Gallbladder Cancer - Treatment Options

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Treatment Options

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 the standard treatment. Your doctor can help you review all treatment options. For more information, see the Clinical Trials [2] and Latest Research [3] 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 [4]. For gallbladder cancer, the team of doctors may include a gastroenterologist, a surgeon, a medical oncologist, and a radiation oncologist.

Descriptions of the most common treatment options for gallbladder cancer are listed below. Gallbladder cancer may be treated with one or more treatments, including surgery, chemotherapy, or radiation therapy. If detected at an early stage, gallbladder cancer has a much higher chance of being successfully treated.

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. Take time to learn about 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 [5].

Surgery

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

A surgical oncologist is a doctor who specializes in treating cancer using surgery. The following are types of surgery used in the treatment of gallbladder cancer:

Cholecystectomy. Also called a simple cholecystectomy, this procedure involves the removal of the gallbladder. An extended cholecystectomy is the removal of the gallbladder, one inch or more of liver tissue located next to the gallbladder, and all of the lymph nodes in the region.

Radical gallbladder resection. This procedure involves the removal of the gallbladder, a wedge-shaped section of the liver near the gallbladder, the common bile duct, part or all of the ligaments between the liver and intestines, and the lymph nodes around the pancreas and nearby blood vessels.

Palliative surgery. Surgery may sometimes help relieve symptoms caused by gallbladder cancer, even if the tumor cannot be removed. For example, surgery may relieve a blockage of the bile ducts or intestines.

Learn more about cancer surgery [6].

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 for gallbladder cancer is called external-beam radiation therapy, which is radiation therapy 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 before surgery to shrink the size of the tumor or after surgery to destroy any remaining cancer cells. In some cases, radiation therapy is given during surgery to directly target the area of the tumor and protect healthy organs from the effects of traditional radiation therapy. This procedure is called intra-operative radiation therapy, or IORT.

Side effects of radiation therapy may include fatigue, mild skin reactions, upset stomach, loose bowel movements, and damage to nearby structures

such as the liver or intestines. Most side effects go away soon after treatment is finished. Learn more about radiation therapy [7].

Chemotherapy

Chemotherapy is the use of drugs to kill cancer cells, usually by stopping the cancer cells? ability to grow and divide. Systemic chemotherapy is delivered through the bloodstream to reach cancer cells throughout the body. Chemotherapy is given by a medical oncologist, a doctor who specializes in treating cancer with medication. 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.

Chemotherapy may be given before surgery to shrink the tumor or after surgery to destroy any remaining cancer cells. It also may be combined with radiation therapy. Chemotherapy can be given by mouth or injection. The drugs that are commonly recommended include gemcitabine (Gemzar), fluorouracil (5-FU), and cisplatin (Platinol). The side effects of chemotherapy depend on the individual 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.

Learn more about chemotherapy [8] and preparing for treatment [9]. 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 [10].

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 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.

Palliative treatments vary widely and often include medication, nutritional changes, relaxation techniques, and other therapies. You may also receive palliative treatments similar to those meant to eliminate the cancer, such as chemotherapy, surgery, and 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 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 [11].

Recurrent gallbladder 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 [12].

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, including whether the cancer?s stage has changed. 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 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.

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 [13].

Metastatic gallbladder cancer

If cancer has spread to another location in the body, it is called metastatic cancer. 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 [14] before starting treatment, so you are comfortable with the treatment plan chosen. This discussion may include clinical trials [2].

Your health care team may recommend a treatment plan that includes a combination of surgery, chemotherapy, or radiation therapy. Supportive care will also be important to help relieve symptoms and side effects.

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.

Patients who have advanced cancer and who are expected to live less than six 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 [15].

After the death of a loved one, many people need support to help them cope with the loss. Learn more about grief and bereavement [16].

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:
[1] http://www.cancer.net/about-us
[2] http://www.cancer.net/node/18863
[3] http://www.cancer.net/node/18866
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