

Treating Eye Cancer - A Quick Guide



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This is a brief summary of the information on 'Treating eye cancer' from CancerHelp UK. You will find more detailed information on the website.

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The stages of eye cancer

The stage of a cancer tells the doctor how far a cancer has grown or spread. It is important because the stage often decides the treatment. The tests that your doctor does when diagnosing your cancer will give some information about the stage. But your doctor may not be able to tell you the exact stage until you have surgery.

Eye cancer stages

For eye melanoma, most doctors use a very simple staging system that takes into

account the thickness and width of the tumour. Tumours are simply classed as small, medium or large.

Advanced stages of eye melanoma

Advanced eye melanoma means that the cancer has grown into the tissues around the eye, or has come back since it was first treated. If ocular melanoma has spread into tissues around the eye, such as the optic nerve or the eye socket, this is called extraocular extension.

Recurrent melanoma of the eye means that a melanoma has come back after it was first treated. It may have come back in your eye or another part of your body, such as the liver.

Lymphomas of the eye don't have their own staging system because they are harder to categorise.

Eye cancer statistics and outlook

Outlook means your chances of getting better. Your doctor may call this your. With eye cancer, the likely outcome depends on how advanced the cancer is when it is diagnosed (the stage).

On CancerHelp UK, we have quite detailed information about the likely outcome of



different stages of eye melanoma. The statistics are intended as a general guide only. For the more complete picture in your case, you'd have to speak to your own specialist. There is no information available on eye lymphoma. For information about the outcome of lymphoma generally, you can look at the 'non Hodgkin's lymphoma' section of CancerHelp UK.

How reliable are cancer statistics?

No statistics can tell you what will happen to you. Your cancer is unique. The same type of cancer can grow at different rates in different people. The statistics cannot tell you about the different treatments people may have had, or how that treatment may have affected their prognosis. There are many individual factors that will affect your treatment and your outlook.

Who treats eye cancer?

Being cared for by a multidisciplinary team (MDT)

NHS guidelines emphasise that people with a head and neck cancer should be under the care of a multidisciplinary team. This is a team of health professionals who work together to decide on the best way forward for each patient. The MDT includes specialist surgeons and cancer specialists, a specialist nurse, occupational therapist and counsellor or psychologist.

Your local hospital may refer you to a dedicated ocular oncology unit, which will have a specialist multidisciplinary team for eye cancers. There are 4 specialist units in the UK, based in Liverpool, London, Sheffield and Glasgow.

If you are concerned that your treatment is not under a multidisciplinary team, do ask

about it. It may be that you have only seen one specialist, but the team have still got together with your test results and case notes to discuss the best treatment options for you. Or if you are having check ups, you may be under a system of shared care. This is when you have appointments at the specialist centre, and also with the ophthalmologist at your local hospital.

On CancerHelp UK there is more information about the different members of the multidisciplinary team, and what they do.

Treatment options for eye cancer

The treatments used for eye cancer are surgery, radiotherapy and chemotherapy. Your treatment will depend on the type and stage of eye cancer you have, and your general health. The earlier your cancer is diagnosed, the easier it is to control and possibly cure it.

Treatment for eye melanoma

Treatment for melanoma of the eyeball is surgery or radiotherapy or both. If the tumour is already stopping you seeing with the eye, you will probably have surgery to remove the eye. Otherwise, your doctor may decide to remove just the tumour, or to give you radiotherapy to try and keep the sight in the eye. For melanoma that has spread or come back, you will most likely have surgery to remove your eye.

Melanoma in the iris, ciliary body or choroid may not need treatment unless it starts to get bigger. The treatments are then similar to those for melanoma of the eyeball. For advanced cancers, clinical trials are looking at biological therapies combined with other treatments.



Surgery to remove your eye can come as quite a shock. You will need time to come to terms with this change. But as long as you have sight in one eye, it may not make a huge difference to what you can and can't do.

Treatment for lymphoma of the eye

Doctors treat intraocular lymphoma in a similar way to other types of non Hodgkin's lymphoma. You may have radiotherapy, chemotherapy or both. You are not likely to have surgery to treat intraocular lymphoma.

