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What chemotherapy is used for ovarian cancer

Chemotherapy uses anti cancer drugs to destroy cancer. The drugs circulate throughout the body in the bloodstream. You might have chemotherapy after surgery, or both before and after. Doctors often use the drugs carboplatin and paclitaxel for ovarian cancer. When do you have chemotherapy? You might have chemotherapy on its own or combined with surgery. You might have it: after surgery both before and after surgery on its own, without surgery Who has chemotherapy? Your treatment depends on several factors, including how far your cancer has spread (the stage) and what it looks like under the microscope (the grade). You might have chemotherapy if your cancer is: stage 1c or above at an earlier stage (1a or 1b), but is high grade has come back after you were first treated (recurrence) How often do you have it? You usually have chemotherapy once every 3 weeks. You usually have the chemotherapy drugs on day 1 followed by a rest period to allow you to recover from side effects. Each 3 week period is called a cycle of treatment. You normally have about 6 cycles in all, but you may have more. It takes 3 to 4 hours to have each treatment in the outpatients department. On rare occasions you might have it over 24 hours, when you would stay in hospital overnight. Types of chemotherapy Doctors most commonly use the chemotherapy drug carboplatin to treat ovarian cancer. You might have it on its own or with another chemotherapy drug called paclitaxel (Taxol). Your doctor might use other types of chemotherapy drugs if your cancer has come back. How you have chemotherapy Into your bloodstream You might have chemotherapy into a vein (intravenously) through a drip into your arm. A nurse puts a small tube into one of your veins and connects the drip to it. Or you may need a central line. This is a long plastic tube that gives the drugs into a large vein, either in your chest or through a vein in your arm. It stays in while you're having treatment, which may be for a few months. Where you have chemotherapy You usually have treatment into your bloodstream at the cancer day clinic. You might sit in a chair for a few hours so it's a good idea to take things in to do. For example, newspapers, books or electronic devices can all help to pass the time. You can usually bring a friend or family member with you. You have some types of chemotherapy over several days. You might be able to have some drugs through a small portable pump that you take home. For some types of chemotherapy you have to stay in a hospital ward. This could be overnight or for a couple of days. Some hospitals may give certain chemotherapy treatments to you at home. Your doctor or nurse can tell you more about this. Before you start chemotherapy You need to have blood tests to make sure it's safe to start treatment. You have these either a few days before or on the day you start treatment. You have blood tests before each round or cycle of treatment. The pharmacists make chemotherapy for each person individually. They do this once your blood test results have come through. It's worked out based on your weight, height and general health. Side effects Common chemotherapy side effects include: feeling sickloss of appetitelosing weightfeeling very tireda lower resistance to infectionsbleeding and bruising easilydiarrhoea or constipationhair lossContact your doctor or nurse immediately if you have signs of infection. These include a temperature above 37.5C or below 36C, or generally feeling unwell. Infections can make you very unwell very quickly. Side effects depend on: which drugs you havehow much of each drug you havehow you react Tell your treatment team about any side effects that you have. Most side effects only last for a few days or so. Your treatment team can help to manage any side effects that you have. When you go home Chemotherapy for ovarian cancer can be difficult to cope with. Tell your doctor or nurse about any problems or side effects that you have. The nurse will give you telephone numbers to call if you have any problems at home. If you have any questions about chemotherapy, you can talk to Cancer Research UK's information nurses on freephone 0800 800 4040, from 9am to 5pm, Monday to Friday. Monitoring treatment Your doctor can find out how well your chemotherapy has worked using: CA125 blood test CA125 is a protein made by some ovarian cancer cells that circulates in the bloodstream. Doctors usually measure it before you start treatment. If you had high levels, your doctor will expect the level to fall as the chemotherapy destroys the cancer cells. You might have CA125 blood tests before each chemotherapy treatment to see how well the treatment is working. Or you'll have the test once your whole course of chemotherapy has finished. Not all women with ovarian cancer have raised CA125 levels. If you did not have raised CA125 when you were first diagnosed, your doctor can't use this blood test to monitor your treatment. Scans Doctors can also use scans, such as a CT scan, to see how well treatment has worked. You might have a scan after 3 or 6 cycles of chemotherapy. 