Symptoms and Treatment of Metastatic Cancer

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Citation: Hariharan U. (2021) Symptoms and Treatment of Metastatic Cancer. Arch Cancer Res Vol.9 No.S2: e006.

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Introduction

Cancer that spreads from where it started to a distant part of the body is called metastatic cancer. For many types of cancer, it is also called stage IV (4) cancer. The process by which cancer cells spread to other parts of the body is called metastasis.

When observed under a microscope and tested in other ways, metastatic cancer cells have features like that of the primary cancer and not like the cells in the place where the metastatic cancer is found. This is how doctors can tell that it is cancer that has spread from another part of the body.

Metastatic cancer has the same name as the primary cancer. For example, breast cancer that spreads to the lung is called metastatic breast cancer, not lung cancer. It is treated as stage IV breast cancer, not as lung cancer.

Sometimes when people are diagnosed with metastatic cancer, doctors cannot tell where it started. This type of cancer is called cancer of unknown primary origin, or CUP. See the Carcinoma of Unknown Primary page for more information.

Metastatic Cancer Symptoms

Metastatic cancer does not always cause symptoms. When symptoms do occur, what they are like and how often you have them will depend on the size and location of the metastatic tumors. Some common signs of metastatic cancer include:

- 1. Pain and fractures, when cancer has spread to the bone.
- 2. Headache, seizures, or dizziness, when cancer has spread to the brain.
 - Shortness of breath, when cancer has spread to the lung.
- 4. Jaundice or swelling in the belly, when cancer has spread to the liver.

Medication of Metastatic Cancer

There are treatments for most types of metastatic cancer. Often, the goal of treating metastatic cancer is to control it by stopping or slowing its growth. Some people can live for years with metastatic cancer that is well controlled. Other treatments may improve the quality of life by relieving symptoms. This type of care is called palliative care. It can be given at any point during treatment for cancer.

The treatment that you may have depends on your type of primary cancer, where it has spread, treatments you've had in the past, and your general health.

The number of metastatic tumors has to be placed in context for each patient. For example, where are the metastatic tumors located and can they safely be removed? There is also the matter of timing. Was the patient initially diagnosed with oligometastatic cancer, or was she diagnosed with a localized cancer and one or two metastases became apparent on imaging tests several months later, after a few rounds of systemic treatment?

Such distinctions are important, Dr. Uboha said, because they likely reflect the biology of the individual patient's cancer. She cited the example of a patient initially diagnosed with widely metastatic cancer who responds well to chemotherapy and, after a period, has only one or two remaining tumors.

"Widespread disease that is down-staged with chemo, in my opinion, is still widespread disease," she said. "Just because we don't see it on CT scans doesn't mean it's completely gone." That form of oligometastatic cancer, she believes, "represents a very different entity" than other situations in which only a few metastases have been identified.