Types of eye cancer surgery

Depending on where in the eye your melanoma is, you may have an operation to remove just the tumour, part of the eye, or the whole eye. Removing the whole eye is called enucleation. There is more about each of these operations on CancerHelp UK.

Orbital implants and artificial eyes

If you have to have your eye removed, your surgeon will usually fit a permanent eye implant into the socket left by removing your eyeball. This is called an orbital implant. Because it is ball-shaped, it helps keep the structure of the eye socket. You cannot take the implant out.

A few weeks later, you will have an artificial eye made. This is shaped like a big contact lens and fits over the orbital implant. It is made especially for you, to match your other eye. You take it out to clean it. Modern implants mean you can still have some movement in your artificial eye.

Having your operation for eye cancer

It's natural to feel frightened about eye surgery. And you may worry about what your sight will be like after the operation. Your surgeon will discuss your operation with you beforehand. Don't be afraid to ask as many questions as you want to. You may also be able to talk to a specialist nurse.

After your eye surgery

If your surgeon needs to remove your eye they may put something in the empty socket to keep its shape while it heals. This is likely to be an orbital implant and a temporary plastic shell called a conformer.

You will have a padded dressing in place after the operation. The dressing might feel quite tight and it may be difficult to open your other eye until the dressing is removed. If your eye has been removed, opening your eyelids for the first time and seeing the socket can come as a shock. If you don't have a plastic shell (conformer) in place you will see the pink, moist tissue lining the eye socket. Otherwise you will just see the clear plastic shell with a hole in the middle. It's really important to remember that your eye will not look like this forever. Once your permanent artificial eye is in place it will look very similar to your other eye.

Before you leave hospital your nurse will show you how to clean and care for your eye or eye socket. If necessary, a district nurse can visit your home to help you with this.



Looking after your eye socket

Your nurses will show you how to clean and care for your eye socket and the temporary plastic shell (conformer) you may have in it. It often helps to have a relative or friend with you at this session. They can help you and remind you of what you need to do when you get home.

Getting your artificial eye (prosthesis)

Once your eye heals, you will see a specialist who makes artificial eyes. At first you will have a temporary one fitted. The specialist will make a mould of your eye socket. A few weeks later you will be fitted with a permanent artificial eye that is exactly matched to your other eye.

Living with an artificial eye

If you have an artificial eye you can do most things as normal. By law you must let the Driving and Vehicle Licensing Authority (DVLA) and your car insurance company know. To carry on driving you will have to pass an eye test. You won't be able to see to your left and right without turning your head as well as before. It is also more difficult to judge distance with only one eye.

Getting help and support

Losing your eye and the effect this has on your vision are big changes to go through. It's important to give yourself time to adjust. If you can, talk about your feelings to those close to you. There is more information in the living with eye cancer section of CancerHelp UK.

What to ask your doctor about surgery for eye cancer

- What type of surgery do I need to treat my eye melanoma?
- Can I have laser surgery?
- Will my eye surgery affect the way I look?
- Will my eye surgery affect how well I can see?
- Will I be able to move my eye after surgery?
- Will I have an eye (orbital) implant put in during surgery?
- What are the side effects of surgery?
- If I need to have an artificial eye, how long will I have to wait after surgery to have this fitted?
- Will other people be able to tell I have an artificial eye?
- Can I drive with an artificial eye?
- Can I play sport with an artificial eye?
- How do I look after my artificial eye?

Radiotherapy for eye melanomas

Radiotherapy uses high energy rays to kill cancer cells. It is really only suitable treatment for small or medium sized eye melanomas. If you have radiotherapy it may be possible to save the eye and keep your sight. This will depend on where the tumour is within the eye, as well as its size. Sometimes you have surgery before radiotherapy.

Brachytherapy (internal radiotherapy)

This type of radiotherapy cures 9 out of 10 people who have small eye melanomas. To have brachytherapy, you need a small operation under general anaesthetic. You have tiny radioactive plates (called plaques) sewn in place above your eye tumour.



