

Treating Mesothelioma - A Quick Guide



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

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The stages of mesothelioma

The staging of pleural mesothelioma is different to the staging of peritoneal mesothelioma.

Pleural mesothelioma stages

In the UK, the system that is most commonly used for pleural mesothelioma is the International Mesothelioma Interest Group (IMIG) system.

The IMIG is based on the TNM staging system. The TNM system describes the extent of the primary tumour (T), whether

or not there is cancer in nearby lymph nodes (N), and whether or not the cancer has spread elsewhere - metastases (M).

Once the TNM categories have been decided, this information is grouped together to give the stage. Stage 1 is the earliest stage and stage 4 is the most advanced stage. CancerHelp UK has more information about the different stages.

Peritoneal mesothelioma stages

There is no established staging system for peritoneal mesothelioma. If your cancer is staged it may be done according to the TNM system. The TNM system is the staging system most commonly used in cancer.

Statistics and outlook for mesothelioma

Outlook means your chances of getting better. Your doctor may call this your prognosis. On CancerHelp UK, we have quite detailed information about the likely outcome of mesothelioma. The statistics we use are taken from a variety of sources, including the opinions and experience of the experts who check every section of CancerHelp UK.



They are intended as a general guide only. For a more complete picture in your case, you'd have to speak to your own specialist.

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.

Pleural mesothelioma treatment

Your choice of treatment for pleural mesothelioma will depend on a number of factors. These include the stage of your cancer, any other medical conditions you may have, and your general fitness. Unfortunately, mesothelioma can be very difficult to treat. Nearly all treatment is aimed at controlling the disease for as long as possible and keeping symptoms under control. Mesothelioma can be treated with chemotherapy, radiotherapy or surgery.

Some people with early mesothelioma may have surgery, followed by chemotherapy or radiotherapy, or a combination of both. Or they may have chemotherapy before surgery. Chemotherapy or radiotherapy may be used to control symptoms if mesothelioma is more advanced.

Supportive care (Palliative care)

Mesothelioma is often diagnosed when it is quite advanced. Some people with very advanced disease may be too ill to cope with chemotherapy, radiotherapy, or surgery. But doctors can still give you treatment to try to relieve symptoms, such as pain, breathing problems and weight loss.

Peritoneal mesothelioma treatment

The choice of treatment for peritoneal mesothelioma will depend on a number of factors. These include the stage of your cancer, any other medical conditions you may have, and your general fitness. Unfortunately, cancer treatments such as chemotherapy and radiotherapy do not always work well for mesothelioma. Doctors and researchers are working to improve mesothelioma treatment all the time. You may be offered treatment as part of a clinical trial.

Surgery is not often possible for peritoneal mesothelioma. If it is possible, removing the lining of the abdomen (the peritoneum) aims to reduce symptoms. You may have chemotherapy into a vein. People with early stage peritoneal mesothelioma may have chemotherapy directly into the abdomen at the same time as surgery, or soon afterwards.

Supportive care (Palliative care)

Unfortunately peritoneal mesothelioma is often diagnosed when it is quite advanced. Some people with very advanced peritoneal mesothelioma may be too ill to cope with intensive chemotherapy. But you can still have treatment to try to relieve symptoms, such as pain, weight loss and other symptoms such as fluid in the abdomen.

Which surgery for mesothelioma?

Surgery is not suitable for everyone. It cannot usually get rid of the mesothelioma for good. The aim is to try and keep the disease under control and help you to stay well for as long as possible.



Surgery for pleural mesothelioma

If pleural mesothelioma is diagnosed early enough, you may be able to have an extrapleural pneumonectomy. This means removing the lung on the affected side. The pleura, diaphragm and covering of the heart (pericardium) are also removed.

You may be offered an operation called a pleurectomy to help control symptoms. The surgeon will take away as much of the mesothelioma as possible. This means removing the outside covering of the lung - the pleura - on one side of the chest. It can help to control fluid build up in the chest and relieve some chest pain. This is a major operation, but it can be done using keyhole surgery.

