

[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.

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 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. 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].

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

Surgery

Surgery is the removal of the tumor and some surrounding healthy tissue during an operation. Surgery may be performed by a surgical oncologist. A surgical oncologist is 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 sharp, spoon-shaped instrument called a curette. 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, which is also called cryotherapy or cryoablation, uses liquid nitrogen to freeze and destroy cells. The skin will later blister and fall away. 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 destroy cancer cells. A doctor who specializes in giving radiation therapy to treat cancer is called a radiation oncologist. It may also be given as a palliative treatment to improve quality of life by treating symptoms and side effects. 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.

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 the basics of [radiation therapy](#) [8].

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. Sometimes, chemotherapy is injected directly into the lesion to destroy the cancer cells. This is called an intralesional injection.

A patient may receive 1 drug at a time or combinations of different drugs at the same time. Common drugs used for epidemic Kaposi sarcoma include liposomal doxorubicin (Doxil), paclitaxel (Taxol), and vinorelbine (Alocrest, 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 the basics of [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 the basics of [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 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. 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, 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 the 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](#) [13].

Metastatic or widespread Kaposi sarcoma

In other types of cancer, if cancer spreads to another part in the body from where it started, doctors call it metastatic cancer. Because Kaposi sarcoma affects more than 1 area of skin, it is difficult to indicate what is "metastatic," compared to other cancers. However, Kaposi sarcoma is considered more serious if it involves organs other than the skin, such as the lungs, liver, or gastrointestinal tract. If this happens, it is a good idea to talk with doctors who have experience in treating widespread Kaposi sarcoma. 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](#) [14] before starting treatment, so you are comfortable with your chosen treatment plan.

Your treatment plan may include a combination of surgery, radiation therapy, and chemotherapy. Palliative care will also be important to help relieve symptoms and side effects.

For most patients, a diagnosis of widespread Kaposi sarcoma 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 being “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](#) [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 treatments described above, such as antiviral treatment, surgery, chemotherapy, radiation therapy, and immunotherapy, 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.

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].

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.

Patients 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](#) [17].

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

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/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/30689>

[8] <http://www.cancer.net/node/24728>

[9] <http://www.cancer.net/node/24723>

[10] <http://www.cancer.net/node/24473>

[11] <http://www.cancer.net/node/25369>

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[18] <http://www.cancer.net/node/25111>