They stay in place for up to a week. They give off a high dose of radiation directly to the cancer. Because of the radiation, you will stay in a single room in the hospital, and visiting time will be limited. When the plaques are removed, all the radiation will be gone.

External radiotherapy

This means directing radiotherapy beams at the tumour from outside the eye. Before external radiotherapy, you may need to have a small operation to put in metal clips (tags) at the back of the eye. These help the radiotherapist to plan and deliver your treatment accurately. You will probably have to stay in hospital for a couple of days after they are put in. You may be offered a treatment called radiosurgery or gamma knife. With this type of treatment, a frame keeps your head very still and then a beam of radiation targets the tumour very precisely. It is still a relatively new treatment and only suitable for certain people.

Radiotherapy for eye lymphomas

If you have lymphoma of the eye your doctor may suggest radiotherapy. Radiotherapy to your eye and brain can clear the cancer in the eye and also helps to stop it from coming back in the brain or spinal cord. Your doctor will discuss your treatment with you in detail before you start your radiotherapy. Don't be afraid to ask as many questions as you need to. Like most treatments, radiotherapy has side effects. On CancerHelp UK, there is more information about the side effects of radiotherapy for eye cancer.

Radiotherapy to the brain may cause problems with memory and thinking clearly. This only happens in a small number of

adults. If you do develop these side effects, they can appear a few months or several years after you were first treated.

Unfortunately, these late side effects are usually permanent. And occasionally they can become worse over a long period of time. There is more general information about radiotherapy and the side effects of radiotherapy to the brain in the radiotherapy section of CancerHelp UK.

Side effects of radiotherapy to the eye

Radiotherapy to the eye does have some side effects. You may not have all of the side effects in the list below. It depends which part of your eye is treated. Parts of your eye are protected with tiny lead shields to help prevent long term side effects.

Short term side effects

Your eyelashes may fall out. They should grow back after your treatment, although maybe not straightaway. Temporary swelling can cause the pressure inside your eye to rise. Until your treatment is over you will have eye drops, and possibly steroid tablets, to treat this. You are likely to feel quite tired for a few weeks after your radiotherapy.

Long term side effects

Radiotherapy to the eye sometimes causes a cataract. This is when your lens becomes misty or fogged, so that you can't see clearly. It may take years to develop. If you do get a cataract, you can have an operation to remove and replace the lens. Another possible side effect is dryness of the eye. You can have eye drops to moisten your eye if dryness becomes a problem. Some people develop problems with focusing their eye after radiotherapy.



What to ask your doctor about radiotherapy for eye cancer

- Why are you recommending radiotherapy for me?
- What is internal radiotherapy?
- Will I need internal or external radiotherapy or both?
- Are there any other types of treatment I could have?
- How will the treatment help me?
- What are the likely side effects?
- How long will they last?
- Is there anything I can do to help with side effects?
- Are there any long term or permanent side effects?
- How often will I have to come to the hospital for treatment?
- Can I get help with fares to and from the hospital?
- Is there any transport available?
- Will I have to stay in hospital, and if so, for how long?
- Is there a number I can ring if I am worried about anything when at home?

About chemotherapy for eye cancer

Chemotherapy means treatment with anti cancer (cytotoxic) drugs. Chemotherapy does not usually work well for melanoma of the eye. Your specialist is only likely to suggest it if the melanoma comes back after treatment with surgery or radiotherapy.

Chemotherapy for lymphoma of the eye

Most people with eye lymphomas will have chemotherapy. You may have the chemotherapy into the fluid around your spinal cord (intrathecal chemotherapy). You are likely to have radiotherapy as well.

Doctors use chemotherapy to treat eye lymphoma in the same way as for other types of non Hodgkin's lymphomas. Look in the non Hodgkin's lymphoma section of CancerHelp UK for information on chemotherapy for lymphoma.

