Secondary liver cancer

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. Secondary cancer anywhere in the body is often called metastases or mets for short. 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 to the liver, an operation to remove the cancer is not possible.

However, for some patients whose cancer started elsewhere, in the bowel for instance, and has spread to the liver an operation to remove the cancer in the liver is possible. Nearly all of the patients in our care have their primary cancer in their bowel.

It may also be possible to operate on secondary liver cancer caused by another type of tumour called a neuroendocrine tumour (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 if the breast disease has been stable for a prolonged period of time.

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

How has secondary liver cancer been diagnosed?

We know a substantial number of patients with a primary cancer will develop secondary liver cancer. This is especially true for patients with a primary bowel cancer.

Because of this, you will likely have been on a surveillance pathway and been having regular scans such as an ultrasound, CT or MRI scan. These scans may have identified a secondary liver cancer.

Sometimes the liver cancer is already visible after primary cancer has been treated. Often, in this case, you will have an operation to remove your primary cancer and then, when you are strong enough, if possible, you will have your secondary cancer removed.

However, in some cases of bowel cancer, 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?

You may not have experienced any symptoms of secondary liver cancer. This is because the liver can function very well even when not all of it is working.

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 offered a separate booklet designed to give you more information about an operation called "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.

Usually 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. There are some exceptions to this, and your specialist team will discuss this with you in more detail.

Unfortunately, in some cases, more cancer is found at the time of surgery, and the surgical team will make the decision not to continue with the planned operation. In these cases, the surgical team will give you more information before you are discharged from the ward.

Your hospital stay after surgery is often between 5–7 days but can be two weeks or more. Everyone is different.

For most patients with secondary liver cancer, if they can have an operation this will extend their life and for some patients will cure them of their cancer.

However, it is also true that for some patients their cancer will return at some time in the future.

Even in a specialised centre there are potential complications of surgery which 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) because 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 is effective on their lives.

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

We do not give you this information 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 cancer is.

Although some chemotherapy drugs can have some side effects there are usually ways in which these can be reduced or avoided with medication.

You may have had chemotherapy before, in which case we will liaise with your local hospital for you to receive any further chemotherapy 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 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 may be used if this is the treatment option best for you.

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.

This may be because cancer has progressed and treatment will not be of benefit.

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 so0metimes 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. Most come as ready-made drinks and others come are in powder form that is mixed with milk. Sipping a supplement between meals throughout the day can really boost your calorie intake. Ask your doctor or dietician for advice.

Coping financially

Your Clinical Nurse Specialist/Cancer Support Worker or GP may be able to help you to claim benefits for yourself or for the person caring for you. It you are need of a social worker the ward

can refer you and the Social Work Dept will contact you directly. 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 gives an overview on things that can be done to help.

Pain may develop in the abdomen and sometimes in the back. There are many painkillers or analgesics you can take to control pain. If needed, you will be started on 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 stronger painkillers 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 taken for 'recreation.'

You may find that painkillers or even your illness on its own, may cause you to feel sick. If this is the case anti-sickness medication can be used to help.

Please discuss any pain or other symptoms that you experience with the team looking after you. This may be the ward team or community team for example.

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 if you have more, please write your questions down and talk to your doctor or nurse or contact one of the specialist nurses on **0121 371 4652**.

It is 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 or as little as they 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

Liver Services

Queen Elizabeth Hospital Birmingham
Mindelsohn Way, Edgbaston
Birmingham, B15 2GW
Ward 726: **0121 371 7303**
CNS team: **0121 371 4652**

Accessibility

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