Surgery for peritoneal mesothelioma

Surgery is not often possible for people with peritoneal mesothelioma. If surgery is possible, the operation is called a peritonectomy. This means removing the peritoneum (the lining of the abdomen). Recently, a technique called cytoreductive surgery has been developed. This involves having a number of surgical procedures, with chemotherapy given directly into the abdomen at the same time.

Before your mesothelioma surgery

Before your surgery you will need to have some tests to stage the disease and to make sure you are fit enough to make a good recovery. These will include blood tests, an echocardiogram and a PET-CT scan. You may also have a mediastinoscopy or a test called a pericardioscopy which allows the doctor to see if the mesothelioma has spread into the covering layers of the heart (the pericardium). You

may have had some of these tests while your cancer was being diagnosed. If so, you may not have to have them repeated.

When you go into hospital, your surgeon, anaesthetist, physiotherapist and nurse will all come to talk to you. The surgeon will give you a detailed explanation of what to expect. Ask as many questions as you want to. It may help to make a list beforehand.

Your nurse or physiotherapist will teach you breathing and leg exercises. You can help yourself to get over your operation by doing these exercises regularly after your surgery. Breathing exercises will stop you from getting a chest infection. And leg exercises will help to stop clots forming in your legs.

After your mesothelioma surgery

When you wake up, you are likely to have several tubes in place to give you fluids and painkillers, drain the wound, drain your urine, and drain fluid from your stomach to stop you feeling sick. You may also have an oxygen mask.

After surgery for pleural mesothelioma, you can usually start eating and drinking again on the day after the operation. After surgery for peritoneal mesothelioma, it may be longer before you can eat or drink. As soon as the doctor can hear your bowel working again, you will be able to start taking sips of water. Gradually you will work up to eating and drinking normally.

The nurses will help you to get up and move around gently as soon as possible. This helps you to get better and makes complications such as chest infections or blood clots much less likely.



You will almost certainly have some pain or discomfort for the first few days after your operation. Tell your doctor or nurse who will work with you to find the right painkiller for you. After most major chest operations, the side of the chest is kept numb by a local anaesthetic pumped into your spine. This is called an epidural. It is a very effective way of controlling pain. It will stay in for up to a week, even when you are up and about.

You can usually go home about a week or 2 after your surgery. Your stitches will come out about 2 weeks after your operation. You may have this done at the hospital or at your GP's surgery.

What to ask your doctor about surgery for mesothelioma

- Is it possible for me to have surgery for mesothelioma?
- You say surgery won't help me - why is that?
- Can I get a second opinion on whether surgery will help me?
- Why are you suggesting surgery for me?
- What do you expect the treatment to do for me?
- What exactly will you do?
- Is there anything I can do to get ready for the operation?
- What are the possible complications of this sort of operation?
- How long will I be in hospital?
- Is there anything I can do to help myself recover?
- Where will I be when I wake up?
- How soon can my family visit me?
- Is there anything I shouldn't do after the operation?
- How long will it take me to get over the surgery?

- How well should I expect to be once I have got over the operation?

Radiotherapy for mesothelioma

Radiotherapy uses high energy rays to kill cancer cells. It is not usually used for peritoneal mesothelioma. But for mesothelioma in the chest, you may have radiotherapy after surgery, to try to stop the cancer coming back. Some people have combined treatment using radiotherapy and chemotherapy. This is to try to slow the cancer down and keep it under control. Radiotherapy can be effective at controlling pain and fluid collection in the lungs or abdomen.

You have radiotherapy in the hospital radiotherapy department. Treatments are usually once a day, Monday to Friday, with a rest over the weekend. Each treatment only takes a few minutes. You have to lie very still during each treatment. Radiotherapy does not make you radioactive and does not hurt.

Side effects

The most common side effects of radiotherapy for mesothelioma are tiredness, reddening of the skin in the treated area, and loss of hair in the treatment area. Other side effects of radiotherapy vary depending on where in the body is being treated. If your lower chest is being treated, you may feel sick or have diarrhoea. These side effects are usually controllable with anti sickness or anti diarrhoea medicines. Ask your radiotherapy doctor for these if you need them.

