

[Cervical Cancer - Treatment Options](#) [1]

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ON THIS PAGE: You will learn about the different ways doctors use to treat people with this type of cancer. To see other pages in this guide, use the menu.

This section tells you the treatments that are the standard of care for this type of cancer. “Standard of care” means the best treatments known. When making treatment plan decisions, patients are also encouraged to consider clinical trials as an option. A clinical trial is a research study that tests a new approach to treatment. Doctors want to learn if it is safe, effective, and possibly better than the standard treatment. Clinical trials can test a new drug, a new combination of standard treatments, or new doses of standard drugs or other treatments. Your doctor can help you consider all your treatment options. To learn more about clinical trials, see the [About Clinical Trials](#) [3] and [Latest Research](#) [4] sections.

Treatment overview

In cancer care, different types of doctors often work together to create a patient’s overall treatment plan that combines different types of treatments. This is called a [multidisciplinary team](#) [5]. Cancer care teams also include a variety of other health care professionals, including physician assistants, oncology nurses, social workers, pharmacists, counselors, dietitians, and others.

Descriptions of the most common treatment options for cervical cancer are listed below. The treatment of cervical cancer depends on several factors, including the type and stage of cancer, possible side effects, and the woman’s preferences and overall health. Your care plan may also include treatment for symptoms and side effects, an important part of cancer care. Take time to learn about all of your treatment options and be sure to ask questions about things that are

unclear. Also, talk about the goals of each treatment with your doctor and what you can expect while receiving the treatment. Learn more about [making treatment decisions](#) [6].

Women with cervical cancer may have concerns about if or how their treatment may affect their [sexual function](#) [7] and [fertility \(ability to have children\)](#) [8], and these topics should be discussed with the health care team before treatment begins. A woman who is pregnant should talk with her doctor about how treatments could affect both her and the unborn child. Treatment may be able to be delayed until after the baby is born.

Surgery

Surgery is the removal of the tumor and some surrounding healthy tissue during an operation. A surgical oncologist is a doctor who specializes in treating cancer using surgery. For cervical cancer that has not spread beyond the cervix, these procedures are often used:

- Conization is the use of the same procedure as a cone biopsy (see [Diagnosis](#) [9]) to remove all of the abnormal tissue. It can be used to remove microinvasive cervical cancer.
- LEEP is the use of an electrical current passed through a thin wire hook. The hook removes the tissue. It can be used to remove microinvasive cervical cancer.
- A hysterectomy is the removal of the uterus and cervix. Hysterectomy can be either a simple hysterectomy or a radical hysterectomy. A simple hysterectomy is the removal of the uterus and cervix. A radical hysterectomy is the removal of the uterus, cervix, upper vagina, and the tissue around the cervix. In addition, a radical hysterectomy includes an extensive pelvic lymph node dissection, which means the removal of the lymph nodes.
- If needed, surgery may include a bilateral salpingo-oophorectomy. This is the removal of both fallopian tubes and both ovaries. It is done at the same time as the hysterectomy.
- Radical trachelectomy is surgery to remove the cervix that leaves the uterus intact with pelvic lymph node dissection. It may be used for young patients who want to preserve their fertility. This procedure has gained acceptance as an alternative to a hysterectomy for some patients.

For cervical cancer that has spread beyond the cervix, this procedure may be used:

- Exenteration is the removal of the uterus, vagina, lower colon, rectum, or bladder if cervical cancer has spread to these organs following radiation therapy (see below).

Exenteration is rarely required. Most commonly it is used for some patients with a recurrence of cancer after radiation treatment.

Complications or side effects from surgery vary depending on the extent of the procedure. Occasionally, patients experience significant bleeding, infection, or damage to the urinary and intestinal systems. Talk with your doctor about what to expect about your specific surgery.

Because these surgical procedures affect a woman's [sexual health](#) [7], women should talk with their doctor about their symptoms and concerns in detail before the surgery. The doctor may be able to help reduce the side effects of surgery and provide support resources on coping with any changes. If extensive surgical procedures have affected sexual function, other surgical procedures can be used to make an artificial vagina. Learn more about the basics of [cancer surgery](#) [10].

Radiation therapy

Radiation therapy is the use of high-energy x-rays or other particles to destroy cancer cells. A doctor who specializes in giving radiation therapy to treat cancer is called a radiation oncologist. Radiation therapy may be given alone, before surgery, or instead of surgery to shrink the tumor. Many women may be treated with a combination of radiation therapy and chemotherapy (see above).