18 Jan 202218 Jan 2025 Newly Diagnosed and Relapsed Epithelial Ovarian Carcinoma: ESMO Clinical Practice Guidelines JA Ledermann and others Annals of Oncology, 2013. Volume 24, Supplement 6. The first step in treating most stages of ovarian cancer is surgery to remove and stage the cancer. Debulking is also done as needed. (See Surgery for Ovarian Cancer.) Because fallopian tube and primary peritoneal cancers have the same staging system as ovarian cancers they are included in this section. Stage 1 cancers The initial treatment for stage 1 ovarian cancer is surgery to remove the tumor. Most often the uterus, both fallopian tubes, and both ovaries are removed (a hysterectomy with bilateral salpingo-oophorectomy). The treatment after surgery depends on the sub-stage of the cancer. Stages IA and IB (1A or 1B, N0, M0). The treatment after surgery depends on the way the cancer cells looks in the lab (called the tumor grade). For grade 1 (also called low grade) tumors, most women don't need any treatment after surgery. Women who want to be able to have children after treatment might be given the option of having an initial surgery that removes only the ovary containing the cancer along with the fallopian tube on the same side. For grade 2 (high grade) tumors, patients are either watched closely after surgery without further treatment, or they are treated with chemotherapy (chemo). The chemo used most commonly is carboplatin and paclitaxel (Taxol) for 3-6 cycles, but cisplatin can be used instead of carboplatin, and docetaxel (Taxotere) can be used instead of paclitaxel. For grade 3 (high grade) tumors, the treatment usually includes the same chemotherapy that is given for grade 2 Stage IA and IB cancers. Stage IC (1C, N0, M0): Standard surgery to remove the cancer is still the first treatment. After surgery, chemo is recommended, usually with 3 to 6 cycles of treatment with carboplatin and paclitaxel. Stage I fallopian tube and primary peritoneal cancers are treated the same way as stage I ovarian cancer. Stage II cancers For stage II (including IIA and IIB) cancers, treatment starts with surgery for staging and debulking. This includes a hysterectomy and bilateral salpingo-oophorectomy. The surgeon will try to remove as much of the tumor as possible. After surgery, chemo is recommended for at least 6 cycles. The combination of carboplatin and paclitaxel is used most often. Some women with stage II ovarian cancer are treated with intraperitoneal (IP) chemotherapy instead of intravenous (IV) chemotherapy. Stage II fallopian tube and primary peritoneal cancers are also treated with surgery for staging and debulking, followed by chemo. Stage III cancers Stage III cancers (including IIIA1, IIIA2, IIIB, and IIIC) are generally treated similarly to stage II cancers. First, the cancer is surgically staged and the tumor is debulked (like stage II). The uterus, both fallopian tubes, both ovaries, and omentum (fatty tissue from the upper abdomen near the stomach and intestines) are removed. The surgeon will also try to remove as much tumor as possible. The goal is to leave behind no visible tumor or no tumor larger than 1 cm. When this goal is reached, the cancer is said to have been optimally debulked. Sometimes tumor is growing on the intestines, and in order to remove the cancer, part of the intestine will have to be removed. Sometimes pieces of other organs (like the bladder or liver) may also have to be removed to take out the cancer. The smaller the remaining tumor, the better the outlook will be. After recovery from surgery, combination chemo is given. The combination used most often is carboplatin (or cisplatin) and a taxane, such as paclitaxel (Taxol), given IV (into a vein) for 6 cycles. The targeted drug bevacizumab (Avastin) might be given along with chemo as well. (If it is, it's typically continued alone after chemo for up to about a year.) Another option is to give intra-abdominal (intraperitoneal or IP) chemo along with intravenous (IV) chemo, after surgery. IP chemo is usually only considered if the cancer was optimally debulked – it may not work as well if a lot of tumor is left in the abdomen. After surgery, and during and after chemo, blood tests checking for the CA-125 tumor marker will be done to see how well the treatment is working. A CT scan, PET-CT scan, or MRI might also be done. For women who are not healthy enough to have full staging and debulking surgery, chemo might be given as the first treatment. If the chemo works and the woman becomes stronger, surgery to debulk the cancer may be done, often followed by more chemo. Most often, 3 cycles of chemo are given before surgery, with at least 3 more after surgery (for a total of at least 6 cycles). Giving chemo before surgery is also sometimes an option for some women with advanced cancers that aren't likely to be optimally debulked if surgery is done first. Maintenance therapy: If the cancer shrinks a lot or appears to be gone after chemotherapy with a platinum drug (cisplatin or carboplatin), doctors might recommend additional treatment for some women. This is called maintenance therapy. It is aimed at killing any cancer cells that were left behind after treatment but are too small to be seen on tests. The goal of