These are the latest types of chemotherapies that are available as of May 2020.**

TYPE OF CHEMOTHERAPY	COMMON SIDE EFFECTS	IMPORTANT THINGS TO KNOW
Anthracyclines	<ul style="list-style-type: none"> • Nausea • Vomiting • Hair loss • Low blood counts and risk for infection, fatigue, and bleeding • Mouth sores • Redness, pain, and swelling of the hands and feet (common with Doxil only) • Increased risk of congestive heart failure 	<ul style="list-style-type: none"> • This chemo can increase the risk of heart problems. You may have to switch to a different chemo or get an additional medicine to help protect your heart.
Taxanes	<ul style="list-style-type: none"> • Neuropathy (numbness, tingling, or pain in the hands or feet) • Low blood counts and risk for infection, bleeding, and fatigue • Hair loss • Fluid retention • Mild to moderate nausea • Nail and skin changes • Dry eye or loss of natural tears • Risk of allergic reaction • Flu-like symptoms • Joint pain • Weakness 	<ul style="list-style-type: none"> • For HER2+ cancer • Used with Xeloda when HER2+ cancer no longer responds to Herceptin.
Platinum-containing compounds	<ul style="list-style-type: none"> • Low blood counts • Thinning or brittle hair • Loss of appetite or weight • Diarrhea • Nausea and vomiting • Neuropathy (numbness, tingling, or pain in the hands or feet) • Taste changes • Less common side effects of Cisplatin are kidney problems and hearing loss 	<ul style="list-style-type: none"> • This group of drugs can be very effective in patients with triple-negative breast cancer or BRCA-associated cancers.

CHEMOTHERAPY (Continued)

TYPE OF CHEMOTHERAPY	COMMON SIDE EFFECTS	IMPORTANT THINGS TO KNOW
<p>ANTI-METABOLITES</p> <ul style="list-style-type: none"> • 5-FU (Fluorouracil®) • capecitabine (Xeloda®) • gemcitabine (Gemzar®) 	<p>Xeloda and Flouoruracil</p> <ul style="list-style-type: none"> • Mild nausea • Hand-foot syndrome with redness, pain, and swelling • Diarrhea • Mouth sores <p>Gemzar</p> <ul style="list-style-type: none"> • Fever (within the first 24 hours of administration) • Mild to moderate nausea and vomiting • Fatigue • Diarrhea • Skin rash • Low blood counts, especially platelets • Lung problems (rare but serious possible side effect) 	<ul style="list-style-type: none"> • These drugs can cause hand-foot syndrome. It is important to tell your doctor or nurse as soon as you have pain, blistering, cracking, or redness in your hands or feet.
<p>MICROTUBULE INHIBITORS</p> <ul style="list-style-type: none"> • eribulin (Halaven®) • ixabepilone (Ixempra®) • vinorelbine (Navelbine®) 	<ul style="list-style-type: none"> • Mild to moderate nausea and vomiting • Constipation • Diarrhea • Neuropathy (numbness, tingling, or pain in the hands and feet) • Pain at the tumor site after infusion • Low blood counts — anemia, risk for infection, and bleeding • Fatigue • Hair loss • Allergic reactions 	<ul style="list-style-type: none"> • Ixempra is given alone or with Xeloda. • In many cases, Navelbine does not cause hair loss. • If Navelbine causes pain in your veins, ask about getting a port.



TARGETED THERAPY

Targeted therapy treats cancer at its most basic biological level. Researchers study tumor cells to find molecular changes that may lead to cancer growth. They then develop “targeted” drugs to correct these changes. These changes or signs of changes are called biomarkers. Certain biomarkers have been associated with breast cancer. More may be discovered in the coming years.

There are different types of targeted therapy. You may get targeted therapy alone or in combination with other treatments, like chemotherapy or hormonal therapy.

The table (below and on the next page) lists targeted therapies by type and their possible side effects. Keep in mind that you may not get any or even most of the possible side effects of a drug. New treatments become available all the time so this may not be a complete list. **These are the latest targeted therapies that are available as of June 2020.**

