Uterine Cancer - Treatment Options [1]

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ON THIS PAGE: You will learn about the different ways doctors use to treat women with this type of cancer. To see other pages in this guide, 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]. Your health care team should include a gynecologic oncologist, which is a doctor who specializes in the cancers of the female reproductive system.

Cancer care teams also include a variety of other health care professionals, including physician assistants, oncology nurses, social workers, pharmacists, counselors, dietitians, and others.

Uterine cancer is treated by one or a combination of treatments, including surgery, radiation therapy, chemotherapy, and hormone therapy. Combinations of treatments are often recommended. Each treatment option is described below, followed by an outline of treatments based on the stage of the disease. Treatment options and recommendations depend on several

factors, including the type and stage of cancer, possible side effects, and the woman's overall health, and her age and her personal preferences, including whether or how treatment will affect the ability to have children. Women with uterine cancer may have concerns about if or how their treatment may affect their sexual function and fertility [6], and these topics should be discussed with the health care team before treatment begins.

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 [7].

Surgery

Surgery is the removal of the tumor and some surrounding healthy tissue during an operation. It is typically the first treatment used for uterine cancer. A surgical oncologist is a doctor who specializes in treating cancer using surgery. Learn more about the basics of cancer surgery [8].

Common surgical procedures for uterine cancer include:

- **Hysterectomy.** Depending on the extent of the cancer, the surgeon will perform either a simple hysterectomy (removal of the uterus and cervix) or a radical hysterectomy (removal of the uterus, cervix, the upper part of the vagina, and nearby tissues). For patients who have been through menopause, the surgeon will also perform a bilateral salpingo-oophorectomy, which is the removal of both fallopian tubes and ovaries.

  A hysterectomy may be performed as a traditional surgery with 1 large incision or by laparoscopy [9], which uses several smaller incisions. A hysterectomy when there is the possibility of cancer is usually performed by a gynecologic surgeon, which is a surgeon that specializes in surgery of the woman's reproductive system. Robotically assisted hysterectomy may also be available. In this type of surgery, a camera and instruments are inserted through small, keyhole incisions. The surgeon then directs the robotic instruments to remove the uterus, cervix, and surrounding tissue. Talk with your doctor about whether your treatment center offers this procedure and how the side effects and results compare to traditional surgery or laparoscopy.

- **Lymph node dissection**. At the same time as a hysterectomy, the surgeon may remove lymph nodes near the tumor to determine if the cancer has spread beyond the uterus.

- **Sentinel lymph node biopsy.** Sometimes a sentinel lymph node biopsy is performed. A sentinel lymph node biopsy is a procedure that helps the doctor find out whether cancer has spread to the lymph nodes. This procedure is proven to be useful for breast and other

cancers, and doctors are researching its usefulness in uterine cancer.

Side effects of surgery

After surgery, the woman may remain in the hospital for several days. Woman who received laparoscopic or robotically assisted surgery often have a shorter hospital stay than women who received traditional surgery. The most common short-term side effects include pain and tiredness. If a woman is experiencing pain, her doctor will prescribe appropriate medicine. Other immediate side effects may include nausea and vomiting, as well as difficulty emptying the bladder and having bowel movements. The woman's diet may be restricted to liquids, followed by a gradual return to solid foods.

If the ovaries are removed, this ends the body's production of sex hormones, resulting in premature menopause (if the woman has not already gone through menopause). While a hysterectomy substantially reduces the sex steroids that are produced by the body, the adrenal glands and fat tissues will provide some steroids as well. Soon after surgery, the woman is likely to experience menopausal symptoms, including hot flashes and vaginal dryness.

After a hysterectomy, a woman can no longer become pregnant. For this reason, it is particularly important for patients who wish to become pregnant in the future to talk with their doctor about all of their treatment options, before any treatment begins. Sometimes, options to preserve your ability to have children might include less extensive surgery followed by hormone therapy (see below). Your doctor can talk with you about both the potential risks and benefits of this approach and provide information to help you make an informed decision.

Before any operation for uterine cancer, women are encouraged to talk with their doctors about sexual and emotional side effects, reproductive health concerns [6], and ways to address these issues before and after cancer treatment.

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. A radiation therapy regimen (schedule) usually consists of a specific number of treatments given over a set period of time. The most common type of radiation treatment is called external-beam radiation therapy, which is radiation given from a machine outside the body.

Some women with uterine cancer need both radiation therapy and surgery (see above). The radiation therapy is most often given after surgery to destroy any cancer cells remaining in the area. Radiation therapy is rarely given before surgery to shrink the tumor. If a woman cannot have surgery, the doctor may recommend radiation therapy as another option.

Radiation therapy options for endometrial cancer may include radiation therapy directed towards the whole pelvis, or applied only to the vaginal cavity often called intravaginal

radiotherapy (IVRT) or vaginal brachytherapy.

