Mesothelioma - Treatment Options [1]

This section has been reviewed and approved by the Cancer.Net Editorial Board [2], 06/2015

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 known 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 approach to treatment to evaluate whether it is safe, effective, and possibly better than the standard treatment. Clinical trials may test such approaches as a new drug, a new combination of standard treatments, or new doses of current therapies. Your doctor can help you review all treatment options. For more information, 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 both pleural and peritoneal mesothelioma 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].

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. The type of surgery for mesothelioma depends on the stage and location of the cancer.

- **Pleural mesothelioma.** For patients with pleural mesothelioma, the surgeon may remove the cancerous

lining around the lung in a procedure called a pleurectomy. Generally, the tumor cannot be completely removed with this procedure. A more aggressive surgery for pleural mesothelioma is called an extrapleural pneumonectomy. This is the removal of the lining of the lung, the entire lung, a portion of the diaphragm, and often a portion of the lining around the heart. This is a difficult surgery and is recommended only after the doctor has reviewed many factors, including the patient?s overall health and the stage of the disease. If the entire tumor cannot be removed, other treatments such as radiation therapy or chemotherapy may be recommended (see below).

- **Peritoneal mesothelioma.** Patients with peritoneal mesothelioma may often have a surgery called a peritonectomy, which is the removal of the lining around the abdominal organs. Since patients with peritoneal mesothelioma often have tumors throughout the entire abdomen, it is difficult to remove all of them. The goal of surgery is to leave behind tumors that are as small as possible. After surgery, chemotherapy is often placed directly into the abdomen (see below).

Talk with your doctor before surgery about possible side effects based on the type of surgery you?ll be having, including what can be done to relieve or reduce those side effects. Learn more about the basics of cancer surgery [7].

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. The most common type of radiation treatment is called external-beam radiation, 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.

Side effects from radiation therapy include tiredness, mild skin reactions, upset stomach, and loose bowel movements. Most side effects go away soon after treatment is finished.

- **Pleural mesothelioma.** It is challenging to treat pleural mesothelioma with radiation therapy because of the risk of damaging the lung. When one of the two lungs has been surgically removed, radiation therapy is often given to the chest cavity to lower the risk of the mesothelioma returning in the chest. For example, this approach may be used after an extrapleural pneumonectomy (see Surgery, above). For some patients, radiation therapy may be given to a smaller area to help relieve symptoms such as pain.

- **Peritoneal mesothelioma.** For patients with peritoneal mesothelioma, radiation therapy can be used to treat the entire abdomen, but this often causes severe side effects and is not commonly done.

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 for mesothelioma include an intravenous (IV) tube placed into a vein using a needle. Chemotherapy can also be given directly to the abdomen after surgery, called intraperitoneal chemotherapy.

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.

- **Pleural mesothelioma.** The chemotherapy treatment best studied in mesothelioma is the combination of pemetrexed (Alimta) and cisplatin (Platinol) or carboplatin (Paraplatin). These medications are given intravenously every three weeks. The most common side effects include fatigue, nausea, vomiting, damage to the kidneys, numbness and tingling in the fingers or toes, decreased hearing, rash, low white blood count that increases the risk infection, or anemia, but patients may experience other side effects as well. Patients receiving this treatment are given the vitamins B12 and folic acid to lower the risk of these side effects. Other medications, such as those used to prevent vomiting [9], are also available to relieve many of these side effects.

- **Peritoneal mesothelioma.** As mentioned in the surgery section (above), chemotherapy is often given directly into the abdomen after surgery. IV chemotherapy is also used. Just as with pleural mesothelioma, the combination of pemetrexed with cisplatin or carboplatin are most often used for treatment.

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 the basics of chemotherapy [10] and preparing for treatment [11]. 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 [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. Examples of palliative care for mesothelioma include draining fluid that has built up in the patient?s chest or abdomen or using radiation therapy or chemotherapy to relieve symptoms, such as pain. 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 [13].

Metastatic mesothelioma

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 getting a second opinion [14] before starting treatment, so you are comfortable with the treatment plan chosen. This discussion may include clinical trials [15] . Palliative 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.

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. 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 [16].

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 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. 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 [17].

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 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 [18].

After the death of a loved one, many people need support to help them cope with the loss. Learn more about grief and loss [19].

The next section in this guide is About Clinical Trials [3] *and it offers more information about research studies that are focused on finding better ways to care for people with cancer. Or, use the menu on the side of your screen to choose another section to continue reading this guide.*

Links:
[1] http://www.cancer.net/cancer-types/mesothelioma/treatment-options
[2] http://www.cancer.net/about-us
[3] http://www.cancer.net/node/19287
[4] http://www.cancer.net/node/19290
[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
[9] http://www.cancer.net/node/29891
[10] http://www.cancer.net/node/24723
[11] http://www.cancer.net/node/24473
[12] http://www.cancer.net/node/25369
[13] http://www.cancer.net/node/25282
[14] http://www.cancer.net/node/25355
[15] http://www.cancer.net/node/24863
[16] http://www.cancer.net/node/25241
[17] http://www.cancer.net/node/25042
[18] http://www.cancer.net/node/25113
[19] http://www.cancer.net/node/25111