TYPE OF TARGETED THERAPY	COMMON SIDE EFFECTS	IMPORTANT THINGS TO KNOW
<p>ANTI-HER 2 MONOCLONAL ANTIBODY</p> <ul style="list-style-type: none"> • pertuzumab (Perjeta®) • trastuzumab (Herceptin®) and its biosimilars including: <ul style="list-style-type: none"> - trastuzumab-anns (Kanjinti™) - trastuzumab-dttb (Ontruzant®) - trastuzumab-dkst (Ogivri™) - trastuzumab-pkrb (Herzuma®) - trastuzumab-qyyp (Trazimera™) 	<ul style="list-style-type: none"> • Diarrhea (more common with Perjeta) • Fatigue • Rash • Hair thinning/loss • Flu-like symptoms such as fever, chills, and muscle aches (with Herceptin and its biosimilars, such as Ogivri) • Rare infusion reactions • Heart damage is a rare but serious possible side effect especially in older people or those who have had prior anthracycline treatment. 	<ul style="list-style-type: none"> • For HER2+ cancer. • Can work well to control MBC with few side effects. • Side effects often lessen after the first treatment. • Your doctor will test your heart function before, during, and after treatment. • Herceptin is available as an IV and an injection under the skin.
<p>TYROSINE KINASE INHIBITOR</p> <ul style="list-style-type: none"> • lapatinib (Tykerb®) • neratinib (Nerlynx®) • tucatinib (Tukysa™) 	<ul style="list-style-type: none"> • Rash • Diarrhea • Fatigue • Nausea and vomiting (very mild for Tykerb) • Liver problems are a rare but serious side effect. • Heart damage is a rare but serious side effect of Tykerb. 	<ul style="list-style-type: none"> • For HER2+ cancer • Used with Xeloda and Herceptin when HER2+ cancer no longer responds to Herceptin alone. • Take Tykerb 1 hour before eating or 2 hours after eating. • Take Nerlynx with food to decrease nausea. • Avoid grapefruit and grapefruit juice while taking.
<p>ANTIBODY-DRUG CONJUGATES</p> <ul style="list-style-type: none"> • ado-trastuzumab emtansine (Kadcyla®) • fam-trastuzumab deruxtecan-nxki (Enhertu®) • sacituzumab govitecan-hziy (Trodelyv™) 	<ul style="list-style-type: none"> • Low blood counts • Diarrhea (Trodelyv) • Risk for bleeding • Abnormal liver function tests • Mild nausea • Fatigue • Lung problems and heart damage are rare but serious side effects. 	<ul style="list-style-type: none"> • Kadcyla and Enhertu are used for HER2+ cancer. • Trodelvy is used for triple negative breast cancer. • Kadcyla and Enhertu are a combination of Herceptin and a chemotherapy drug.

TARGETED THERAPY (Continued)

TYPE OF TARGETED THERAPY	COMMON SIDE EFFECTS	IMPORTANT THINGS TO KNOW
MTOR INHIBITORS <ul style="list-style-type: none"> • everolimus (Afinitor®) 	<ul style="list-style-type: none"> • Mouth sores • Rash • Irritation of the lining around the lungs • Diarrhea • Fatigue • Very mild nausea and vomiting • Weakness • Abnormal blood tests (such as cholesterol or glucose) 	<ul style="list-style-type: none"> • For HR+/HER2- cancer • Light can affect this medicine. • Do not take with grapefruit, grapefruit juice, or St. John's wort. • Antifungal drugs, like fluconazole, may make this medicine stronger or worsen its side effects. • Tell all your doctors you are taking this drug. • Afinitor must be kept in the packaging it comes in.
PARP INHIBITORS <ul style="list-style-type: none"> • olaparib (Lynparza®) • talazoparib (Talzenna®) 	<ul style="list-style-type: none"> • Low blood cell counts • Mild to moderate nausea & vomiting • Fatigue • Diarrhea • Hair thinning/loss • Loss of Appetite <p>Lynparza</p> <ul style="list-style-type: none"> • Bone marrow problems are a rare but serious possible side effect. <p>Talzenna</p> <ul style="list-style-type: none"> • Liver problems are a rare but serious possible side effect. 	<ul style="list-style-type: none"> • For HER2-/BRCA+ cancer • May interact with other drugs. Tell your doctor about everything else you are taking. • Avoid grapefruit and grapefruit juice while taking.
CDK 4, 6 INHIBITORS <ul style="list-style-type: none"> • abemaciclib (Verzenio®) • palbociclib (Ibrance®) • ribociclib (Kisqali®) 	<ul style="list-style-type: none"> • Low blood cell counts • Diarrhea (ask your doctor about taking an anti-diarrheal medicine before treatment), most common with Verzenio • Mild nausea & vomiting • Fatigue • Hair thinning/loss (common for Kisqali & Ibrance) 	<ul style="list-style-type: none"> • For HR+/HER2- cancer. Being studied for HR+/HER2+ cancer. • Ibrance and Kisqali are given in four-week cycles with 3 weeks of drug then 1 week off. Verzenio is continuous. • Avoid grapefruit and grapefruit juice while taking.
PI3K INHIBITOR <ul style="list-style-type: none"> • alpelisib (Piqray®) 	<ul style="list-style-type: none"> • Diarrhea • High blood sugar • Change in kidney or liver function • Skin rash/itching • Fatigue • Nausea & vomiting • Low blood counts • Mouth sores • Loss of appetite 	<ul style="list-style-type: none"> • For HR+/HER2-/PI3K+ breast cancer in men and post-menopausal women • Given with Faslodex • May interact with other drugs. Tell your doctor about everything else you are taking. • Do not take with grapefruit, grapefruit juice, or St. John's wort.

