Vulvar Cancer - Treatment [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, use the menu on the side of your screen.

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, see the Clinical Trials [3] and Current 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].

Descriptions of the most common treatment options for vulvar cancer 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. The main treatment for vulvar cancer is surgery. Radiation therapy and chemotherapy may be used if the cancer cannot be entirely removed with surgery. Learn more about making treatment decisions [6].

Women with vulvar cancer may have concerns about if and how these treatments may affect their sexual function and fertility (ability to have children) [7], and these topics should be discussed with the health care team before treatment begins.

Surgery

Surgery is the removal of the tumor and surrounding tissue during an operation. A surgical oncologist is a doctor who specializes in treating cancer using surgery. Due to the location and sensitivity of vulvar tissue, the type of surgery is carefully considered. Surgical options for vulvar cancer include:

Laser surgery. Laser surgery is the use of a focused beam of light that burns the cancer off the

skin. It can be used to treat precancerous conditions, but cannot be used to treat an invasive tumor.

Excision. This is the removal of the tumor and some of the surrounding healthy tissue (called a margin). If the procedure is extensive, this may be called a partial vulvectomy (see below).

Vulvectomy. This is the removal of part or all of the vulva. In a skinning vulvectomy, only the top layer of skin is removed. A simple vulvectomy is the removal of the entire vulva. A radical vulvectomy is the removal of part or all of the vulva and deep tissue, including the clitoris.

Learn more about cancer surgery [8].

Coping with vulvar surgery

Many women experience a range of feelings after vulvar surgery, such as loss, sadness, or anxiety. Some women may feel that they have lost their identity as women. Others have questions about whether sexual intercourse can continue after surgery.

Before surgery, it is important to ask the surgeon about the procedure, the possible side effects, and when sexual intercourse can resume. Women should talk with their doctors about finding additional information or support in coping with this surgery. Learn more about emotional and physical concerns [9] and coping with gynecologic surgery [10].

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. Radiation therapy may be used before surgery to shrink the size of the tumor or after surgery to destroy any remaining cancer cells. The most common type of radiation treatment is called external-bean 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.

General side effects from radiation therapy may include fatigue, mild skin reactions, upset stomach, and loose bowel movements. Most of these side effects go away soon after treatment is finished. Specific side effects may include narrowing of the vagina, damage to healthy vaginal tissue, and irritation of the intestines. The vagina may shorten and narrow so much that sexual intercourse is not possible. To prevent this, the vagina may need to be stretched with a plastic tube called a vaginal dilator several times a week.

Learn more about radiation therapy [11]. 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 [12].

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 side effects of chemotherapy depend on the individual 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.

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].

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 vulvar 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).

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 (such as surgery, chemotherapy, and radiation therapy) 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 [18].

Metastatic vulvar 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 [19] before starting treatment, so you are comfortable with the treatment plan chosen. This discussion may include clinical trials [3].

Your health care team may recommend a treatment plan that includes a combination of the treatments discussed above. 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 this 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.

Palliative care given toward the end of a person?s life is called hospice care [20]. 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 bereavement [22].

Find out more about common terms used during cancer treatment [23].

The next section helps explain clinical trials, which are research studies. Use the menu on the side of your screen to select About Clinical Trials, or you can select another section, to continue reading this guide.

Links:
[1] http://www.cancer.net/cancer-types/vulvar-cancer/treatment-options
[2] http://www.cancer.net/about-us
[3] http://www.cancer.net/node/19720
[4] http://www.cancer.net/node/19723
[5] http://www.cancer.net/node/25356
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