Secondary liver cancer

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To see all of our current patient information leaflets please visit www.uhb.nhs.uk/patient-information-leaflets.htm
This booklet contains information about secondary liver cancer. Please remember this booklet is not a substitute for asking questions of your doctor and specialist health care team. You are always welcome to ask questions and we would encourage you to do so.

What is secondary liver cancer?
Secondary liver cancer means that your cancer has not started in your liver but rather has spread there from somewhere else.
This happens because cancer cells break off and are carried in the bloodstream to other areas of the body.
A lot of cancers will spread to the liver because all the blood in the body passes through the liver.
Unfortunately, for most cancers that spread or metastasise to the liver, an operation to remove the cancer is not possible.
However, for some patients whose cancer started in the bowel and has spread to the liver an operation to remove the cancer in the liver is possible.

It may be possible to operate on secondary liver cancer as a result of another type of tumour called neuroendocrine cancer (NET).

Very rarely an operation could be possible for patients with secondary liver cancer which has begun in ‘soft tissue’ like the ovaries or testes. Also, very rarely, secondary breast cancer can be operated on in the liver if your breast disease has been stable for many years.

More detailed information would be given to you if your cancer falls into one of these rarer groups.

How has secondary liver cancer been diagnosed?

We know a large number of patients with bowel cancer will develop secondary liver cancer.

Because of this knowledge you will probably have had follow up X-rays such as an ultra sound, CT or MRI scan. These X-rays may have shown up a secondary liver cancer.

Sometimes the liver cancer is already visible when the bowel cancer is found. In this case you will have your bowel operation and then when you are strong enough, if possible, you will have your secondary cancer removed.

However, in some cases, your liver cancer can be removed prior to your bowel cancer. When you have recovered from your liver surgery then your bowel cancer can also be removed.

There are also blood tests that can be useful in telling us about any secondary cancer. These are called tumour markers.

Even if your primary cancer was not bowel cancer, the secondary cancer on your liver has probably been detected because of having routine scans and check-ups with your doctor.
What are the symptoms of secondary liver cancer?

The liver can function very well when only a portion of it is working. It is for this reason that you may not have any symptoms of secondary liver cancer.

Treatment options

Surgery

This is the most effective form of treatment for secondary liver cancer and the only treatment option that offers a potential cure. Surgery for secondary liver cancer involves removing the area of liver affected by the cancer.

You will be given a separate booklet designed to give you more information about having a liver resection if this is the best treatment option for you.

However, surgery may not always be possible, depending on the size and positions of your cancer or if the cancer has spread outside the liver.

If your cancer has spread outside the liver then surgery will not be offered to you. This is because we know from experience and from the experience of others that having a major operation such as a liver resection will not benefit you.

Unfortunately, in some cases even though the surgeon has looked with the team at your X-rays more cancer may be discovered at the time of the operation making a resection not possible.

Your hospital stay after surgery can be up to two weeks but everyone is different.

For the majority of patients with secondary liver cancer, if they are able to have an operation this procedure will extend their life and in a minority of patients will cure them of their cancer.

However, it is also true that for a majority of patients their cancer will return at some time in the future.
Even in a specialised centre there are potential complications of surgery.

Potential complications of liver resection for secondary liver cancer include,

- Bleeding and having to return to theatre for an operation approximately 1%
- Chest infection approximately 10%
- Wound infection approximately 5%
- Bile leak from the surface of the liver approximately 10%
- Liver failure (the remaining liver cannot cope) 1%

Some people experience jaundice (yellowing of their skin and whites of their eyes) as a result of the liver working harder and having to cope after some of it has been removed.

Jaundice in these circumstances is usually temporary and goes when some new liver grows back.

The shape of the cut used for this operation is horizontal, following the natural shape and curve below your rib cage.

Because nerve endings are cut during the operation this may leave you with some numbness around the scar site. People who have experienced this numbness do not usually report that it makes a difference to their lives.

Unfortunately there are a small percentage of patients who will die as a result of having this operation, approximately 3%.

We do not give you this information in order to frighten you but for you to have all the information you need to make a decision about your treatment.

Chemotherapy

Unfortunately not everyone is able to have surgery.

Chemotherapy may be an option to treat your secondary cancer although we know it does not work for everyone.
The type of chemotherapy drugs used will depend on where your primary or first cancer is. Nearly all of the patients in our care have their primary cancer in their bowel.

Although some chemotherapy drugs can have some side effects there are usually ways in which we can reduce or avoid them with medication.

You may have had chemotherapy before, in which case we will liaise with your local hospital for you to receive your treatment nearer to home.

Sometimes treatment is best given here. We can make that decision together.

Sadly, chemotherapy will not cure you of your secondary liver cancer but it may control your cancer or it even reduce its size. This can help to control any symptoms you may have and may also extend your life.

In a very small number of cases chemotherapy may enable a previously inoperable cancer to shrink to become operable.

Some newer anti cancer drugs are now also available which can be given with standard chemotherapy. Sometimes special funding is needed to access these drugs.

More information will be given to you about the types of drugs that would be used if this is the treatment option best for you.

Liver Ablation (MWA / RFA)

Liver Ablation is a treatment used for some types of cancer. There are two different techniques used depending upon which is more technically suitable and the position and size of the cancer.