IMMUNOTHERAPY

Immunotherapy is a type of cancer treatment that uses the body's natural defenses (the immune system) to identify, attack, and kill cancer cells. Not all people get all side effects. Be sure to tell your health care team about the side effects you have. **These are the latest immunotherapies that are available as of May 2020.**

TYPE OF IMMUNOTHERAPY	COMMON SIDE EFFECTS	IMPORTANT THINGS TO KNOW
<p>CHECKPOINT INHIBITOR</p> <ul style="list-style-type: none"> • atezolizumab (Tecentriq®) 	<ul style="list-style-type: none"> • Fatigue • Nausea and vomiting • Diarrhea • Cough • Headache • Decreased appetite <p>Abraxane®</p> <ul style="list-style-type: none"> • Low white blood cells • Low red blood cells (anemia) • Constipation • Hair thinning/loss • Tingling or numbness in hands and feet 	<ul style="list-style-type: none"> • For triple negative breast cancer (TNBC) that is PD-L1 positive • Given with Abraxane (chemo) • First immunotherapy regimen approved for breast cancer

ASK ABOUT SPECIALTY PHARMACIES

Specialty pharmacies can be useful resources for people with cancer. They offer more services than your local drugstore. They are typically found in or near hospitals. Some are mail order. They work by mail, email, internet, and telephone. Their pharmacists:

- Are knowledgeable about cancer
- Can offer advice on drugs and interactions
- May be able to help find resources to help cover costs

Ask your health care team or insurance company if a specialty pharmacy is an option for you. Some cancer drugs may require a specialty pharmacy because of potential interactions.

Receiving Treatment through a Clinical Trial

Clinical trials are research studies with patients. Their goal is to find better ways to treat diseases like metastatic breast cancer. Many people with metastatic breast cancer get treatment in a clinical trial. Often, the most promising new approaches to treatment are only available through clinical trials.

KEY FACTS ABOUT CLINICAL TRIALS

- People who receive their treatment through a clinical trial receive high quality care.
- There are rules about who can join each trial, so they are not available for every patient.
- There are laws to protect the safety of people who participate.

RESOURCES TO FIND A CLINICAL TRIAL

- **BREASTCANCERTRIALS.ORG**
415-476-5777
www.breastcancertrials.org and
https://metastatictrialtalk.org
- **CANCER SUPPORT COMMUNITY'S CLINICAL TRIALS RESOURCES**
800-814-8927
www.CancerSupportCommunity.org/ClinicalTrials and
www.CancerSupportCommunity.org/metastatic-breast-cancer-trial-search
- **NATIONAL CANCER INSTITUTE**
800-422-6237
www.cancer.gov/clinicaltrials

- No one receives a placebo or “sugar pill” in place of appropriate treatment.
- People who join clinical trials can leave at any time, and for any reason.
- Some clinical trials may require travel, others may be close by. They are NOT only available at major cancer centers.
- Not all costs may be covered in a clinical trial, so it's important to learn about costs and insurance coverage.

Be sure to ask your doctor about clinical trials that may be right for you, or take a look at the resources on the next page.

Supportive Care

These treatments are used mainly to relieve symptoms of metastatic breast cancer, not treat the cancer itself.

SURGERY



Surgery isn't normally used to treat metastatic breast cancer. It may be used to remove a mass that is causing pain. The mass may be in the breast or elsewhere (like lung, brain, spine, liver, or bone). Surgery may not remove all of the cancer from the body, but it may help you feel better. Some research has found it beneficial to remove a breast mass in de novo metastatic breast cancer (when breast cancer has already spread/metastasized at the time of diagnosis). A successful surgery does not change your diagnosis of metastatic breast cancer. Ask your health care team to explain the pros and cons of any surgery you consider.

