TREATING GYNECOLOGIC CANCERS

Surgery is an important part of treatment for many tumors of the female reproductive system. A gynecologic oncologist is a doctor who specializes in cancer of the female reproductive system. A gynecologic oncologist is a doctor who specializes in cancer of the female reproductive system. A gynecologic oncologist is a doctor who specializes in cancer of the female reproductive system. A gynecologic oncologist is a doctor who specializes in cancer of the female reproductive system.

Medical Therapy (Chemotherapy)

Chemotherapy can improve cancer cure rates in some gynecologic cancer patients. The dose and schedule for treatment varies, and chemotherapy can be given alone or with radiation therapy. Because chemotherapy recommendations vary depending on disease and stage, it is important to discuss options with a medical oncologist or gynecologic oncologist (surgeon). Both can prescribe chemotherapy for gynecologic cancers. Talk with your surgeon about whether you need an appointment with a medical or gynecologic oncologist for evaluation or treatment.

EXTERNAL RADIATION THERAPY

External beam radiation therapy involves a series of daily outpatient treatments to accurately deliver radiation to the cancer. Treatments are typically Monday through Friday, for up to five to six weeks. Before beginning treatment, you will have an imaging scan, called a CT scan, to map out the treatment area. A CT scan, PET/CT and an MRI can help show tissues near the cancer. You may receive small tattoo marks on your skin that help the radiation therapists precisely position you for each daily treatment. Typically, radiation therapy is delivered with high-energy X-rays called photons. Proton beam therapy (PBT), another form of external radiation therapy may reduce radiation to healthy parts of the body.

Different types of external beam radiation therapy can be used for treatment. Three-dimensional conformal radiotherapy (3-D CRT) delivers radiation beams at the cancer from outside the body. Intensity-modulated radiation therapy (IMRT) changes (modulates) how strong the radiation to the cancer and lowers the dose to nearby healthy tissue. Intensity-modulated radiation therapy (IMRT) changes (modulates) how strong the radiation to the cancer and lowers the dose to nearby healthy tissue. Intensity-modulated radiation therapy (IMRT) changes (modulates) how strong the radiation to the cancer and lowers the dose to nearby healthy tissue. Intensity-modulated radiation therapy (IMRT) changes (modulates) how strong the radiation to the cancer and lowers the dose to nearby healthy tissue.

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INTERNAL RADIATION THERAPY (BRACHYTHERAPY)

Sometimes radiation is placed inside the body to get the source of the radiation as close to the cancer as possible. This type of radiation therapy is called brachytherapy and is an important and commonly used treatment for gynecologic cancers. Other names for this type of treatment besides internal radiation therapy or brachytherapy include interstitial implants and intracavitary implants. Brachytherapy can be done alone or in combination with external radiation therapy. Usually, the radioactive source is placed inside the body for short periods of time and then taken out.

There are two types of internal radiation: high-dose-rate (HDR) and Low-dose-rate (LDR). HDR brachytherapy allows your doctor to deliver a higher dose of radiation in a shorter period of time directly to the tumor. This type of treatment is most commonly used in the treatment of cervical cancer. For gynecologic cancer patients, HDR brachytherapy can be used in combination with external radiation for early-stage uterine cancer. A typical course of treatment is three to six treatments given one to two times per week.

CARE FOR YOURSELF DURING TREATMENT

It is important to care for yourself during radiation therapy. The healthy cells near your cancer receive some radiation, although not as much as the cancer. The healthy cells need time and support to heal. A balanced diet, plenty of water, some physical activity and rest are all important during cancer treatment.

• Follow your doctor’s orders.
• Ask your nurse or doctor questions if you are unsure of anything they told you.
• Tell your radiation oncologist about any medications, vitamins or supplements you are taking to make sure they are safe to take during treatment.
• During and after radiation therapy, take special care of your skin. Stay out of the sun and avoid hot or cold packs. Use lotions or ointments only after checking with your doctor or nurse.

QUESTIONS TO ASK YOUR DOCTOR

• I was recently diagnosed with a gynecologic cancer. What are the fertility sparing options for me?
• I was diagnosed with cervical cancer even though I have always had normal Pap smears. Is that possible or is there some mistake?
• My mom had a gynecologic cancer, do I or my family members need genetic testing?
• How do I know if clinical trials are safe and fair? Are these good options?
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, 109,000 women will be diagnosed with some form of gynecologic cancer this year. Cancers of the uterus and cervix are the most common gynecologic cancers treated with radiation and account for 75,050 new cases each year. Widespread screening with the Pap test allows doctors to find pre-cancerous changes in the cervix and vagina early.