



# The management of the woman with metastatic breast cancer

## A guide for GPs

This information sheet is to assist general practitioners in managing the clinical and psychosocial aspects of care of the woman with metastatic breast cancer and her family.

This guide provides evidence based recommendations relevant to general practice adapted from the *Clinical practice guidelines for the management of advanced breast cancer* (National Breast Cancer Centre 2001).

A chart detailing symptoms a woman with metastatic breast cancer may experience requiring urgent treatment is included.

This guide is designed to be kept in the woman's file for easy referencing.



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The following recommendations and evidence are based on the National Breast Cancer Centre's *Clinical practice guidelines for the management of advanced breast cancer, January 2001, (CPG)*. Source documents are listed in the resource section overleaf.

### TREATMENT

#### Recommendations

**Ensure** all relevant expertise and services are involved in the multidisciplinary management of the woman.

**Refer** the woman for oncological assessment to consider chemotherapy, endocrine therapy, radiotherapy or surgical intervention.

**Treat** pain with adequate analgesia on a regular rather than as needed basis.

**Encourage** the use of other adjuvant methods of pain relief – relaxation, meditation, non-steroidal anti-inflammatories, anticonvulsants or tricyclic antidepressants.

**Seek** specialist help early if pain relief cannot be achieved.

**Prevent** constipation by the regular use of laxatives in conjunction with the administration of analgesics.

**Be alert** for symptoms that may require urgent treatment (refer to chart opposite).

**Consider** anti-emetic regimes containing 5HT3 antagonists and steroids for women on chemotherapy.

**Consider** bisphosphonates and radiotherapy for the treatment and prevention of bone pain and fracture if the woman has bony metastases; in some cases orthopaedic intervention may be of benefit.

**Ask** about any alternative therapies (including vitamins and dietary supplement) the woman may be exploring and encourage her to discuss these with her treatment team (CPG p 46 table 4).

**Support** the woman to explore relevant clinical trials for which she may be eligible (consumer p 88, CPG p 42).

### PATIENT INFORMATION

#### Recommendations

**Offer** the consumer resource booklet *A guide for women with metastatic breast cancer (consumer)*.

**Check** the information and support needs of the woman and her family on an ongoing basis, as these are likely to change over time. Offer referral accordingly.

**Enquire** about her partner's/family's adjustment, offer assistance in discussing her diagnosis and treatment with her family, and facilitate the provision of information and support as required. (CPG p 2).

**Ensure** that the woman is satisfied with the information about her diagnosis, prognosis and treatment options and has a clear understanding of her condition as it relates to her. Facilitate clarification or a second opinion as required.

**Ensure** that the woman's wishes regarding disclosure of information to family members are met.

### PALLIATIVE CARE

#### Recommendations

**Encourage** early contact with palliative care services to explore their range of supportive personnel and therapies. Outline the advantages of early involvement and refer as appropriate.

**Encourage** coordination of the oncological and palliative care services.

**Discuss** options for palliative care delivery with the woman and her carers (home, hospice, hospital etc).

**Consider** professional support services for family members to reduce the risk of post-bereavement morbidity.

### PSYCHOSOCIAL MANAGEMENT

#### Recommendations

**Ensure** the woman has a clear understanding of the benefits of emotional support and specialised psychosocial care, and their important role in her treatment and maintenance of quality of life.

**Inform** the woman of available support options and networks for her and her partner/family and refer as appropriate for:

- psychological strategies – including individual or group support, relaxation and meditation therapy
- psychosocial care – including counselling

**Assess** the woman's mood for signs of depression and/or anxiety on an ongoing basis. Consider counselling, pharmacological treatment, or referral to a psychologist or psychiatrist if indicated.

**Ask** about the impact of practical and social issues including relationships and sexuality of the woman, her partner/family and her treatment decisions. These could include practical/domestic needs, financial and legal issues, transport and accommodation for treatment, spiritual needs and social issues, including reactions of friends.

#### Be alert for and ensure urgent treatment of the following symptoms:

Diagnosis	Symptom
spinal cord compression	persistent back or neck pain, change in feeling or decreased power in arms/legs, loss of bowel/bladder control
sepsis	fever, hypotension
pleural effusion	shortness of breath, dry cough, chest pain
pericardial effusion	shortness of breath, chest pain, oedema
hypercalcaemia	increased urination, excessive thirst, dehydration, vomiting, constipation
brain metastasis	seizures, headache, nausea, confusion, personality change
pulmonary embolism	shortness of breath, chest pain, tachyarrhythmia, cough, leg swelling
superior vena cava compression	arm/facial swelling, dyspnoea
liver metastasis	nausea, jaundice, right upper quadrant pain

These guidelines are designed to support GPs in their integral role in the management of the woman with metastatic breast cancer. They are a guide to appropriate practice, subject to the medical practitioner's judgement of each individual case.

## Management focus areas

- Metastatic breast cancer can often become a chronic disease and survival is variable. Although the disease is not currently considered curable, its symptoms are highly amenable to treatment.
- The aim of management of the woman with metastatic breast cancer should be the minimisation of the physical and psychosocial impact of the cancer and its treatment; the primary goals are to improve the length and quality of life. The woman's needs for information, support, psychological and physical treatments will vary over time.
- The woman's individual social circumstances, beliefs and wishes may impact on her information needs and the decision-making process.
- Cancer pain should be effectively controlled. Management should aim to achieve pain relief at night and by day, both at rest and on movement.
- There are a number of common serious and treatable physical complications that require urgent treatment.
- Early contact with palliative care services should be considered for the woman. Palliative care focuses on relieving her physical symptoms, on promoting her emotional wellbeing, and relationships with others, including attention to her spiritual needs.
- Multidisciplinary care improves outcomes for women with breast cancer. The GP is an integral part of the multidisciplinary team in coordinating care, providing continuity of care and in identifying changes that may indicate a new phase in the course of the disease. The way a clinician and the treatment team relate to, and communicate with, a woman with breast cancer can have significant benefits for the woman and her family.
- It is important that prompt communication is established and maintained on an ongoing basis between all treating clinicians involved in the woman's care.