RADIATION THERAPY



High-energy rays (such as x-rays or protons) can be used to shrink tumors, relieve pain, and improve your daily life. Radiation is often a better option than surgery for shrinking large masses. It is used most frequently with tumors in the bone that cause pain or risk of fracture. As with surgery, the radiation may not kill all of the cancer cells. But it can help you feel better if the cancer is causing pain or discomfort. It also can prevent, manage, or stabilize bone fractures due to cancer. Finally, radiation can help control tumors in the lymph nodes and other areas.

Radiation to the bone can also affect healthy cells in the bone marrow. This may increase your risk

of infections, anemia, and bleeding disorders. If your doctor recommends radiation, talk with them about the pros and cons of this type of treatment.

PALLIATIVE CARE



When you are living with metastatic breast cancer, feeling good on a day-to-day basis is an important goal of treatment. Palliative care focuses on providing relief. It does not treat the cancer itself. Its goal is to improve how you feel. Palliative care specialists are highly skilled in treating the symptoms of metastatic breast cancer. Ask if there is one on your health care team. A palliative care team can also offer this extra layer of support. The team may include doctors, nurses, social workers, and other specialists. Palliative care is different from hospice or end-of-life treatment.

Palliative care can:

- Provide relief from pain and other illness-related symptoms at the same time as treatment.
- Be a part of your treatment plan at ANY stage of your cancer, including right after you learn you have metastatic breast cancer.
- Offer support to you and your family to help you all cope with your cancer.
- Help you feel better and may even help you live longer.
- Help you focus on activities that are important to you.

If possible, try to see a palliative care specialist early in your care. Be open about your worries, goals, and hopes to your entire health care team. Refer to our *Preparing For Your Doctor's Visit* worksheet in our *Metastatic Breast Cancer* book for questions to guide the conversations with each member of your health care team.



THE DIFFERENCE BETWEEN PALLIATIVE CARE AND HOSPICE

Some people confuse palliative care with hospice. While both focus on helping patients and their families feel as good as possible for as long as possible, they are not the same. Hospice focuses on end-of-life care. It is used when active treatment has ended. Hospice provides comfort to the patient and the patient's family. Even though hospice focuses on the end of life, it is a good idea to ask about it at the beginning of treatment. Palliative care focuses on improving how you feel at any point in your disease. For more information on hospice, see page 61 of our *Metastatic Breast Cancer* book.

Complementary and Alternative Medicine (CAM) or Integrative Medicine

People who have cancer sometimes consider treatments that are outside of traditional western medicine. You may hear of special diets, herbs, or other treatments from a friend or family member, on the internet, in a magazine, or on the radio or television.

Complementary and alternative medicine (CAM) is a broad area. These words have different meanings. Yet, they are often confused. Some CAM therapies may be harmless or even helpful. Others can have serious consequences. Talk with your health care team about anything you are doing or considering doing to help with

breast cancer or the side effects of treatment. The following definitions may be helpful. They describe how these medicines relate to conventional medicine. Conventional means the treatment you get from your regular doctor.

- **Complementary medicine** is used together with conventional medicine. It may include, for example, meditation for stress reduction, peppermint tea for nausea, acupuncture for back pain, or massage. These approaches add to conventional treatments.

MIND-BODY CONNECTION

There is a strong connection between the mind and body. Many people with cancer find comfort from reducing stress and improving their mindset. The mind is very powerful. Being able to soothe yourself with activities such as yoga or mindfulness meditation can help you cope and have a positive impact on your well-being.



QUESTIONS TO ASK YOUR DOCTOR ABOUT EACH TREATMENT THEY RECOMMEND

- Will this treatment interfere with or work against my current treatment? _____

- Is the treatment used to cure the cancer or help standard treatment to work better? _____

- Does it relieve symptoms or side effects? _____

- Are those who offer the treatment known as experts and affiliated with an academic institution? _____

- Has research about the treatment been published in scientific journals? _____

- Is the treatment promoted only through mass media, or also in scientific journals? _____

- Is the treatment expensive? Will insurance cover the cost? _____

“As you get sicker or treatments become less effective, there can be a temptation to fly away to another country because you have heard that they have cures for metastatic breast cancer. Please discuss this with your doctor before taking such steps. Many women have done this and come back very disappointed and much sicker as well as financially broke.”

—Lillie Shockney, RN, BS, MAS, ONN-CG, Johns Hopkins University

- **Alternative medicine** refers to treatments that used instead of conventional medicine. They are not scientifically proven and may be dangerous.
- **Integrative medicine** combines conventional medicine with complementary treatments that have been proven safe and effective after being studied in people.

