Ovarian Cancer Treatment Options and What to Expect

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Facts and Tips to Help You Prepare for Ovarian Cancer Treatment

Your best treatment option for ovarian cancer will depend on several personal variables. For instance, your level of general health will determine which treatments may be suitable (and which won't), and whether or not you plan on having children can narrow down your choices further. Age, type of cancer, and stage of the disease are other factors to consider.

Surgery and chemotherapy are the standard approaches to ovarian cancer treatment, although radiation is sometimes also used when the cancer recurs in a very small area. No treatment is without risk or discomfort, but the different therapies can be combined and managed in ways to reduce the danger and discomfort to you.

Understanding how and when cancer treatments work for ovarian cancer can help you weigh your options, and better prepare for the road ahead.

Surgery

Since ovarian cancer can be difficult to find and assess, surgery usually plays a role in the diagnosis: if your oncologist can determine the precise stage of ovarian cancer (and whether or not it has spread), there is a better chance of choosing the right treatment option.

This initial surgery will likely involve removing lymph nodes, tissue, and fluid for further testing.

Surgery is also an important tool for treating ovarian cancer. It's either used alone or, when the cancer has spread, alongside chemotherapy. However, there's no one right surgical approach for ovarian cancer — any of the following procedures could be used, depending on the characteristics of your case.

Salpingo-Oophorectomy

This is the removal of one or both ovaries, along with one or both fallopian tubes. If the cancer is in an early stage and you hope to become pregnant in the future, it may be possible to remove only the ovary with the tumor.

Hysterectomy

This surgery will remove the uterus, and if necessary, some surrounding tissue. A full hysterectomy requires the removal of the uterus and the cervix.

Cytoreductive or Debulking Surgery

This surgical option is reserved for later stages of cancer, when the tumor has grown into surrounding tissue and symptoms are severe. The goal is to remove as much of the tumor as possible, which may call for the removal of

adjacent organs like the bladder, colon, spleen, or gallbladder.

Typically, this procedure is used before or after chemotherapy to limit the spread of the cancer.

Surgical side effects can differ greatly depending on the procedure. While any surgery is bound to leave you with some pain and tenderness, certain operations for ovarian cancer have more lasting effects: if both ovaries are removed, or you have a hysterectomy, you will not be able to bear children and you will enter menopause. In fact, menopausal symptoms can begin almost immediately in these cases, so talk to your doctor about what you can expect and how to curb the discomfort.

Chemotherapy

When it's impossible to remove the whole tumor, or there's a good chance that cancer cells have spread, chemotherapy is usually the way forward. By using powerful drugs to destroy rapidly dividing cancer cells, chemotherapy can stop the spread of ovarian cancer.

There are two general types of chemotherapy: one is used to reduce the size of a tumor before surgery, and the other aims to destroy any remaining cancer after a surgical procedure.

Neoadjuvant Chemotherapy

- This is done before surgery to improve the likelihood that the operation will remove the whole tumor (or as much as possible).
- Usually given intravenously every three weeks, for three or four cycles before surgery is performed.
- Main drugs used are carboplatin, paclitaxel, and docetaxel.

Next page: why you should consider clinical trials for ovarian cancer treatment.

Chemotherapy

Adjuvant Chemotherapy

- This is given after surgery to destroy remaining cancer cells.
- Also given intravenously every three weeks, but there might be instances where a weekly dosage is more appropriate.
- Can be given as an injection directly into the abdomen (IP chemotherapy) after a surgical debulking procedure.
- Main drugs used are carboplatin, paclitaxel, and docetaxel.

Chemotherapy can also be used to control rather than cure the cancer (known as maintenance chemotherapy), although it's not typically used for ovarian cancer. If the cancer comes back after treatment, recurrence chemotherapy can be used to reduce symptoms and shrink the tumor.

In general, early stage cancers are treated with surgery, and chemotherapy is brought into the mix only when doctors deem it necessary. After all, chemotherapy can cause a lot of side effects, from fatigue and gastrointestinal problems to nerve damage. Some drugs can also interfere with fertility, so even if your ovaries remain intact, you could still lose the ability to become pregnant.

Be sure to talk to your doctor about these possible outcomes, and any concerns surrounding them. In many cases, side effects can be very well managed with adjustments to your chemo schedule or your dosage.

Why Clinical Trials Are Worth Considering

The main drugs and surgical procedures have proven effective for others, but they're not necessarily going to work the same for you. In certain cases, participating in a clinical trial is more likely to help you manage or beat

your ovarian cancer.

Advanced Ovarian Cancer

If you've been diagnosed with metastatic ovarian cancer (meaning the cancer has spread to other areas of the body), your path forward could be quite different than a patient with an early stage of the disease.

In many cases, clinical trials are promising alternatives to the standard chemo treatments, since the possible rewards of trying a new drug or drug combination can outweigh the risks of letting the cancer spread further.

Recurrent Ovarian Cancer

Unfortunately, many women experience at least one recurrence of ovarian cancer, and it may not respond as well to drugs or surgery as it did the first time around.

While a mixture of surgery, chemotherapy, and radiation can attack the cancer, there may be better ways to treat the specific type of recurrence that haven't yet been widely introduced. You may have a chance to try these alternative treatments in clinical trials.

Care and Support

Whichever treatment approach you choose, remember your health care team is indispensable. While your primary care doctor is your primary ally in your fight, you will have other medical professionals to call upon for advice, information, and supportive care.

In fact, palliative care plays a big role in your comfort and healing right from the very start, and many women appreciate the boost in quality of life that a good support network will bring.

If you feel like you're not getting enough support from your friends, family, or your team of doctors, don't hesitate to join a support group. Meeting some people who know exactly what you're going through can have a major impact on your social life and your emotional health.