Microwave Ablation (MWA) and Radiofrequency Ablation (RFA)

Both of these techniques are used under general anaesthetic and use heat to destroy cancer cells. A special needle or electrode is inserted into your liver and the heat generated causes the cancer cells to die. (Ask for a copy of the booklet “Liver Ablation”).
Clinical trials
In a specialist centre, we are always trying to find more successful ways of treating our patients. Your specialist may talk to you about the possibility of entering into a clinical trial. This may involve treatment with new drugs or new ways of using drugs.

You do not have to participate in clinical trials and your care will not be affected if you do not. The doctor involved in the research will give you specific information about any clinical trials relevant to you.

Clinic
We will follow you up regularly in clinic. You will always have the option to alter your clinic appointment if you are worried about anything. The contact numbers are at the end of this booklet.

Supportive care
Sometimes there are no treatment options available to you.
This may be because your cancer has progressed and treatment will not benefit you.
Sometimes people choose not to have any treatment. We would support any decision you make regarding treatment.
Although treatment may not be an option this does not mean there is nothing that can be done to help and support you and your family.
The following are suggestions about how we can support you and your family. We would recommend that you be referred to a community cancer nurse often referred to as a Macmillan nurse. Your doctor or specialist nurse can arrange a referral for you. A specialist community nurse is essential to ensure you and your family has access to help and support at home.
Diet supplements
If you are finding it hard to eat, there are plenty of diet supplements available on prescription. Some are powders you sprinkle on your food and some are drinks that are complete meals in themselves. Sipping a supplement between meals throughout the day can really boost your calorie intake. Ask your doctor or dietician for help.

Coping financially
Your Clinical Nurse Specialist/Key Worker or GP may be able to help you get grants for aids, heating costs and other household expenses related to your illness. They can also help you to claim benefits for yourself or for the person caring for you. It may be helpful to see a social worker which can be organised before, during or after your hospital stay. People under 65 years of age, who have a cancer diagnosis, do not have to pay for their prescriptions.

Coping with symptoms
As your illness progresses you may develop different symptoms. It is not certain that you will have all or any of them but the following information may help you to realise that there is usually something that can be done to help you cope.

Pain
Pain may develop in the abdomen and sometimes in the back. There are many painkillers or analgesics you can take to control pain. You will probably be started on some simple painkillers such as paracetamol or co-codamol, some people do not need anything stronger. However if these are not effective then we can introduce morphine based painkiller, such as Morphine Sulphate tablets. Do not worry about becoming addicted to morphine. Morphine taken to relieve pain works in a different way than if it was taken for ‘recreation’.
Morphine Sulphate or MST is given in two doses daily, 12 hours apart, usually in the morning and at night before bed. The idea is that the morphine is released slowly into the blood stream and so provides a background of constant pain relief. You will usually be given liquid morphine or fast acting tablets, in a bottle to take to ‘top up’ your pain relief if you experience a breakthrough in pain control. It is important to make a note of how much liquid morphine you are taking, as this may be an indication to increase your morphine tablets.

Morphine can also be given as a patch, similar to nicotine patches. This way of delivering painkillers may be used for patients who are not able to tolerate taking tablets. Another important factor to remember when taking most painkillers is that they can make you constipated. Constipation is not about how often you go to the toilet but how easily the stool is passed. If you find that you are becoming constipated then you should ensure that you are drinking plenty of water and that you have some laxatives at home ready to help you. Try to avoid becoming constipated as this can increase the amount of painkillers you need and so increases the constipation, this becomes a cycle that you need to break in order to become comfortable again. It is very likely you will be prescribed laxatives when you have your painkillers.

You may also find that painkillers or even your illness on it own may cause you to feel sick. If this is the case then we can give you very good anti-sickness medication to stop this feeling.

Very rarely we are unable to control your pain through the usual methods and so we can refer you to experts such as anaesthetist and other specialist nurses who will be able to offer special treatment.

Finding information

If you know what to expect, you may find yourself less anxious and worried. Talk to your doctor or nurse about your illness and treatment. It is important to know all your options.
If you would like to talk to someone outside your own friends and family, there are organisations that can provide information about cancer and treatment as well as cancer support groups, where you can talk to other people who have cancer and may have had similar experiences.

In the Cancer Centre of the Heritage Building, Queen Elizabeth Hospital, there is the Patrick Room (telephone: 0121 371 3539), where you can find information and support.

**Difficult questions**

A diagnosis of cancer may mean you will have all sorts of questions going around in your head that are not only difficult to answer – they are difficult to ask. We have tried to answer some of those questions here but there are probably more questions you can think of. Write your questions down and talk to your doctor or nurse, or contact one of the specialist nurses on 0121 371 4652.

It is very common in any family for some people to want to ask difficult questions and some not. Try to respect this and give each other the space to ask as much as you want to. This may mean giving your doctor permission to talk to your next of kin alone, or, if you are a relative, giving the patient time to talk to the doctors by themselves.

Please remember that you will undoubtedly have good and bad days and that during the bad days you are not alone but have a team of people, both in the hospital and community, who are there to help you and your family.

**Useful websites**

www.cancerhelp.org.uk
www.macmillan.org.uk
Please use the space below to write down any questions you may have and bring this with you to your next appointment.
The Trust provides free monthly health talks on a variety of medical conditions and treatments. For more information visit www.uhb.nhs.uk/health-talks.htm or call 0121 371 4957.

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Ward 726: 0121 371 7303
CNS team: 0121 371 4652