Symptoms and Side Effects

Coping with the side effects of treatment can be one of the hardest parts of cancer. It helps to plan in advance and talk with your health care team.

Before you start treatment, ask your health care team about the side effects of the treatment you are considering. Find out how to manage them.

After you start treatment, keep track of how you feel. Write down when you notice a problem, how long it lasts, and if there is anything that makes it better. Let your health care team know what you are experiencing so they can help you feel better and prevent more serious problems from developing.

Keep in mind that you cannot tell how well a treatment is working by the number or intensity of side effects. Everyone experiences side effects differently.

Sometimes it's hard to tell whether a change you notice is a side effect of treatment or a symptom of the disease itself. The symptoms of metastatic breast cancer vary depending on where the cancer spreads. For example, cancer that has spread to the bones can cause bone weakness or pain. Cancer in the lungs can cause shortness of breath.

Even when you are unsure of the cause, it is important to report any changes or discomfort to your health care team.

Find out more about coping with specific side effects in our *Metastatic Breast Cancer* book in Chapter 4 which begins on page 26.

Lifestyle and Support

Living with metastatic breast cancer isn't easy. Some days will be better than others. You may see changes in your lifestyle, relationships, and mood. You may have practical questions about work, insurance, or finances.

Don't try to go it alone. Reach out to others to get help and support. As best you can, try to take care of yourself. Healthy foods, the right amount of rest, and moderate exercise can strengthen your mind and body and help you feel better.

More information on living and coping with metastatic breast cancer can be found in our *Metastatic Breast Cancer* book in Chapter 5 which begins on page 42.



Metastatic Breast Cancer Information

BreastCancerTrials.org • 415-476-5777 • www.breastcancertrials.org

Living Beyond Breast Cancer • 888-753-5222 • www.lbbc.org

Metastatic Breast Cancer Network • 888-500-0370 • www.mbcn.org

National Cancer Institute's Clinical Trials Information • www.cancer.gov/clinicaltrials

Patient Advocate Foundation • 800-532-5274 • www.patientadvocate.org

Young Survival Coalition • 877-972-1011 • www.youngsurvival.org

Cancer Support Community Resources

The Cancer Support Community's (CSC) resources and programs are available free of charge. Call 888-793-9355 or visit www.CancerSupportCommunity.org for more info.

Cancer Support Helpline® — Have questions, concerns or looking for resources? Call CSC's toll-free Cancer Support Helpline (888-793-9355), available in 200 languages Mon - Fri 9am - 9pm ET.

Frankly Speaking about Cancer® — Trusted information for cancer patients and their loved ones is available through publications, online, and in-person programs. www.CancerSupportCommunity.org/FranklySpeakingAboutCancer

MyLifeLine — CSC's private, online community allows patients and caregivers to easily connect with friends and family to receive social, emotional, and practical support throughout the cancer journey and beyond. Sign up at www.MyLifeLine.org.

Open to Options® — Preparing for your next appointment? Our trained specialists can help you create a list of questions to share with your doctor. Make an appointment by calling 888-793-9355 or by contacting your local CSC or Gilda's Club.

Services at Local CSCs and Gilda's Clubs — With the help of 170 locations, CSC and Gilda's Club affiliates provide services free of charge to people touched by cancer. Attend support groups, educational sessions, wellness programs, and more at a location near you. www.CancerSupportCommunity.org/FindLocation.

Cancer Experience Registry® — Help others by sharing your cancer patient or cancer caregiver experience via survey at www.CancerExperienceRegistry.org.

Grassroots Network — Make sure your voice is heard by federal and state policy makers on issues affecting cancer patients and survivors by joining our Network at www.CancerSupportCommunity.org/become-advocate.

FRANKLY SPEAKING ABOUT CANCER: TREATMENT FOR METASTATIC BREAST CANCER PARTNERS:



FRANKLY SPEAKING ABOUT CANCER: TREATMENT FOR METASTATIC BREAST CANCER WAS MADE POSSIBLE WITH GENEROUS SUPPORT FROM:



This booklet is available to download and print yourself at www.CancerSupportCommunity.org/metastatic-breast-cancer. For print copies of this booklet or other information about coping with cancer, visit Orders.CancerSupportCommunity.org.

The Cancer Support Community and its partners provide this information as a service. This publication is not intended to take the place of medical care or the advice of your doctor. We strongly suggest consulting your doctor or other health care professionals to answer questions and learn more.