LEARNING ABOUT CLINICAL TRIALS

The radiation oncology team is constantly exploring new ways to treat gynecologic cancers through clinical trials. For more information on clinical trials, ask your doctor or visit:

National Cancer Institute
www.cancer.gov

NRG Oncology (Clinical Trials Using Radiation)
www.nrgoncology.org

Clinical Trials.gov
www.bcrf.org

Gynecologic Oncology Group
www.gog.org

RESPONDING TO TREATMENT EFFECTS

Side effects are different for everyone. Some patients feel fi n during treatment while others may experience side effects. Before treatment, ask your doctor to discuss what you can expect.

• Mild tiredness may develop. However, tiredness from radiation should improve within a few weeks after radiation treatment ends.
• Skin irritation may occur with external beam radiation. Clean the area regularly with mild soap and warm water.
• Changes in bowel habits are common. There is usually some urgency or loose bowel movements. In some cases there may be more frequent bowel movements, nausea, bloating.
• Urinary discomfort and urgency may occur. These symptoms are often more common with brachytherapy.
• Infertility can occur after radiation to the pelvis/area. If you are considering having children after radiation treatment, ask your doctor about fertility preservation options.

Do not be embarrassed to talk to your doctor about sexual side effects. Although side effects can sometimes decrease interest in or pleasure with sexual activity, most women are able to resume sexual relations. Ask your doctor or nurse how side effects can sometimes decrease interest in or pleasure with sexual activity.

• Pelvic rehabilitation therapy, a type of physical therapy, may also be helpful to manage these changes. Medications, vaginal dilators and moisturizers may help. Pelvic rehabilitation therapy, a type of physical therapy, may also be helpful in treating late sexual and urinary side effects.

For more specifi c acute and long-term side effects, refer to the side effects chart at www.rtanswers.org/gyncinfecteects.

ABOUT ASTRO

The American Society for Radiation Oncology is the premier radiation oncology society in the world with more than 10,000 members who specialize in treating cancer with radiation therapies. ASTRO is dedicated to improving patient care through education, clinical practice, advancement of science and advocacy. Visit www.astro.org for information.

ABOUT THE RADIATION ONCOLOGY TEAM

Radiation Oncologists are the doctors who oversee the care of patients undergoing radiation treatment. Other members of the treatment team include radiation therapists, radiation oncology nurses, medical physicists, dosimetrists, social workers and nutritionists. For information on what each of these professionals does or to locate a radiation oncologist near you, visit www.rtanswers.org.

HELPFUL WEBSITES ON GYNECOLOGIC CANCERS

• RT Answers (Information about radiation treatment for cancer)
  www.rtanswers.org

• Cancer.net
  www.cancer.net

• National Cervical Cancer Coalition
  www.ncc-coll.org

• Women’s cancer network
  www.wcn.org

Gynecologic cancers include malignancies of the female genital tract involving the vulva, vagina, cervix, uterus, fallopian tubes or ovaries. According to the American Cancer Society, 105,890 women will be diagnosed with some form of gynecologic cancer this year. Cancers of the uterus and cervix are most common gynecologic cancers treated with radiation and account for 60,090 new cases each year. Widespread screening with the Pap test allows doctors to fi n pre-cancerous changes in the cervix and vagina early.

TARGETING CANCER CARE

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TREATING GYNECOLOGIC CANCERS

Treatment for gynecologic cancers depends on several factors, including the type of cancer, its extent (stage), its location and your overall health. It is important to talk with several cancer specialists, including a radiation oncologist, surgeon and medical oncologist, before deciding on the best treatment for you, your cancer and your lifestyle. Sometimes, your cancer may be treated by using only one type of treatment. In other cases, your cancer may be best treated using a combination of surgery, radiation therapy and chemotherapy.

Radiation Therapy
Radiation therapy, sometimes called radiotherapy, is the careful use of radiation to treat cancer safely and effectively. Radiation oncologists are the radiation therapy team to try to cure cancer, control cancer growth or relieve symptoms, such as pain.

Radiation therapy works within cancer cells by damaging their ability to multiply. When these cells die, the body naturally eliminates them. Healthy cells are also affected by radiation, but they can repair themselves in a way that cancer cells cannot.

There are two types of radiation therapy:
- **External beam radiation therapy** directs radiation beams at the cancer from outside your body. Internal radiation therapy, or brachytherapy, is delivered with radioactive sources that are temporarily placed into the vagina, uterus and/or surrounding tissues to kill the cancer cells.

Surgery
Surgery is an important part of treatment for many tumors of the female reproductive system. A gynecologic oncologist is a doctor who specializes in surgically removing and treating gynecologic cancers.