The most common type of radiation treatment is called external-beam radiation therapy, which is radiation given from a machine outside the body. When radiation treatment is given using implants, it is called internal radiation therapy or brachytherapy. A radiation therapy regimen (schedule) usually consists of a specific number of treatments given over a set period of time.

Side effects from radiation therapy may include fatigue, mild skin reactions, upset stomach, and loose bowel movements. Side effects of internal radiation therapy may include abdominal pain and bowel obstruction, although it is uncommon. Most side effects usually go away soon after treatment is finished. After radiation therapy, the vaginal area may lose elasticity so some women may also want to use a vaginal dilator, which is a plastic or rubber cylinder that is inserted into the vagina to prevent narrowing.

Sometimes, doctors advise their patients not to have sexual intercourse during radiation therapy. Women may resume normal sexual activity within a few weeks after treatment if they feel ready.

Learn more about the basics of [radiation therapy](#) [11] or read the American Society for Therapeutic Radiology and Oncology's pamphlet, [Radiation Therapy for Gynecologic Cancers](#) [12].

Chemotherapy

Chemotherapy is the use of drugs to destroy cancer cells, usually by stopping the cancer cells' ability to grow and divide. Chemotherapy is given by a medical oncologist, a doctor who specializes in treating cancer with medication.

Systemic chemotherapy gets into the bloodstream to reach cancer cells throughout the body. Common ways to give chemotherapy include an intravenous (IV) tube placed into a vein using a needle or in a pill or capsule that is swallowed (orally).

A chemotherapy regimen (schedule) usually consists of a specific number of cycles given over a set period of time. A patient may receive one drug at a time or combinations of different drugs at the same time.

Cervical cancer is often treated along with radiation therapy (see above). The goal of chemotherapy when given with radiation therapy is to increase the effectiveness of the radiation treatment. It can also be given to destroy cancer that is remaining after surgery, also called adjuvant therapy, or treat cervical cancer if it has come back. The addition of bevacizumab (Avastin) to combination chemotherapy in patients with later stages of cervical cancer [showed improvement in outcome](#) [13].

Although chemotherapy can be given orally (by mouth), most drugs used to treat cervical cancer are given intravenously (IV). IV chemotherapy is either injected directly into a vein or through a thin tube called a [catheter](#) [14], which is a tube temporarily put into a large vein to make injections easier.

The side effects of chemotherapy depend on the woman and the dose used, but they can include fatigue, risk of infection, nausea and vomiting, hair loss, loss of appetite, and diarrhea. These side effects usually go away once treatment is finished.

Other possible long-term side effects include the [inability to become pregnant and early menopause](#) [7]. Rarely, specific drugs may cause some hearing loss. Others may cause kidney damage. Patients may be given extra fluid intravenously for kidney protection. Talk with your doctor about the possible short-term and long-term side effects based on the drugs and dosages you'll be receiving.

Learn more about the basics of [chemotherapy](#) [15] and [preparing for treatment](#) [16]. The medications used to treat cancer are continually being evaluated. Talking with your doctor is often the best way to learn about the medications prescribed for you, their purpose, and their potential side effects or interactions with other medications. Learn more about your prescriptions by using [searchable drug databases](#) [17].

Getting care for symptoms and side effects

Cancer and its treatment often cause side effects. In addition to treatment to slow, stop, or

eliminate the cancer, an important part of cancer care is relieving a woman's symptoms and side effects. This approach is called palliative or supportive care, and it includes supporting the patient with her physical, emotional, and social needs.

Palliative care is any treatment that focuses on reducing symptoms, improving quality of life, and supporting patients and their families. Any person, regardless of age or type and stage of cancer, may receive palliative care. It works best when palliative care is started as early as needed in the cancer treatment process. Women often receive treatment for the cancer and treatment to ease side effects at the same time. In fact, patients who receive both often have less severe symptoms, better quality of life, and report they are more satisfied with treatment.

Palliative treatments vary widely and often include medication, nutritional changes, relaxation techniques, emotional support, and other therapies. You may also receive palliative treatments similar to those meant to eliminate the cancer, such as chemotherapy, surgery, or radiation therapy. Talk with your doctor about the goals of each treatment in your treatment plan.

Before treatment begins, talk with your health care team about the possible side effects of your specific treatment plan and palliative care options. And during and after treatment, be sure to tell your doctor or another health care team member if you are experiencing a problem so it can be addressed as quickly as possible. Learn more about [palliative care](#) [18].