Side effects of chemotherapy

Different chemotherapy drugs have different side effects. And not everyone reacts to drugs in the same way. Common side effects of chemotherapy drugs are a fall in the number of blood cells, feeling tired and run down, feeling sick, diarrhoea, a sore mouth, and hair loss or thinning. Not all of these will happen with every drug. Ask your doctor or nurse which side effects are most common with the drugs you will be having.

What to ask your doctor about eye cancer chemotherapy

- Why do you think I need to have chemotherapy?
- What will the chemotherapy do for me?
- How will I have the chemotherapy?
- Will I need a general anaesthetic?
- What are the names of the drugs I will have?
- What are the side effects?
- How long will the treatment last?
- How often will I have to come to the hospital?
- Is it possible to get help with fares or transport to and from the hospital?
- Is there anything I will have to do at home (for example change the chemotherapy bags in a pump)?
- What if I cannot manage?
- Who do I contact if I become unwell at home?



- Are there any long term side effects of this treatment?
- Is there a clinical trial that is suitable for me?

Follow up after treatment for eye cancer

After your treatment has finished, your doctor is likely to want you to have regular check ups. This is to make sure that you are recovering well and the cancer has not come back. Or that a new cancer has not developed.

Your check ups may include blood tests, an eye examination and X-rays or scans. If you had lymphoma of the eye you may have a lumbar puncture. Your doctor will ask how you are feeling, and whether you have had any new symptoms or are worried about anything.

How often will I need follow up?

At first, your check ups will be quite often. As time goes on, if you stay well, they will gradually become less and less frequent. If you are worried about anything between appointments, let your doctor know straight away.

Many people find their check ups quite worrying. A hospital appointment can bring all the worry about your cancer back to you. You may find it helpful to tell someone close to you how you are feeling. It is quite common nowadays for people to have counselling after cancer treatment. To find out more about counselling, look in the coping with cancer section of CancerHelp UK.

Eye cancer research

All treatments must be fully researched before they can be adopted as standard treatment for everyone. This is so that we can be sure they work better than the treatments we already use. And so we know that they are safe.

First of all, treatments are developed and tested in laboratories. Only after we know that they are likely to be safe to test are they tested in people, in clinical trials.

Researchers are looking into chemotherapy and biological therapy for eye cancer. There is more information about research into eye cancer on CancerHelp UK.

What to ask your doctor about treating eye cancer

- What can you tell me about the stage of my cancer?
- What type of treatment do I need?
- If you are not sure about the stage, when will you know?
- How do you tell the stage of the cancer?
- What written information can you give me about these treatments?
- Is there any choice of treatments?
- Should I have any treatment before surgery?
- Should I have any other treatment after surgery?
- What are the risks and benefits of these treatments?
- What are the side effects?
- How can I help to reduce the side effects?
- How often will I have to come to the hospital for treatment?
- Is there any transport available?



- Is it possible to have any help with the cost of fares to the hospital?
- How long will my treatment last?
- Can I have a second opinion?
- Are there any experimental treatments or trials that might help me?
- Is there a counsellor here I could talk things through with?
- How often will you see me when my treatment is finished?
- What will happen at my follow up appointments?
- What should I do if I am worried between appointments?
- What pain control can you offer me?
- Do I have to have morphine, or are there other ways of controlling pain?

Notes

More information

For more information about eye cancer, visit our website
<http://cancerhelp.cancerresearchuk.org>

You will find a wide range of detailed, up to date information for people affected by cancer, including a clinical trials database that you can search for cancer trials in the UK. You can view or print the information in a larger size if you need to.

For answers to your questions about cancer call our Cancer Information Nurses on **0808 800 4040** 9am till 5pm Monday to Friday

Adapted from Cancer Research UK's Patient Information Website CancerHelp UK in January 2012. CancerHelp UK is not designed to provide medical advice or professional services and is intended to be for educational use only. The information provided through CancerHelp UK and our nurse team is not a substitute for professional care and should not be used for diagnosing or treating a health problem or disease. If you have, or suspect you may have, a health problem you should consult your doctor. © Cancer Research UK 2012. Cancer Research UK is a registered charity in England and Wales (1089464) and in Scotland (SC041666).