Uterine Cancer - Treatment

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Treatment Options

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 standard treatment. Your doctor can help you review all treatment options. For more information, visit the Clinical Trials [2] and Current 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], which should include a gynecologic oncologist (a doctor who specializes in the cancers of the female reproductive system).

Uterine cancer is treated by one or a combination of treatments, including surgery, radiation therapy, chemotherapy, and hormone therapy. 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, the patient?s preferences and overall health, and personal considerations such as the woman's age and if she is planning to have children (fertility). Women with uterine cancer may have concerns about if or how their treatment may affect their sexual function and fertility [5], and these topics should be discussed with the health care team before treatment begins. Learn more about making treatment decisions [6].

Surgery

Surgery is the removal of the tumor and surrounding 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. Depending on the extent of the cancer, the surgeon will perform either a simple hysterectomy (removal of the body of the uterus and cervix) or a radical hysterectomy (removal of the uterus, cervix, the upper part of the vagina, and nearby tissues). In addition, the surgeon will remove lymph nodes near the tumor to determine if the cancer has spread beyond the uterus. The surgeon will also perform a bilateral salpingo-oophorectomy (removal of both fallopian tubes and ovaries) for patients who have been through menopause.

A hysterectomy may be performed as a traditional surgery (with one large incision) or by laparoscopy [7], which uses several smaller incisions. 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.

After surgery, the woman may remain in the hospital for several days to a week. 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 extreme 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.

After a hysterectomy, a woman can no longer become pregnant. 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). Soon after surgery, the woman is likely to experience menopausal symptoms, including hot flashes and vaginal dryness. Women are encouraged to talk with their doctors about sexual and emotional side effects [8], reproductive health concerns [5], and ways to address these issues before and after cancer treatment.

Learn more about cancer surgery [9].

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. 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.

When radiation treatment is given using implants, it is called internal radiation therapy or brachytherapy. Internal radiation therapy for uterine cancer is given by injecting a small amount of radioactive material directly into the tumor.

Some women with uterine cancer need both radiation therapy and surgery. 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.

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

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 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 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.

The goal of chemotherapy can be to destroy cancer remaining after surgery, slow the tumor's growth, or reduce side effects. Although chemotherapy can be given orally (by mouth), most drugs used to treat uterine cancer are given intravenously (IV). IV chemotherapy is either injected directly into a vein or through a catheter (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, loss of appetite, and diarrhea. These side effects usually go away once treatment is finished. Advances in chemotherapy during the last ten 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 and red blood cell counts.

Other potential side effects of chemotherapy for uterine cancer include the inability to become pregnant and early menopause. 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 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 uterine cancer cells. Hormone therapy for uterine cancer involves the sex hormone progesterone, given in a pill form. Other hormone therapies are tamoxifen (Nolvadex) and aromatase inhibitors (AIs), 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 be used for women who cannot have surgery or radiation therapy or in combination with other types of treatment.

Side effects of hormone therapy include fluid retention, increase in appetite, and weight gain. Women in their childbearing years may have changes in their menstrual cycle.

Treatment options by stage

Stage I

- Surgery
- Surgery and radiation therapy
- Hormone therapy
- Surgery, radiation, and chemotherapy

Stage II

- Surgery and radiation therapy
- Surgery, radiation, and chemotherapy

Stage III

- Surgery and radiation therapy
- Surgery and chemotherapy
- Surgery, radiation, and chemotherapy

Stage IV

- Surgery
- Radiation therapy
- Hormone therapy
- Chemotherapy

Palliative/supportive care

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.

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 [16].

Recurrent uterine 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 [17].

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 Staging. [18]

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 therapies described above (including hormone therapy, radiation, and chemotherapy) but 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 [19].

Metastatic uterine 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 [20] before starting treatment, so you are comfortable with the treatment plan chosen. This discussion may include clinical trials [21].

Your health care team may recommend a treatment plan that includes radiation therapy, especially for recurrent cancer in the pelvis. 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 [2]. Supportive care will also be important to help relieve symptoms and side effects.

For many patients, a diagnosis of metastatic cancer can be 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 it 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.

Palliative care given toward the end of a person?s life is called hospice care [22]. 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 [23].

After the death of a loved one, many people need support to help cope with the loss. Learn more about grief and bereavement [24].

Find out more about common terms used during cancer treatment [25].

Links:
[1] http://www.cancer.net/about-us
[2] http://www.cancer.net/node/19316
[3] http://www.cancer.net/node/19319
[4] http://www.cancer.net/node/25356
[5] http://www.cancer.net/node/25240
[6] http://www.cancer.net/node/24582
[7] http://www.cancer.net/node/24511
[8] http://www.cancer.net/node/24671
[9] http://www.cancer.net/node/24720
[10] http://www.cancer.net/node/24728
[11] http://www.rtanswers.org/treatmentinformation/cancertypes/gynecologic/index.aspx
[12] http://www.cancer.net/node/25711
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