Eyelid 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, use the menu on the side of your screen.

This section outlines treatments that are the standard of care (the best proven treatments available) for this specific type of cancer. When making treatment plan decisions, patients are also encouraged to consider clinical trials as an option. A clinical trial is a research study to test a new treatment to evaluate whether it is safe, effective, and possibly better than standard treatment. Your doctor can help you review all treatment options. For more information, see the Clinical Trials [3] and Current Research [4] sections.

Treatment overview

A person with eyelid cancer may be treated by more than one type of specialist with more than one type of treatment. This is called a multidisciplinary team [5] approach. This team may include a dermatologist (a doctor who specializes in diseases and conditions of the skin), surgeon, radiation oncologist, ophthalmologist (a medical doctor who specializes in diseases and function of the eye), and medical oncologist. For example, patients with eyelid cancer should talk with doctors with experience in treating this type of cancer who can provide guidance on preserving the function of the eye during treatment and identifying potential problems after treatment. Patients should have a sense that their doctors have a coordinated plan of care and are communicating effectively with one another. If patients do not feel that the team is communicating effectively with them or each other about the goals of treatment and the plan of care, patients should discuss this with their doctors or seek additional opinions before treatment.

Descriptions of the most common treatment options for eyelid cancer are listed below. Treatment options and recommendations depend on several factors, including the type and stage of cancer, possible side effects, and the patient's preferences and overall health. Doctors may use a combination of treatments to effectively remove the cancer and reduce the chance of it spreading. In addition, the doctors will strive to maintain the health and vision of the patient's eye. Learn more about making treatment decisions [6].

Surgery

Surgery is the removal of the tumor and surrounding tissue during an operation. Eye surgery is

typically performed by an ophthalmologist. Different types of surgical procedures are used depending on the size of the cancer and where it is located.

Extensive surgery may result in scarring and deformity of the eyelid, enucleation (removal of the eye), and/or may cause problems with tear drainage. Talk with your doctor before surgery about the possible side effects from your surgery, including changes to your appearance, as well as physical and psychological support services available to you for your recovery.

Biopsy. A surgical biopsy may remove part of the tumor (incisional) or the entire tumor (excisional). If the tumor is found to be cancerous, and the surgeon has removed a sufficient margin of healthy tissue along with the tumor, an excisional biopsy may be the only treatment needed. See the Diagnosis [7] section for more information about a biopsy for eyelid cancer.

Mohs' surgery. This technique involves removing the visible tumor and small fragments of the edge of where the tumor existed. Each small fragment is examined under a microscope until all cancer is removed. This procedure is most often used for a larger tumor, a tumor in hard-to-reach place, and for cancer that has come back to the same place; however, it is increasingly becoming a preferred technique for removing an eyelid tumor. After Mohs' surgery, a patient may need to undergo reconstructive surgery by an ophthalmologist or plastic surgeon trained in ocular (eye) reconstructive procedures to retain the function of the eye.

Cryosurgery. Cryosurgery, also called cryotherapy or cryoablation, uses liquid nitrogen to freeze and kill cells. The skin will later blister and shed off. This procedure will sometimes leave a pale scar, and patients may need more than one freezing procedure.

Reconstructive surgery. Many patients with eyelid cancer require reconstructive surgery. Reconstructive surgery differs from cosmetic surgery in that it is generally performed to improve eye function, although it may also be done to approximate a normal appearance. Cosmetic surgery is performed on normal structures for the purpose of appearance. A surgeon may use skin grafts in order to completely reconstruct the eyelid and give patients a normal appearance.

Having an eye removed

Although rare, sometimes the only choice a doctor has is to remove the eye. Because of this visual loss, a person with one eye may have trouble with depth perception. Most people adjust to these differences.

Many people worry about what they will look like when they have an eye removed. The cosmetic surgery available today usually yields good cosmetic results. To fill the area left by the missing eye, the person is fitted for a prosthesis (artificial eye). The prosthesis will look and behave almost the same as a natural eye. For example, the artificial eye will move along with the person's remaining eye, just not as much as a natural eye moves. Family members may be able to tell that the eye is not real, but it is unlikely that strangers will know. If enucleation is required, talk with your doctor about a prosthesis; it may take many weeks for patients to receive the prosthesis. Also, ask about support services that may be available to you to help adjust to the loss of an eye. Learn more about rehabilitation [8].

Learn more about cancer surgery [9].

Radiation therapy

Radiation therapy is the use of high-energy x-rays or other particles to kill cancer cells. A doctor who specializes in giving radiation therapy to treat cancer is called a radiation oncologist. The most common type of radiation treatment is called external-beam radiation therapy, which is radiation given from a machine outside the body. A radiation therapy regimen (schedule) usually consists of a specific number of treatments given over a set period of time.

Radiation therapy may be used for a cancer that is hard to treat with surgery, and several treatments may be needed. The treatment may produce a rash or dry and discolor the skin. Other side effects from radiation therapy may include fatigue, mild skin reactions, upset stomach, and loose bowel movements. Most side effects go away soon after treatment is finished; however, other side effects, such as those listed below, may show up later.

