

Treatment for metastatic breast cancer focuses on extending life and maintaining *quality of life*.

As hard as it is to hear, metastatic breast cancer can't be cured today. Unlike breast cancer in the breast or nearby lymph nodes, you can't get rid of all the cancer that has spread to other parts of the body.

Your personal preferences play a large role in your treatment and care. Talk with your doctor about your goals and the things that are important to you. This will help tailor your treatment plan.

Some treatments have a lot of side effects. There's also the chance some treatments may not help you. Together, you and your doctor can find the right balance.

Your Treatment Plan

Your treatment plan is guided by many things, including:

- The tumor type or *biology of the tumor* (such as hormone receptor and HER2 status)
- Whether you have a *BRCA1* or *BRCA2* gene mutation
- Where the cancer has spread
- Your symptoms
- Past breast cancer treatments
- Your goals
- Your overall health

Types of Treatment

Treatments for metastatic breast cancer include:

- **Hormone therapy, CDK4/6 inhibitors, mTOR inhibitors and PI3 kinase inhibitors** for estrogen receptor-positive cancers
 - For premenopausal women, hormone therapy almost always begins with *ovarian suppression*.
 - For postmenopausal women, hormone therapy can be an *aromatase inhibitor*, *tamoxifen*, fulvestrant or another hormone therapy drug.
- **HER2-targeted** therapies for HER2-positive cancers
 - HER2 antibody therapies
 - HER2 *antibody-drug conjugates* include an antibody therapy and a chemotherapy drug. This allows for the targeted delivery of the chemotherapy to specific cancer cells.



- **Tyrosine-kinase inhibitors** are a class of drugs that target enzymes important for cell functions (called tyrosine-kinase enzymes). These drugs can block tyrosine-kinase enzymes at many points along the cancer growth pathway.
- **PARP inhibitors** for cancers in people with a *BRCA1* or *BRCA2* gene mutation
- Checkpoint inhibitor *immunotherapy* for PD-L1-positive triple negative breast cancers
- **Trop-2 antibody-drug conjugate therapy** for some triple negative breast cancers
- **Chemotherapy** for all cancers, regardless of type

Radiation therapy can be used to relieve pain and other symptoms in the area where the cancer has spread.

Surgery isn't often used to treat the cancer as it hasn't been shown to improve survival. However, it may be used to ease symptoms.

For people with metastatic breast cancer in the bones (*bone metastases*), *bone-strengthening drugs* are used to help prevent bone fractures (breaks) and reduce bone pain.

Metastatic Breast Cancer: TREATMENT OVERVIEW

Resources

Susan G. Komen®
1-877 GO KOMEN
(1-877-465-6636)
komen.org

Metastatic Breast Cancer Impact Series

Attend Susan G. Komen's MBC Impact Series, a free monthly educational event series for people living with metastatic breast cancer and their loved ones.
komenmbc.vfairs.com

Related online resources:

- komen.org/MBCResources
- komen.org/SurvivorshipResources
- [Breast Cancer Recurrence](#)
- [Metastatic Breast Cancer: What is It?](#)
- [Metastatic Breast Cancer: Quality of Life](#)
- [After Early Breast Cancer – Signs and Symptoms of Metastatic Breast Cancer](#)
- [Metastatic Breast Cancer: Bone Protection](#)
- [End-of-Life Care](#)
- [Metastatic Breast Cancer: Questions to Ask the Doctor](#)

It's always OK to get a [second opinion](#) at any time during your treatment. A second opinion can give you:

- different insight into your diagnosis
- confirmation of your planned course of treatment
- increased options for your care
- a chance to meet with another doctor who may be better suited to treat your cancer

Prognosis

Modern treatments continue to improve survival for those with metastatic breast cancer. However, survival varies greatly from person to person.

Monitoring

Tumors often become resistant (stop responding) to drugs. That's why you'll be checked every few months to see if the cancer is responding to treatment.

Tests may include a physical exam, blood tests and imaging tests (such as an X-ray, CT scan, PET scan or bone scan).

It's normal to feel anxious before these tests. This is sometimes called scan anxiety (scanxiety). If it helps, bring a friend or family member with you. You can also talk with your doctor about ways to cope with this stress.

Because metastatic breast cancers often stop responding to drugs, it's common to change therapies.

You usually start a drug to see if:

- It controls the growth of the cancer
- The side effects can be managed

If the treatment is working (and the side effects aren't too bad), you'll likely stay on that treatment. If the treatment stops working or you're having a lot of side effects, you may switch to a different drug.

Clinical Trials

If you have metastatic breast cancer, you may always be on the lookout for the next breakthrough treatment. This is a promising time in metastatic breast cancer research. New treatments are being studied in [clinical trials](#), offering hope to many.

Clinical trials offer the chance to try a new treatment and perhaps benefit from it. Learning whether a new drug is better than the standard treatment can also help others.

Whether a new treatment becomes part of the standard of care for metastatic breast cancer depends largely on results from clinical trials. Some trials compare a new treatment to the standard of care. So, not everyone in the trial gets the new treatment. Even those who don't get the new treatment will still get the standard treatment.

Sometimes, clinical trials compare the standard treatment plus a new treatment to the standard treatment plus a placebo. No one gets a placebo instead of standard treatment.

Talk with your doctor about clinical trials before starting a new treatment or when your doctor suggests changing treatments. Like all aspects of your care, joining a clinical trial is your choice.

Susan G. Komen® Breast Care Helpline

If you or a loved one needs information or resources about clinical trials, call the [Komen Breast Care Helpline](#) at **1-877 GO KOMEN** (1-877-465-6636) or email clinicaltrialinfo@komen.org.

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