Treatment options by stage

Radiation therapy alone or surgery is generally used for a small tumor. These treatments have been shown to be equally effective at treating early stage cervical cancer. Chemoradiation (a combination of chemotherapy and radiation therapy) is generally used for women with a larger tumor or if the lymph nodes are found to have cancer cells. Commonly, radiation therapy and chemotherapy are used after surgery when the patient is at a high risk for the cancer coming back or if the cancer has spread.

Metastatic cervical cancer

If cancer spreads to another part in the body from where it started, doctors call it metastatic cancer. If this happens, it is a good idea to talk with doctors who have experience in treating it. Doctors can have different opinions about the best standard treatment plan. Also, clinical trials might be an option. Learn more about getting a [second opinion](#) [19] before starting treatment, so you are comfortable with your treatment plan chosen.

Chemotherapy and surgery may be used to treat or remove newly affected areas both within the pelvic area and in other parts of the body. Palliative care will also be important to help relieve symptoms and side effects, especially with radiation therapy to relieve pain and other symptoms.

For most women, a diagnosis of metastatic cancer is very stressful and, at times, difficult to bear. Patients and their families are encouraged to talk about the way they are feeling with

doctors, nurses, social workers, or other members of the health care team. It may also be helpful to talk with other patients, including through a support group.

Remission and the chance of recurrence

A remission is when cancer cannot be detected in the body and there are no symptoms. This may also be called having “no evidence of disease” or NED.

A remission may be temporary or permanent. This uncertainty causes many people to worry that the cancer will come back. While many remissions are permanent, it’s important to talk with your doctor about the possibility of the cancer returning. Understanding your risk of recurrence and the treatment options may help you feel more prepared if the cancer does return. Learn more about [coping with the fear of recurrence](#) [20].

If the cancer does return after the original treatment, it is called recurrent cancer. Recurrent cancer may come back in the same place (called a local recurrence), nearby (regional recurrence), or in another place (distant recurrence).

When this occurs, a cycle of testing will begin again to learn as much as possible about the recurrence. After testing is done, you and your doctor will talk about your treatment options. Often the treatment plan will include the treatments described above such as chemotherapy and radiation therapy but they may be used in a different combination or given at a different pace. Your doctor may also suggest clinical trials that are studying new ways to treat this type of recurrent cancer. Whichever treatment plan you choose, palliative care will be important for relieving symptoms and side effects.

Women with recurrent cancer often experience emotions such as disbelief or fear. Patients are encouraged to talk with their health care team about these feelings and ask about support services to help them cope. Learn more about [dealing with cancer recurrence](#) [21].

If treatment fails

Recovery from cancer is not always possible. If the cancer cannot be cured or controlled, the disease may be called advanced or terminal.

This diagnosis is stressful, and advanced cancer is difficult to discuss for many people. However, it is important to have open and honest conversations with your doctor and health care team to express your feelings, preferences, and concerns. The health care team is there to help, and many team members have special skills, experience, and knowledge to support patients and their families. Making sure a person is physically comfortable and free from pain is extremely important.

Women who have advanced cancer and who are expected to live less than 6 months may want to consider a type of palliative care called hospice care. Hospice care is designed to provide the best possible quality of life for people who are near the end of life. You and your family are

encouraged to think about where you would be most comfortable: at home, in the hospital, or in a hospice environment. Nursing care and special equipment can make staying at home a workable alternative for many families. Learn more about [advanced cancer care planning](#) [22].

After the death of a loved one, many people need support to help them cope with the loss. Learn more about [grief and loss](#) [23].

The [next section in this guide is About Clinical Trials](#) [3]. It offers more information about research studies that are focused on finding better ways to care for people with cancer. Or, use the menu to choose another section to continue reading this guide.

Links

- [1] <http://www.cancer.net/cancer-types/cervical-cancer/treatment-options>
- [2] <http://www.cancer.net/about-us>
- [3] <http://www.cancer.net/node/18683>
- [4] <http://www.cancer.net/node/18686>
- [5] <http://www.cancer.net/node/25356>
- [6] <http://www.cancer.net/node/24582>
- [7] <http://www.cancer.net/node/25240>
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- [9] <http://www.cancer.net/node/18680>
- [10] <http://www.cancer.net/node/30689>
- [11] <http://www.cancer.net/node/24728>
- [12] <http://www.rtanswers.org/treatmentinformation/cancertypes/gynecologic/index.aspx>
- [13] <http://www.cancer.net/node/29591>
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