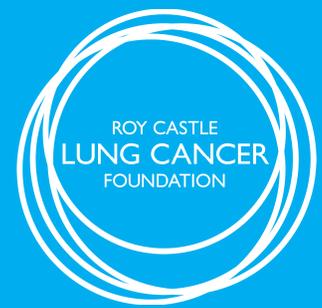
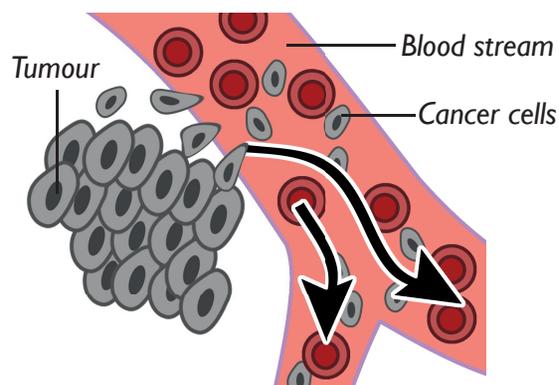


Understanding bone metastasis and lung cancer



What is lung cancer with bone metastases?

Lung cancer with bone metastases refers to secondary or metastatic tumours that are formed from cancer cells that have broken away from a primary lung cancer and spread through the lymphatic system or blood stream to the bones. Lung cancer is the third most common cause of bone metastases.



Your clinician will assess the source of cancer found in your bones. If you find out you have metastatic bone tumours, this can be worrying and disappointing.

Understanding what is happening, what treatments are available and what you can expect can be important. Lung cancer is the third most common cause of bone metastases.

How do bone metastases affect people?

It may be that you become aware of pain in a specific part of your body. There are many reasons for pain, particularly following lung cancer treatment.

It is important to be aware of what is normal for you and any changes that you experience. If you experience a new pain, or one that is affecting your day to day activity contact your doctor for advice.

It is important for you to know that not all pain means metastasis. Your doctor may be able to help you tell the difference between bone metastasis pain and normal aches and pains or pains from other sources.

Pain is often felt at the site of the metastasis; this is called localised pain. You may notice that you are experiencing pain in areas surrounding the metastasis.

People with bone metastases describe the pain as gradually increasing over a period of time and becoming more severe. Pain is something that can be removed/reduced with medication and management.

It is not necessary to live with severe pain. If you experience a new pain, or one that is affecting your day-to-day activity contact your doctor for advice. A pain assessment can be provided. Your medical team will carry out further tests.

On rare occasions pain and weakness in the legs along with loss of bowel and bladder function may indicate tumours impacting on the lower spine. These symptoms are considered a medical emergency, take action immediately. Contact emergency services.

Spinal tumours

People who have metastases to the spinal cord often have pain or discomfort that is worse at night or with bed rest. This may be caused by the tumour(s) compressing the spinal cord. Compression may also cause tingling in legs and pain when walking.

Tumours in the arms or legs

If you have a tumour in the long bones, such as those found in your arms and legs, you may have pain with activity or movement. In this case, you may experience less pain when you are not walking, moving or when you rest.

Pelvic tumours

This is a tumour which occurs most often in the pelvis (located between the hip bones).

Which bones may be involved?

Sometimes the first sign that lung cancer has spread to the bone is if you have a fracture, called a pathological fracture, or a break in your bone.

The cancer cells replace your normal tissues which make the bone weak and at risk of fracturing. As a result of this weakness a fracture can happen without a major accident. Depending on which bones are involved this may not be obvious to you, so be aware of any changes.

The most common bones to which lung cancer spreads include:

- The spine (especially vertebrae in the chest and lower abdominal areas).
- The pelvis.
- The upper bones of the arms and leg (the humerus and femur).
- Bones in the hands and feet.

How do doctors assess bone metastases?

Once the doctor suspects that cancer has spread to your bones, whether or not you have symptoms, they may carry out different checks and tests to assess the extent and possible impact of the tumours.

These tests can help your medical team get a clearer picture of what is going on, and help you think about what you want to do next:

- X-ray.
- A bone scan.
- MRI scan (magnetic resonance imaging).
- Biopsy (tissue sample).

Treatment for bone metastases

It is important to remember that any treatment for bone metastases is primarily about managing symptoms, slowing the growth and improving your quality of life, but it is not curative. This is called palliative treatment.

You may want to ask about treatment options and what your prognosis/survival is likely to be. Your doctor can usually provide only a broad range of how long you may have, so think about whether this useful for you before asking.

What types of treatment may be offered?

- **Pain medication:** You may be given an oral anti-inflammatory and other medication including paracetamol, codeine, tramadol and morphine.
- **Radiotherapy:** Can be used to lessen pain and prevent fractures, relieve spinal cord compression. This treatment can be used for people who have had multiple metastases. Physicians may consider treating the metastases aggressively with the hope of long-term survival. You will have an assessment of what treatment is best for you and may receive one or more doses depending on the extent of the tumour and location.
- **Bone modifying/ targeted therapies:** These are treatments which help prevent cancer cells breaking down bone cells. Treatment such as zoledronic acid (brand name Zometa) is used. A targeted treatment such as denosumab (brand name Xgeva) is used to prevent skeletal related events in patients with bone metastases from solid tumours.

If you want to think about your treatment

Just because you have treatment options doesn't mean that you have to take them. Find out as much as you can about these from your medical team. A group of healthcare professionals, known as multidisciplinary team (MDT), will talk about your case to work out the best treatment options for you.

What other support can I get?

Knowing your cancer is not curable can take a toll and is important to prioritise and focus on your wellbeing. There are many ways of getting support and help if you or someone you care for has bone metastases.

Talking to your family and trusted professionals will help with coming to terms with your diagnosis.

"I find talking and listening to others a good coping mechanism.

I have found help in online forums where patients share and compare notes and have made several good friends here and abroad through these communities."

Jackie

Living with lung cancer

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