For uterine and cervical cancers, surgery usually involves the removal of the uterus and cervix, called a hysterectomy. The surgeon may also remove lymph nodes and check for any cancer cells within the fluid within the abdomen. For less common tumors like vulvar cancer, surgery is more likely to involve removing part or all of the vulva and sampling lymph nodes.

Surgery and radiation can be combined to help lower the risk of recurrence of cancer after surgery, but this strategy varies based upon the disease and stage (how much the tumor seems to have spread).

In cases where radiation is the main treatment, it is often still important to have your surgeon involved in follow-up after radiation to monitor for signs of recurrence.

Medical Therapy
Anti-cancer drugs known as chemotherapy have been proven to improve cancer cure rates in certain gynecologic cancer patients. These medications are used in a variety of different cancers and can be used for stages I and II gynecologic cancers. The dose and schedule for treatment varies, and chemotherapy can be done either alone or with radiation therapy. Because chemotherapy recommendations vary significantly, depending on disease and stage, it is important to discuss this with a medical oncologist or gynecologic oncologist (surgeon). Both can prescribe chemotherapy for gynecologic cancers. Talk with your surgeon about whether you need a separate appointment with a medical oncologist for evaluation or treatment.

EXTERNAL RADIATION THERAPY

**External beam radiation therapy** involves a daily series of outpatient treatments to accurately deliver radiation to the cancer treatments. These are usually given in a series of daily sessions, Monday through Friday, for up to 6 to 7 weeks. Before beginning treatment, you will be scheduled for a planning session to map out the treatment area. This procedure is called a simulation. Simulation involves having a CT scan and possibly an MRI, which can help visualize soft tissue near the cancer. You may also receive small pen marks or tattoos on your skin at the simulation that will help the radiation therapists precisely position you each time for daily treatment. Typically, radiation therapy is done with high energy X-rays, also called photons. Another form of external radiation is proton beam therapy (PBT), which, in certain rare circumstances, may reduce radiation dose to normal parts of the body not involved by the cancer.

Different techniques can be used for treatment. This is sometimes referred to as conformal radiotherapy (3-D CRT) combines multiple radiation treatment fields to deliver precise doses of radiation to the affected area. Taloning each of the radiation beams to focus on the tumor causes a higher dose of radiation to the tumor and lowers the dose to nearby healthy tissue. Intensity modulated radiation therapy (IMRT) is another advance in the delivery of radiation therapy. Most women with cervical cancer can be treated with IMRT, which, in certain rare circumstances, may reduce radiation dose to normal parts of the body, allowing more precise adjustment of doses delivered to the tumor within the target area. Your radiation oncologist will evaluate you for the best form of treatment.

**INTERNAL RADIATION THERAPY**

Sometimes radiation is placed inside the body to get the source of the radiation as close to the tumor as possible. This form of radiation therapy is called brachytherapy. In gynecologic cancers, this is often a very important part of treatment and it is commonly utilized. Other names for this form of treatment besides internal radiation therapy or brachytherapy include interstitial implants and intrauterine implants. Brachytherapy can be done alone or in combination with external radiation therapy.

Usually, the radiation source is placed inside the body for short periods of time and then taken out. Your radiation oncologist will discuss with you whether brachytherapy will be used alone or with standard radiation therapy to treat your type of cancer.

High-dose-rate (HDR) brachytherapy usually does not usually require you to be admitted to the hospital and is now the most commonly used type of brachytherapy for this type of cancer. A typical course of treatment involves 3-6 high-dose-rate brachytherapy treatments given 1-2 times per week. Low-dose-rate (LDR) brachytherapy is delivered in a single continuous treatment over the course of 48-72 hours. You will be admitted to the hospital to receive this treatment. This is less commonly used.

CARING FOR YOURSELF DURING TREATMENT

It is important to care for yourself during radiation therapy. Parts of your body that are near the tumor are also receiving some radiation, although not as much as the cancer. These normal parts of your body need time and support to heal. A balanced diet, adequate hydration, a mild amount of physical activity and taking time to rest are all important parts of your cancer treatment.

- **Follow your doctor’s orders.** If you are unsure of anything, ask your nurse or doctor.
- Be sure to tell your radiation oncologist about any medications, vitamins or supplements that you are currently taking to make sure they are safe to take during radiation therapy.
- **Drying, and even after radiation therapy is over, you will need to take special care of your skin.** Stay out of the sun, avoid hot or cold packs, and do not use lotions or ointments without checking with your doctor or nurse first. Clean the skin over the areas receiving radiation therapy with warm water and mild soap.

Completing treatment and recovery can be challenging. Seek out help from support groups and friends ahead of time. Having a support network in place before starting treatment, will make it easier for you to get through treatment and even after treatment. If you need additional support, let your doctor and nurse know.