



Metastatic Breast Cancer: **TREATMENT OVERVIEW**

Although metastatic breast cancer can't be cured today, it can be treated. Treatment focuses on extending life and maintaining quality of life.

All treatments have some side effects. Talk with your doctor about the pros and cons of your treatment options.

Your 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 for you. Together, choose the treatments that are right for you.

Your Treatment Plan

Your treatment plan is guided by many things, including:

- The **biology of the tumor**, including biomarkers (such as hormone receptor status and HER2 status).
- Where the cancer has spread.
- Your symptoms.
- Your past breast cancer treatments.
- Whether you have a **BRCA1 or BRCA2 inherited gene mutation**.
- Your overall health, age, menopausal status and other medical issues.

Types of Treatment

Which metastatic breast cancers?	Type of treatment
All	Chemotherapy
Estrogen receptor-positive	Hormone therapy (if premenopausal, ovarian suppression first)
	CDK 4/6 inhibitor plus hormone therapy
	mTOR inhibitor plus hormone therapy
	PI3 kinase inhibitor plus hormone therapy
HER2-positive	HER2-targeted therapy
HER2-negative and the person has a BRCA1 or BRCA2 inherited gene mutation	PARP inhibitor therapy
PD-L1-positive triple negative	Immunotherapy
HER2-negative	Trop-2 antibody-conjugate therapy



Other Treatments

Surgery and **radiation therapy** aren't used to treat metastatic breast cancer, but they can be used to relieve pain and other symptoms in the area where the cancer has spread.

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.

This fact sheet is intended to be a brief overview. For more information, visit komen.org or call the Komen Patient Care Center's Breast Care Helpline at 1-877 GO KOMEN (1-877-465-6636) Monday through Thursday, 9 a.m. to 7 p.m. ET and Friday, 9 a.m. to 6 p.m. ET or email at helpline@komen.org. Se habla español.

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Resources

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

Metastatic Breast Cancer Impact Series

Attend [Komen's MBC Impact Series](#), a free educational event series for people living with metastatic breast cancer and their loved ones.

Komen Metastatic Breast Cancer (Stage IV) Group

The [Facebook group](#) provides a place where those living with metastatic breast cancer, and those who love them, can find support, friendship and information. Click the link above or visit Facebook and search for Komen Metastatic Breast Cancer (Stage IV) Group and request to join.

Related online resources:

- [After Early Breast Cancer – Signs and Symptoms of Metastatic Breast Cancer](#)
- [Metastatic Breast Cancer: What Is It?](#)
- [Metastatic Breast Cancer: HER2-Targeted Therapies](#)
- [Metastatic Breast Cancer: Quality of Life](#)
- [Metastatic Breast Cancer: Bone Protection](#)
- [Metastatic Breast Cancer: End-of-Life Care](#)
- [Metastatic Breast Cancer: Questions to Ask the Doctor](#)

Getting a second opinion

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. Your doctor can give you some information about your life expectancy, but they don't know exactly how long you will live.

Monitoring

Tumors often become resistant (stop responding) to drugs. That's why you'll be checked regularly 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, take 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 multiple times.

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 are tolerable), 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

This is a promising time in metastatic breast cancer research. New drugs are being studied in [clinical trials](#), offering hope to many.

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

Some trials compare a study drug to the standard of care. So, not everyone in the trial gets the study drug. Even those who don't get the new drug will still get the standard treatment.

Sometimes, clinical trials compare the standard treatment plus a study drug to the standard treatment plus a placebo (an inactive substance). 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.

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

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