

## Secondary Liver Cancer

Information for Patients with Bowel Cancer which has spread to the Liver

**Pan Birmingham  
Cancer Network**

Patient Information 

## **Introduction**

This booklet contains information about secondary liver cancer. It is written for patients with bowel cancer which has spread to the liver.

Please remember this booklet is not a substitute for asking questions of your doctor or specialist health care team. You are always welcome to ask questions and we would encourage you to do so.

## **What is secondary liver cancer?**

Cancer cells can break off from the primary tumour and may spread, via the bloodstream, to other parts of the body. These are referred to as secondary cancers or metastatic spread. The liver is a common site for metastatic spread (liver secondary) because of the large amount of blood that travels through it.

The majority of these secondary cancers are suitable only for treatment with chemotherapy. However, some of these secondary cancers are suitable for other treatments including surgical resection (removal).

## **How is secondary liver cancer diagnosed?**

Secondary spread to the liver can either be diagnosed at the same time that your original bowel cancer is diagnosed, or during your follow-up care.

During your follow-up appointments or at staging, you will have had a Computed Tomography (CT) scan. This scan is performed to identify spread from your original cancer.

## **What are the signs of secondary liver cancer?**

Often there are no signs of secondary liver cancer. Some patients may have experienced upper abdominal discomfort or weight loss. 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**

### **Surgery**

Some patients that have secondary cancer of the liver are suitable to undergo surgical resection. This surgery involves removing the part of the liver that contains the secondary spread, leaving behind only healthy liver

tissue. If surgery is appropriate, this does offer the potential of a complete cure.

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

**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.**

### **Chemotherapy**

Chemotherapy is a systemic treatment in that it treats the whole body. It involves the use of anti-cancer drugs to destroy cancer cells or stop them from multiplying.

Chemotherapy is given for secondary spread, usually over a period of 3 to 6 months either as an outpatient or inpatient.

Chemotherapy can be used instead of surgery if an operation is judged not to be suitable.

Chemotherapy drugs may be given by injection into a vein or by mouth in a tablet form.

Often people who have seemingly the same disease have different treatments. This is because tumours can be of different sizes, different types and in different parts of the body. If chemotherapy is suggested, a consultant oncologist will explain which anti-cancer drugs are suitable for you and discuss the aims of treatment and any possible side effects.

Chemotherapy by itself 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 and become operable.

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.

## **Radio Frequency Ablation (RFA)**

Radio frequency ablation is treatment given directly into the secondary cancer. A probe or wire is inserted into the cancer, through which heat is generated by high frequency radio waves. This heats the centre of the tumour, killing the cancer cells.

A surgeon or radiologist will perform RFA. It is used on secondary cancers that are in parts of the liver difficult to remove. RFA may be used alongside surgery.

## **Clinical Trials**

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. You will still be offered the best possible treatment available. The doctor involved in the research will give you specific information about any clinical trials relevant to you.

## **Clinic**

We will monitor your progress regularly in clinic, this is called follow-up. You will always have the option to alter your clinic appointment if it is not appropriate. If you are worried about anything, please do not hesitate to contact a member of the medical team looking after you.

## **Supportive care**

Sometimes there are no further treatment options available to you but we can manage your symptoms and support you and your family.

Sometimes people choose not to have any treatment. We would support any decision you make regarding treatment.

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 or a Macmillan nurse. Your doctor or specialist nurse can arrange a referral for you.

### **Coping financially**

Your specialist nurse, or hospital patient information centre, may be able to help you get grants for aids, heating costs, holidays 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 call Macmillan 'Better Deal' line on freephone 0800 500 800 or visit one of the patient information centres listed in the back of this booklet.

### **Dietary supplements**

If you are finding it hard to eat, there are plenty of dietary 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 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**

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, 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 need it. 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 like drugs 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.

### **Constipation (altered bowel habit)**

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 available 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 its 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 an anaesthetist or other specialist nurses who will be able to offer special treatment.

### **Ascites**

Sometimes colorectal (bowel) cancers can spread locally inside the abdomen. This results in fluid collecting inside the abdomen. Inside the abdomen is a membrane called the peritoneum. The peritoneum covers the organs inside your abdomen, and produces a fluid which lubricates these organs and helps them to glide smoothly over one another. Sometimes too much of this fluid can be produced causing discomfort. This is known as ascites.

Sometimes, this fluid needs to be drained off. This can be done in hospital by inserting a tube and draining off the excess fluid.

In patients with ascites, this may need to be done regularly.

### **Jaundice**

Patients with extensive spread of cancer to their liver may develop jaundice (yellowing of skin and eyes). This is because the cancer is

affecting the way the liver works. Although it is difficult to treat the appearance of patients with jaundice, we can treat the itching that can result.

Simple measures such as anti-histamine tablets (such as Piriton) can be given, which can stop the itching.

### **Weight loss, poor appetite / anorexia**

Cancer patients often lose weight. This is frequently due to poor appetite. Appetite can be stimulated by a small dose of steroid (Dexamethasone) or an aperitif (sherry, port, red wine). Dexamethasone will need to be prescribed by your doctor. Once your appetite improves, you may find it easier to take your nutritional supplements.

