

Pituitary Gland Tumor - Treatment Options [1]

This section has been reviewed and approved by the [Cancer.Net Editorial Board](#) [2], 03/2016

ON THIS PAGE: You will learn about the different ways doctors use to treat people with a pituitary gland tumor. 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

For a pituitary gland tumor, 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.

Any patient with a pituitary tumor should be seen by an endocrinologist, a doctor who specializes in problems with glands and the endocrine system. In addition, patients should be examined by a neurosurgeon, a specialist who operates on the head, brain, and central nervous system. Patients with vision problems will also need to visit an ophthalmologist, a doctor who specializes in the treatment and diagnosis of eye problems.

Descriptions of the most common treatment options for a pituitary gland tumor are listed below. Treatment options and recommendations depend on several factors, including:

- The type and stage of tumor
- Possible side effects
- The patient's preferences
- The patient's overall health

Your care plan may also include treatment for symptoms and side effects, an important part of medical 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].

Active surveillance

Active surveillance is an option for some people with a pituitary gland tumor who have no symptoms from the tumor and have hormones that work normally. This approach can also be called watchful waiting. During active surveillance, the patient is monitored closely with periodic examinations and tests, to watch for signs of tumor growth or progression. Treatment would begin only if the tumor started causing symptoms.

Surgery

Surgery is the removal of the tumor and some surrounding healthy tissue during an operation. It is the most common treatment for a pituitary gland tumor. Surgery, which is performed by a surgical oncologist, a doctor who specializes in treating a tumor using surgery, is often successful in removing the entire tumor.

About 95% of surgeries to remove pituitary gland tumors are done by the transsphenoidal route. That means going through the nasal passage and along the septum that separates the 2 nostrils. Then the surgeon goes through the sphenoid sinus cavity located deep above the back of the throat to the pituitary gland immediately behind it. The rest are done through an opening in the skull called a craniotomy. This can be done using a microscope or an [endoscope](#) [7], which is a long flexible tube, or both, so the surgeon can see the tumor.

Both of these methods are equally safe and effective when done by a skilled surgeon. Talk with

your surgeon beforehand to learn about possible side effects based on the type of surgery you will have.

Learn more about the basics of [surgery for a tumor](#) [8].

Radiation therapy

Radiation therapy is the use of high-energy x-rays or other particles to destroy tumor cells. A doctor who specializes in giving radiation therapy to treat a tumor is called a radiation oncologist.

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

For some patients, stereotactic radiation therapy is used when any part of the tumor is left after surgery. This kind of radiation therapy delivers a high dose of radiation directly to the tumor. Not all patients with part of a tumor remaining after surgery need radiation therapy. That's because some noncancerous pituitary gland tumors do not grow back even when some of the tumor is left behind after surgery. If the entire tumor is removed, then radiation therapy is not needed.

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

Depending on where the radiation therapy is directed, it may also cause vision problems and short-term memory or cognitive changes, meaning the thought process is affected. However, the risk of developing vision problems or short-term memory or cognitive changes from radiation treatment is small.

Advances in external-beam radiation therapy allow doctors to aim the radiation more directly at the pituitary gland, sparing more of the surrounding healthy tissue from the effects of radiation. Radiation therapy can cause the pituitary gland to gradually lose the ability to make hormones after treatment ends. If this occurs, hormone replacement therapy may be needed. See below for more information. Talk with your doctor about what to expect based on your specific radiation treatment and how side effects will be managed.

Learn more about the basics of [radiation therapy](#) [9].

Hormone replacement therapy (HRT)

HRT is often necessary for patients with a pituitary tumor when the gland is not making enough of a hormone due to the disease. This may include replacement of:

- Thyroid hormones
- Adrenal hormones
- Growth hormone
- Testosterone in men
- Estrogen in women

Drug therapy

If a pituitary tumor is overproducing a hormone, there are medications that can help. The drugs bromocriptine (Parlodel) and cabergoline (Dostinex) are used to treat tumors that secrete prolactin. Octreotide (Sandostatin) or pegvisomant (Somavert) can be used to treat tumors that make growth hormone. Octreotide can also be used to treat pituitary tumors that secrete thyroid-stimulating hormone.

The medications used to treat pituitary tumors are continually being evaluated. Talking with your doctor is often the best way to learn about the medications you have been prescribed, their purpose, and their potential side effects or interactions with other medications.

Learn more about your prescriptions by using [searchable drug databases](#) [10].

Getting care for symptoms and side effects

A tumor and its treatment often cause side effects. In addition to treatment to slow, stop, or eliminate the tumor, an important part of 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 a tumor, may receive palliative care. It works best when palliative care is started as early as needed in the tumor treatment process.

People often receive treatment for the tumor 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 tumor, such as 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](#) [11].

Aggressive pituitary gland tumor

If a tumor spreads to another part in the body from where it started, doctors call it a metastatic tumor. 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](#) [12] before starting treatment, so you are comfortable with your treatment plan chosen.

If a tumor grows quickly in the pituitary gland and spreads into nearby structures, it is called a locally invasive tumor. Both metastatic and locally invasive tumors can be aggressive, growing and spreading quickly. They are more likely to need treatment with radiation therapy than a noncancerous pituitary adenoma. However, many pituitary tumors do not grow quickly even when they are invasive, which is different from most other types of tumors.

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

For most patients, a diagnosis of an aggressive pituitary gland tumor 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 the tumor 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 tumor will come back. While many remissions are permanent, it is important to talk with your doctor about the possibility of the tumor returning. Understanding your risk of recurrence and the treatment options may help you feel more prepared if the tumor does return. Learn more about [coping with the fear of recurrence](#) [13].

If the tumor does return after the original treatment, it is called a recurrent tumor. It may come

back in the same place (called a local recurrence), nearby (regional recurrence), or in another place (distant recurrence), which is rare. If there is a recurrence, the tumor may need to be staged again (called re-staging) using the system described in the [Staging](#) [14] section.

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 and radiation therapy. However, 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 tumor.

Whichever treatment plan you choose, palliative care will be important for relieving symptoms and side effects.

People with a recurrent tumor 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 a recurrence](#) [15].

If treatment fails

Recovery from a tumor is not always possible. If the tumor cannot be cured or controlled, the disease may be called advanced or terminal.

This diagnosis is stressful, and advanced tumor 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 an advanced tumor 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 care planning](#) [16].

After the death of a loved one, many people need support to help them cope with the loss. Learn more about [grief and loss](#) [17].

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/pituitary-gland-tumor/treatment-options>
- [2] <http://www.cancer.net/about-us>
- [3] <http://www.cancer.net/node/19543>
- [4] <http://www.cancer.net/node/19546>
- [5] <http://www.cancer.net/node/24957>
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