WHAT IS RHABDOMYOSARCOMA?
Rhabdomyosarcoma is a soft tissue sarcoma (a cancer that develops in the tissues that support and connect the body). Rhabdomyosarcoma begins in immature cells that normally form muscle. It develops in striated muscles, the muscles that people can control. The cancer may occur anywhere in the body, including in the head and neck, urinary or reproductive organs, and arms or legs. Rhabdomyosarcoma is the most common soft tissue sarcoma diagnosed in children.

WHAT ARE THE TYPES OF RHABDOMYOSARCOMA?
Rhabdomyosarcoma is classified as either favorable or unfavorable based on the histology (what the cells look like under a microscope). The more that the cancer cells look like healthy cells, the more “favorable” the tumor is and the greater the chance treatment will be successful. Unfavorable tumors are more difficult to treat than favorable tumors and may require more intense treatment.

WHAT DO STAGE AND GROUP MEAN?
The stage is a way of describing where the cancer is located, if or where it has spread, and whether it is affecting other parts of the body. There are four stages for rhabdomyosarcoma: stages 1 through 4. The tumor is also assigned to one of four clinical groups based on how much of the tumor can be surgically removed. More information is available at www.cancer.net/rhabdomyosarcoma.

HOW IS RHABDOMYOSARCOMA TREATED?
The treatment of rhabdomyosarcoma depends on the size and location of the tumor, whether the cancer has spread, and the child’s overall health. All children with rhabdomyosarcoma need intravenous chemotherapy (injected into a vein), as well as surgery and/or radiation therapy. The goal of surgery is to remove the entire tumor and some surrounding tissue. If the tumor cannot be completely removed or is inoperable (cannot be removed by surgery), a combination of chemotherapy and radiation therapy is recommended. The drugs used most often are vincristine (Oncovin, Vincasar PFS), dactinomycin (Cosmegen), and cyclophosphamide (Neosar). Several other medications are being researched as well.

When making treatment decisions, consider a clinical trial; most children with cancer are treated as part of one. Talk with your child’s doctor about all treatment options. The side effects of rhabdomyosarcoma treatment can often be prevented or managed with the help of your child’s health care team; this is called supportive care and is an important part of the overall treatment plan.

HOW CAN I HELP MY CHILD OR TEEN COPE WITH RHABDOMYOSARCOMA?
Helping your child or teenager understand a cancer diagnosis is a key part of the coping process. Children and adolescents with cancer should be treated at a pediatric cancer center. These centers not only provide access to the latest treatments, but they also offer age-appropriate programs for social and emotional needs. Encouraging your child and other family members to share their emotions can be helpful in managing the diagnosis, treatment, and healing process.

ASCO Answers is a collection of oncologist-approved patient education materials developed by the American Society of Clinical Oncology (ASCO) for people with cancer and their caregivers.
QUESTIONS TO ASK THE DOCTOR
Regular communication is important in making informed decisions about your child’s health care. Consider asking the following questions of your child’s doctors:

- Can you explain my child’s pathology report (laboratory test results) to me?
- What stage and group is the tumor? What does this mean?
- Is the histology of the tumor favorable or unfavorable? What does this mean?
- Would you explain my child’s treatment options?
- What clinical trials are open to my child?
- What treatment plan do you recommend for my child? Why?
- What is the goal of each treatment? Is it to eliminate the cancer, help my child feel better, or both?
- Who will be part of the treatment team, and what does each member do?
- How will this treatment affect my child’s daily life? Will he or she be able to go to school and perform his or her usual activities?
- What short-term and long-term side effects may be associated with my child’s cancer treatment?
- What follow-up tests will my child need, and how often will he or she need them?
- If I’m worried about managing the costs related to my child’s cancer care, who can help me with this concern?
- Where can I find emotional support for my child? For my family?
- Whom should I call for questions or problems?

Additional questions to ask the doctor can be found at www.cancer.net/rhabdomyosarcoma.

For more information, visit ASCO’s patient website, www.cancer.net, or call 888-651-3038.

TERMS TO KNOW
Benign:
A tumor that is not cancerous

Biopsy:
Removal of a tissue sample that is then examined under a microscope to check for cancer cells

Chemotherapy:
The use of drugs to destroy cancer cells

Clinical trial:
A research study that tests a new treatment or drug

Lymph node:
A tiny, bean-shaped organ that fights infection

Malignant:
A tumor that is cancerous

Metastasis:
The spread of cancer from where the cancer began to another part of the body

Multidisciplinary therapy:
Also called combined modality; using a combination of treatments such as surgery, chemotherapy, and radiation therapy

Pediatric oncologist:
A doctor who specializes in treating children and teens with cancer

Prognosis:
Chance of recovery

Radiation therapy:
The use of high-energy x-rays to destroy cancer cells

Tumor:
An abnormal growth of body tissue