## Evidence

**Levels of evidence** are based on the rating detailed in the NHMRC Guidelines for the development and implementation of Clinical Practice Guidelines. Canberra: Australian Government Publishing Service: 1995.

### Treatment – the evidence

Multidisciplinary care improves outcomes for women with breast cancer; and should be considered throughout management and treatment. *Level III (p. 37)\**

An anti-emetic regime including a serotonin antagonist and dexamethasone is recommended prior to using anthracyclines, alkylating agents and the platinum. *Level III (p. 120)\**

Oral analgesics are the mainstay of pain relief in patients with cancer. Strong opioids are safe and effective for moderate to severe pain. *Level I (p. 116)\**

Non-steroidal anti-inflammatory drugs have a role in the treatment of inflammatory or bone pain. *Level II (p. 116)\**

The regular use of laxatives should be considered in conjunction with the administration of analgesics, preferably before constipation develops. *Level IV (p. 116)\**

When given regularly to women with metastatic breast cancer and at least one bony metastasis, bisphosphonates enhance quality of life and reduce bone pain, the need for analgesics, the rate of development of new bony lesions, the incidence of hypercalcaemia and the need for radiotherapy to bony lesions. *Level I (p. 121)\**

Radiotherapy plays a major role in the management of acute cancer pain, particularly associated with bony metastasis. *Level I (p. 116)\**

It is appropriate for clinicians to discuss participation in clinical trials with women. *Level III (p. 43)\**

### Patient Information – the evidence

Appropriate detailed information promotes understanding and increases the psychological wellbeing of women with breast cancer. *Level I (Psychosocial clinical practice guidelines p. 17)*

The provision of information is important to the partners of women with breast cancer. Clinicians have a role in addressing these needs and in referring partners to appropriate sources of information. *Level IV (p. 26)\**

The consumer version of the clinical practice guidelines is recommended as a reference to all patients and their families. *Level IV (p. 26)\**

### Palliative care – the evidence

Specialist palliative care services improve patient outcomes in relation to patient satisfaction, patients being cared for in their place of choice, family satisfaction, and control of pain, symptoms and family anxiety. *Level I (p. 48)\**

Professional and professionally supported services may reduce the risk of post-bereavement morbidity. *Level III (p. 54)\**

### Psychosocial management – the evidence

Psychosocial interventions in women with metastatic breast cancer improve quality of life. *Level II (p. 104)\**

Quality of life has been shown to be a significant independent prognostic predictor of survival in clinical trials. *Level III (p. 21)\**

Appropriate counselling has the potential to improve quality of life; an offer of referral for further support should be made whenever concern exists. *Level I (p. 26)\**

Relaxation therapy eases cancer pain. *Level I (p. 106)\**

Most people with cancer who are depressed and are prescribed antidepressants benefit from them without significant side effects. *Level IV (p. 101)\**

Anxiety and depression are frequently under diagnosed and under treated. *Level IV (p. 100)\**

- 25-50% of women show clinically significant levels of anxiety and depression when a diagnosis of recurrence of breast cancer is made. *Level III (p. 22)\**

- 50-75% of women rate the diagnosis of recurrence as more devastating than the original diagnosis. *Level III (p. 22)\**

Psychosocial support alleviates anxiety and depression, improves coping, and improves physical and functional adjustment. *Level I (p. 106)\**

Encouraging the expression of thoughts and feelings about the diagnosis and its meaning enhances overall adjustment. *Level II (p. 26)\**

\* Clinical practice guidelines for the management of advanced breast cancer

## Resources:

**Relevant National Breast Cancer Centre resources about metastatic breast cancer include:**

(access via the website or order via 1800 624 973)

- *Clinical practice guidelines for the management of advanced breast cancer* (booklet)
- *A guide for women with metastatic breast cancer* (booklet)
- *Psychosocial clinical practice guidelines: providing information, support and counselling for women with breast cancer* (booklet)
- *When the woman you love has advanced breast cancer* (cassette)

**Other breast cancer resources include:**

- *Clinical practice guidelines for the management of early breast cancer* (booklet)
- *Management of early breast cancer for GPs: action based on evidence* (website)
- *Do you have a breast change/Do you have breast cancer in your family?* (patient information pad)
- *Advice about familial aspects of breast cancer and ovarian cancer: a guide for health professionals* (card)

## Contacts:

National Breast Cancer Centre  
(02) 9036 3030 [www.nbcc.org.au](http://www.nbcc.org.au)

Directory of Australian Breast Cancer Associations *access via* [www.nbcc.org.au](http://www.nbcc.org.au)

National directory of hospital based services for women with breast cancer *access via* [www.nbcc.org.au](http://www.nbcc.org.au)

Cancer Information Service 13 11 20 *includes information on breast cancer support services*

Breast Cancer Network Australia  
(03) 9805 2500 [www.bcna.org.au](http://www.bcna.org.au)

The Cancer Council Australia  
(02) 9380 9022 [www.cancer.org.au](http://www.cancer.org.au)

Palliative Care Australia  
(02) 6232 4433 [www.pallcare.org.au](http://www.pallcare.org.au)

Australian New Zealand Breast Cancer Trials Group  
(02) 4985 0136

NHMRC Clinical Trials Centre (02) 9562 5000