Side effects from radiation therapy may include fatigue, mild skin reactions, upset stomach, and loose bowel movements and will depend on the extent of radiation therapy given. Most side effects usually go away soon after treatment is finished, but long-term side effects causing bowel or vaginal symptoms are possible.

Sometimes, doctors advise their patients not to have sexual intercourse during radiation therapy. Women may resume normal sexual activity within a few weeks after treatment if they feel ready.

Learn more about the basics of radiation therapy [10]. For more information about radiation therapy for gynecologic cancers, see the American Society for Therapeutic Radiology and Oncology's pamphlet, *Radiation Therapy for Gynecologic Cancers* [11].

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 or gynecologic oncologist, a doctor who specializes in treating women's reproductive cancer with medication. When recommended for endometrial cancer, chemotherapy is given usually after surgery, either with or instead of radiation therapy. Chemotherapy is also considered if the endometrial cancer returns after initial treatment.

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. A patient may receive 1 drug at a time or combinations of different drugs at the same time.

The goal of chemotherapy is to destroy cancer remaining after surgery or shrink the cancer and slow the tumor's growth if it comes back or has spread to other parts of the body. Although chemotherapy can be given orally, most drugs used to treat uterine cancer are given by IV. IV chemotherapy is either injected directly into a vein or through a catheter, which is a thin tube inserted into a vein.

The side effects of chemotherapy depend on the individual, the type of chemotherapy, 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. Advances in chemotherapy during the last 10 years include the development of new drugs for the prevention and treatment of side effects, such as antiemetics for nausea and vomiting [12] and hormones to prevent low white blood cell counts, if needed.

Other potential side effects of chemotherapy for uterine cancer include the inability to become pregnant and early menopause, if the patient has not already had a hysterectomy (see Surgery

above). Rarely, some drugs cause some hearing loss. Others may cause kidney damage. Patients may be given extra fluid intravenously for kidney protection.

Learn more about the basics of chemotherapy [13] and preparing for treatment [14]. 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 [15].

Hormone therapy

Hormone therapy is used to slow the growth of certain types of uterine cancer cells that have receptors to the hormones on them. These tumors are generally adenocarcinomas and are grade 1 or 2 tumors. Hormone therapy for uterine cancer often involves a high dose of the sex hormone progesterone, given in a pill form. Other hormone therapies include the aromatase inhibitors (AIs) often used for the treatment of women with breast cancer, such as anastrozole (Arimidex), letrozole (Femara), and exemestane (Aromasin). An AI is a drug that reduces the amount of the hormone estrogen in a woman's body by stopping tissues and organs other than the ovaries from producing it. Hormone therapy may also be used for women who cannot have surgery or radiation therapy or in combination with other types of treatment.

Side effects of hormone therapy in some patients include fluid retention, increase in appetite, insomnia, muscle aches and weight gain. Most side effects are manageable with the help of your health care team. Talk with your doctor about what you can expect.

Treatment options by stage

You may be recommended one or a combination of these treatment types depending a variety of factors, such as the tumor type, the tumor’s stage and grade, and other medical problems you may have.

Stage I

- Surgery alone
- Surgery with radiation therapy or chemotherapy
- Hormone therapy with a progesterone-type drug. This is given orally or through an intra-uterine device that is used in special circumstances.
- Surgery, radiation therapy, and chemotherapy

Stage II

- Surgery with radiation therapy or chemotherapy
- Surgery, radiation therapy, and chemotherapy

Stage III

- Surgery with radiation therapy or chemotherapy
- Surgery, radiation therapy, and chemotherapy

Stage IV (see below, Metastatic uterine cancer)

- Surgery
- Radiation therapy
- Hormone therapy
- Chemotherapy

It is important to ask your doctor about the various treatment options, including clinical trials that are available to you.

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 medications, 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 [16].

Metastatic uterine cancer

If cancer spreads to another part in the body from where it started, doctors call it metastatic cancer. If this happens, it is a good idea to talk with doctors who have experience in treating it. 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 [17] before starting treatment, so you are comfortable with your treatment plan chosen.

Your treatment plan may include radiation therapy, especially for recurrent cancer in the pelvis, or surgery. Hormone therapy may be used for cancer that has spread to distant parts of the body. A cancer that is high grade or that does not respond to hormone therapy is treated with chemotherapy. Women with stage IV uterine cancer are encouraged to consider participating in clinical trials [3]. 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. 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 [18].

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). Find out more about recurrent uterine cancer in Stages [19].

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 hormone therapy, radiation, and chemotherapy but they may be used in a different combination or given at a different pace. Sometimes, surgery is suggested for a return of cancer that is small or confined, called a localized recurrence. 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 [20].

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 may be difficult to discuss. 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 [21].

After the death of a loved one, many people need support to help cope with the loss. Learn more about grief and loss [22].

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/uterine-cancer/treatment-options

[2] http://www.cancer.net/about-us
[3] http://www.cancer.net/node/19316
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