### **Difficult questions**

A diagnosis of cancer may mean you will have questions that are not only difficult to answer, but also difficult to ask. We have tried to answer some of those questions here, but you will probably have more. Write your questions down and talk to your doctor or specialist nurse.

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 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.

## **Glossary of medical terms used in this information:**

**Analgesic** — Painkiller.

**Anaesthetist** — A person specially trained to administer anaesthetics.

**CT scan** — Computed Tomography (CT) uses special X-ray equipment to obtain many images from different angles. Then a specially designed computer programme joins them together to show detailed pictures of the inside of the body.

**Macmillan Nurse / Community Cancer Nurse** — A nurse who specialises in giving advice about coping with symptoms (for example, pain, sickness) in people with cancer.

**Metastatic spread** — A new tumour that has spread from the original site, also known as a secondary.

**Oncologist** — A doctor who specialises in the diagnosis and treatment of tumours.

**Radiologist** — A doctor who specialises in using X-ray and scanning equipment and in interpreting X-rays.

**Resection** — Removal of part of an organ or structure.

## **Local sources of further information**

You can visit any of the health/cancer information centres listed below:

### **Birmingham Women's Healthcare NHS Trust**

Health Information Centre

Birmingham Women's Healthcare NHS Trust

Metchley Park Road

Edgbaston

Birmingham

B15 2TG

Telephone: 0121 627 2608

### **Good Hope Hospital NHS Trust**

Cancer Information and Support Centre

Good Hope Hospital NHS Trust

Rectory Road

Sutton Coldfield

B75 7RR

Telephone: 0121 378 6641

**Heart of England NHS Foundation Trust**

Patient Information Centre  
Birmingham Heartlands Hospital  
Bordesley Green East  
Birmingham  
B9 5SS  
Telephone: 0121 424 2280  
Email: [healthinfo.centre@heartofengland.nhs.uk](mailto:healthinfo.centre@heartofengland.nhs.uk)

**Sandwell and West Birmingham Hospitals NHS Trust**

The Courtyard Centre  
Sandwell General Hospital (Main Reception)  
Lyndon  
West Bromwich  
B71 4HJ  
Telephone: 0121 507 3792  
Fax: 0121 507 3816

The Cancer Information Service  
Birmingham Treatment Centre  
City Hospital  
Dudley Road  
Birmingham  
B18 7QH  
Telephone: 0121 507 3792  
Fax: 0121 507 3816

**University Hospital Birmingham NHS Foundation Trust**

The Patrick Room  
Cancer Centre  
University Hospital Birmingham NHS Foundation Trust  
Queen Elizabeth Hospital  
Edgbaston  
Birmingham  
B15 2TH  
Telephone: 0121 697 8417

**Walsall Primary Care Trust**  
Cancer Information & Support Services  
Challenge Building  
Hatherton Street  
Walsall  
Freephone: 0800 783 9050

For details of local cancer support groups and organisations, please ask your clinical nurse specialist or key worker.

**Cancerbackup - Information in your language**

Cancerbackup is the UK's largest cancer information charity, providing information, support and practical advice on all cancers, treatments and supportive issues: <http://www.cancerbackup.org.uk>

Cancerbackup's freephone helpline can now give information and support to people affected by cancer in more than 100 languages. People whose first language is not English can contact the specialist cancer information nurses on freephone **0808 800 1234**, who will then link in a relevant interpreter. There are also 12 additional freephone lines specifically for speakers of the most common community languages. Lines are open Monday to Friday 9am-8pm.

(Source: <http://www.cancerbackup.org.uk>)

**Freephone numbers:**

**Arabic:** 0808 800 0130

**Bengali:** 0808 800 0131

**Cantonese:** 0808 800 0132

**English:** 0808 800 1234

**French:** 0808 800 0133

**Greek:** 0808 800 0134

**Gujarati:** 0808 800 0135

**Hindi:** 0808 800 0136

**Polish:** 0808 800 0137

**Punjabi:** 0808 800 0138

**Turkish:** 0808 800 0139

**Urdu:** 0808 800 0140

**Vietnamese:** 0808 800 0141

## **About this information**

This guide is provided for general information only and is not a substitute for professional medical advice. Every effort is taken to ensure that this information is accurate and consistent with current knowledge and practice at the time of publication.

We are constantly striving to improve the quality of our information. If you have a suggestion about how this information can be improved, please contact us via our website:

<http://www.birminghamcancer.nhs.uk>

This information was produced by Pan Birmingham Cancer Network and was written by Consultant Surgeons, Clinical Nurse Specialists, Allied Health Professionals, and Patients and Carers from the following Trusts:

Good Hope Hospital Trust  
Heart of England NHS Foundation Trust  
Sandwell and West Birmingham NHS Trust  
University Hospital Birmingham Foundation Trust  
Walsall Hospitals NHS Trust

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