maintenance therapy is to keep the cancer from coming back after platinum chemotherapy. Drugs that might be used include bevacizumab, niraparib, rucaparib, and olaparib. But since the studies so far show that maintenance therapy does not necessarily help a woman live longer and may cause more side effects, this is still being studied in clinical trials. Stage IV cancers In stage IV, the cancer has spread to distant sites, like the liver, the lungs, or bones. These cancers are very hard to cure with current treatments, but they can still be treated. The goals of treatment are to help patients feel better and live longer. Stage IV can be treated like stage III, with surgery to remove the tumor and debulk the cancer, followed by chemo (and possibly the targeted drug bevacizumab (Avastin)). (If bevacizumab is given, it might be continued alone after chemo or with olaparib.) Another option is to treat with chemo first. Then, if the tumors shrink from the chemo, surgery may be done, followed by more chemo. Most often, 3 cycles of chemo are given before surgery, with at least 3 more after surgery. Another option is to limit treatments to those aimed at improving comfort (but not at fighting the cancer). This type of treatment is called palliative. Recurrent or persistent ovarian cancer Cancer is called recurrent when it come backs after treatment. Recurrence can be local (in or near the same place it started) or distant (spread to organs like the lungs or bone). Persistent tumors are those that never went away completely after treatment. Advanced epithelial ovarian cancer often comes back months or years after the initial treatment. Sometimes, more surgery is recommended. Most women with recurrent or persistent ovarian cancer are treated with some form of chemo. Which chemo drugs are used depends on what was used the first time and how well it worked (how long the cancer stayed away). The longer it takes for the cancer to come back after treatment, the better the chance that additional chemo will work. If it has been at least 6 months since any chemo, carboplatin and paclitaxel are often used (even if these drugs were given before). Giving carboplatin with another drug is also an option. If the cancer comes back in less than 6 months (or if it never went away at all), different chemo drugs usually will be tried. There are many different chemo drugs that can be used to treat ovarian cancer, so some women may receive several different chemo regimens over several years. Treatment with targeted drugs might also be helpful. For example, bevacizumab (Avastin) may be given with chemo. A PARP inhibitor drug such as olaparib (Lynparza), rucaparib (Rubraca), or niraparib (Zejula) may also be an option at some point. In addition, some women benefit from hormonal treatment with drugs like anastrozole, letrozole, or tamoxifen. Someone who didn't initially receive chemo can be treated with the same drugs that are used for newly diagnosed cancer – usually carboplatin and paclitaxel. A clinical trial for new treatments might provide important advantages for women with recurrent or persistent ovarian cancer. Ask your cancer care team for information about suitable clinical trials for your type of cancer. Palliative treatments Palliative treatments are used to relieve the symptoms of ovarian cancer. Women with ovarian cancer can have a buildup of fluid in the abdomen. This is called ascites. It can be very uncomfortable but can be treated with a procedure called paracentesis. After the skin is numbed, a needle is used to withdraw the fluid, often several quarts, into a bottle. Often, ultrasound is used to guide the needle. Often the fluid builds up again, and this procedure needs to be repeated. Sometimes a catheter (a thin flexible tube) is placed into the abdomen and left there so that fluid can be removed as often as is needed without using a needle. Another option is to inject chemo directly into the abdomen to slow the buildup of fluid. Treatment with bevacizumab (Avastin) may also help slow fluid buildup. These treatments can relieve symptoms for some women and, rarely, might help some women live longer. Often, however, their effects are temporary, and the cancer returns or persists. Ovarian cancer can also block the intestinal tract. This is called obstruction, and can cause abdominal pain, nausea, and vomiting. Dealing with an intestinal blockage can be difficult. There are several procedures that might be done, depending on the type of obstruction and your overall health. Doctors may place a tube through the skin and into the stomach to allow the stomach juices to drain, so that the digestive tract isn't completely blocked. Sometimes a stent (a stiff tube) can be put into the large intestine to relieve a blockage. Since this option has a high risk of complications, you should discuss the risks and benefits with your doctor first. For some women, surgery can be done to relieve intestinal obstruction. This is usually only done if you are well enough to get additional treatments (like chemo) after surgery. Often, however, the cancer has grown so much in the abdomen that surgery to unblock the intestine doesn't work.

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