Treatment for eyelid cancer using radiation therapy is continually improving. Talk with your doctor about the risks and benefits of the different types of radiation therapy. Side effects may include:

Cataracts. Cataracts are very common. A cataract occurs when the lens of the eye becomes cloudy. People with cataracts may have cloudy or foggy vision, have trouble seeing at night, or have problems with glare from the sun or bright lights. If the cataract is causing major problems with a person's eyesight, it can be surgically removed.

Loss of eyelashes and/or a dry eye. Loss of eyelashes and/or a dry eye can occur with radiation therapy. Some treatment options include over-the-counter eye drops, prescription eye drops such as cyclosporine ophthalmic (Restasis), and plugs that can be placed in the tear ducts. Talk with your ophthalmologist about how to help relieve these side effects.

Change in lid position. After radiation therapy and/or surgery, the eyelid may roll inward (entropion) or sag outward (ectroption). Either condition may affect eye health and can be repaired with surgery.

Other common side effects. Other common side effects from radiation therapy include red eye, tearing, and sensitivity to light.

The following side effects are much less common and can cause a loss of vision:

Radiation retinopathy. Radiation retinopathy is the development of abnormal blood vessels in the retina, which is the thin-layered structure that lines the eyeball.

Radiation optic neuropathy. Radiation optic neuropathy is radiation-induced optic nerve damage.

Neovascular glaucoma. Neovascular glaucoma is a painful condition that involves new blood vessels developing and blocking the regular release of fluid from the eye.

If there is significant damage to the eye from radiation therapy, the eye may need to be removed

(see above).

Learn more about radiation therapy [10].

Chemotherapy

Chemotherapy is the use of drugs to kill cancer cells, usually by stopping the cancer cells' ability to grow and divide. For eyelid cancer, chemotherapy is most commonly a topical therapy, meaning it is placed directly on the affected skin. Topical chemotherapy may be prescribed by a medical oncologist, a doctor who specializes in treating cancer with medication, or by an ophthalmologist or dermatologist.

The most common topical chemotherapy is fluorouracil (Efudex). This is a skin cream or solution a patient puts on the affected area. It may be used as an alternative to surgery, especially for patients with smaller tumors.

The side effects of topical fluorouracil may include pain, burning, itching, dryness, irritation, or swelling where it was applied. Sometimes people experience sensitivity to sunlight and scarring or discoloration of the skin. These side effects usually go away once treatment is finished.

Learn more about chemotherapy [11] and preparing for treatment [12]. 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 [13].

Palliative/supportive care

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 person's symptoms and side effects. This approach is called palliative or supportive care, and it includes supporting the patient with his or her physical, emotional, and social needs.

Palliative care can help a person at any stage of illness. People 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.

Before treatment begins, talk with your health care team about the possible side effects of your specific treatment plan and supportive 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 is addressed as quickly as possible. Learn more about palliative care [14].

Recurrent eyelid cancer

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

A remission can be temporary or permanent. This uncertainty leads to many survivors feeling

worried or anxious 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 the 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 [15].

If the cancer does return after the original treatment, it is called recurrent cancer. It 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 therapies described above (such as surgery, chemotherapy, and radiation therapy) but 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.

People 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 [16].

Metastatic eyelid cancer

If cancer has spread to another location in the body, it is called metastatic cancer. Rarely, melanoma, squamous cell carcinoma, or sebaceous carcinoma may spread to other parts of the body.

Patients with this diagnosis are encouraged to talk with doctors who are experienced in treating this stage of cancer, because there can be different opinions about the best treatment plan. Learn more about seeking a second opinion [17] before starting treatment, so you are comfortable with the treatment plan chosen. This discussion may include clinical trials [3].

Your health care team may recommend a treatment plan that includes a combination of surgery, radiation therapy, and chemotherapy. If the cancer has spread to nearby areas, such as the tumor invading the sinuses or brain, radical surgical resection (extensive surgery) may be an option. However, surgery alone is not effective in treating eyelid cancer that has metastasized to distant parts of the body. To control the disease at this stage, chemotherapy, immunotherapy, and/or radiation therapy may be necessary. Immunotherapy (also called biologic therapy) is designed to boost the body's natural defenses to fight the cancer. It uses materials made either by the body or in a laboratory to bolster, target, or restore immune system function. Learn more about immunotherapy [18]. Supportive care will also be important to help relieve symptoms and side effects.

For many patients, a diagnosis of metastatic cancer can be 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.

If treatment fails

Recovery from cancer is not always possible. If treatment is not successful, the disease may be called advanced or terminal cancer.

This diagnosis is stressful, and this 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.

Palliative care given toward the end of a person's life is called hospice care [19]. 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 [20].

After the death of a loved one, many people need support to help cope with the loss. Learn more about grief and bereavement [21].

Find out more about common terms used during cancer treatment [22].

The next section helps explain clinical trials, which are research studies. Use the menu on the side of your screen to select About Clinical Trials, or you can select another section, to continue reading this guide.

Links:
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[2] http://www.cancer.net/about-us
[3] http://www.cancer.net/node/18832
[4] http://www.cancer.net/node/18835
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