

Sarcoma - Kaposi - 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 the standard treatment. Your doctor can help you review all treatment options. For more information, see the [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].

Antiviral treatment

For patients with epidemic Kaposi sarcoma, highly active antiviral treatment (HAART) for HIV/AIDS is usually used before any other treatment options to treat the tumor and reduce the patient's symptoms. HAART may be given alone or in combination with chemotherapy (see below), depending on the spread of the disease and the patient's symptoms.

Rarely, HAART can make the preexisting infections and the Kaposi sarcoma worse. This reaction is called "immune reconstitution inflammatory syndrome" (IRIS). If symptoms get worse in the initial weeks after starting HAART, talk with your doctor.

In addition to antiviral therapy, descriptions of the most common treatment options for Kaposi sarcoma 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. 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](#) [6].

Surgery

Surgery is the removal of the tumor and surrounding tissue (called a margin) during an operation. Surgery may be performed by a surgical oncologist, a doctor who specializes in treating cancer using surgery. Surgery is most useful when the lesions are located in a single area or a few specific areas. Two types of surgical procedures used for Kaposi sarcoma are:

Curettage and electrodesiccation. During this procedure, the cancer is removed with a curette, a sharp, spoon-shaped instrument. The area can then be treated with electrodesiccation, which uses an electric current to control bleeding and destroy any remaining cancer cells. Many patients have a flat, pale scar from this procedure.

Cryosurgery. Cryosurgery (also called cryotherapy or cryoablation) uses liquid nitrogen to freeze and destroy cells. The skin will later blister and slough off (shed off). This procedure will sometimes leave a pale scar. More than one freezing may be needed.

Learn more about [cancer surgery](#) [7].

Photodynamic therapy

During photodynamic therapy, a light-sensitive substance is injected into the lesion. This substance remains in the cancerous cells longer than the healthy cells. A laser is then directed at the lesion to destroy the cancerous cells that have absorbed the light-sensitive substance.

Radiation therapy

Radiation therapy uses 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. Traditional external-beam radiation therapy delivers x-rays from a machine outside the body to remove the tumor. It may also be given as a palliative treatment (care given to improve quality of life by treating the symptoms and side effects of the cancer or its treatment). A radiation therapy regimen (schedule) usually consists of a specific number of treatments given over a set period of time.

Treatment may cause a rash, dry or red skin, or it may change the color of the skin. Other side effects from radiation therapy may include fatigue, upset stomach, and loose bowel movements. Most side effects go away soon after treatment is finished. Learn more about [radiation therapy](#) [8].

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 usually consists of a specific number of cycles given over a set period of time. Sometimes, chemotherapy is injected directly into the lesion to kill the cancer cells, called intralesional injections.

A patient may receive one drug at a time or combinations of different drugs at the same time. Commonly used drugs for epidemic Kaposi sarcoma are liposomal doxorubicin (Doxil, Rubex), paclitaxel (Taxol), and vinorelbine (Navelbine).

The side effects of chemotherapy depend on the individual and the dose used, but they may include nausea and vomiting, hair loss, loss of appetite, diarrhea, fatigue, low blood count, bleeding or bruising after minor cuts or injuries, numbness and tingling in the hands or feet, headaches, and darkening of the skin and fingernails. These side effects usually go away once treatment is finished.

Learn more about [chemotherapy](#) [9] and [preparing for treatment](#) [10]. 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](#) [11].

Immunotherapy

Immunotherapy (also called biologic therapy) is designed to boost the body's natural defenses to fight cancer. It uses materials made either by the body or in a laboratory to improve, target, or restore immune system function. Sometimes, Kaposi sarcoma responds well to alpha-interferon (Roferon-A [2a], Intron A [2b], Alferon [2a]), which appears to work by changing proteins on the surface of the cancer cells and by slowing their growth. The most common side effects of immunotherapy are a decreased white blood cell count and flu-like symptoms. Learn more about [immunotherapy](#) [12].

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 the 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](#) [13].

Recurrent Kaposi sarcoma

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](#) [14].

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](#) [15].

Metastatic Kaposi sarcoma

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](#) [16] 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. Supportive care will also be important to help relieve symptoms and side effects.

For most patients, 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.

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](#) [17].

After the death of a loved one, many people need support to help them cope with the loss. Learn more about [grief and bereavement](#) [18].

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/cancer-types/sarcoma-kaposi/treatment-options>
- [2] <http://www.cancer.net/about-us>
- [3] <http://www.cancer.net/node/18963>
- [4] <http://www.cancer.net/node/18966>
- [5] <http://www.cancer.net/node/25356>
- [6] <http://www.cancer.net/node/24582>
- [7] <http://www.cancer.net/node/24720>
- [8] <http://www.cancer.net/node/24728>
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- [18] <http://www.cancer.net/node/25111>