If your upper chest is being treated, it is quite common to develop a dry sore throat



and to have difficulty in swallowing during the treatment.

There is more information in the 'radiotherapy' section of CancerHelp UK.

About chemotherapy for mesothelioma

Chemotherapy uses anti cancer or 'cytotoxic' drugs to destroy cancer cells. You may have chemotherapy for pleural mesothelioma alongside surgery and radiotherapy, as a combined treatment. This approach gives the best control of mesothelioma. Even if your mesothelioma is not suitable for surgery, chemotherapy may help you to feel better. But you will have to be fit enough to cope with the side effects of the chemotherapy and you will need to talk this over with your cancer specialist.

You may have chemotherapy for peritoneal mesothelioma. For early stage disease, your specialist may suggest chemotherapy directly into your abdomen during or after surgery. The doctor makes a small cut in the wall of your abdomen. Then they put a tube called a catheter through the opening and into your tummy (abdomen). The chemotherapy is given into your abdominal cavity through the catheter. The chemotherapy may be heated to a few degrees above body temperature as some doctors think this may make it more effective.

Chemotherapy drugs for mesothelioma and their side effects

The most commonly used combination of chemotherapy drugs for pleural mesothelioma is pemetrexed and cisplatin. Other combinations or individual drugs may

be used, including carboplatin, raltitrexed, mitomycin, vinorelbine and gemcitabine. For peritoneal mesothelioma, pemetrexed and cisplatin is the most common combination. Other drugs that may be used are irinotecan, cyclophosphamide, doxorubicin, dacarbazine and gemcitabine.

Side effects

All chemotherapy drugs have side effects. Drugs affect people in different ways. Not everyone has the same side effects with the same drug. Some people have very few side effects at all. There are some side effects that are quite common with many chemotherapy drugs. These are

- A fall in the number of blood cells
- Feeling and being sick
- Diarrhoea
- Sore mouth and mouth ulcers
- Hair loss or thinning
- Feeling tired and run down

There is more information in the 'chemotherapy' section of CancerHelp UK.

What to ask your doctor about chemotherapy for mesothelioma

- Why are you recommending chemotherapy for me?
- What will the treatment achieve?
- What are the risks and benefits of this treatment?
- How often will I have to come to the hospital?
- Can I have out patient treatment or will I have to stay in?
- How long will the course of treatment last?
- What are the likely side effects?
- Are there long-term side effects?



- Will I lose my hair?
- Can I have a wig on the NHS?
- Are there any clinical trials I might be able to join?

Follow up for mesothelioma

Check ups

After your treatment has finished, your doctor will want you to have regular check ups. Your doctor will examine you, ask how you are feeling, and make sure you do not have any new symptoms. You may have blood tests, X-rays or CT scans.

At first your check ups will be every 2 months or so. If all is well, your appointments will gradually become less frequent. After surgery, it is usual to see the surgeon after about 4 to 6 weeks, and then 3 monthly if all is well. If you are worried or notice any new symptoms between appointments, let your doctor know as soon as possible. You do not have to wait until your next appointment.

Many people find their check ups quite worrying. If you are feeling well and getting on with life, a hospital appointment can bring back all the worry about your cancer. 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. Ask your doctor or nurse for details of counseling organisations.

Mesothelioma 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 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 preventing and diagnosing mesothelioma, chemotherapy, treating fluid on the lung (pleural effusion), surgery, biological therapies and treatment using light (photodynamic therapy).

What to ask your doctor about treating mesothelioma

- What can you tell me about mesothelioma?
- What stage is it?
- What sort of treatment do you recommend?
- What is the aim of the treatment?
- Is there a choice of treatment?
- How long will treatment last?
- Will I have to have any surgery / radiotherapy / chemotherapy?
- What side effects will there be?
- Is there anything I can do to help reduce the side effects?
- When will you know how well the treatment has worked?
- What will you be able to tell me?
- How often will you see me after treatment has finished?
- What should I do if I am worried between appointments?
- Will I be able to have more treatment if the disease comes back?
- Are there any experimental treatments that might help?
- Are there any clinical trials that you would recommend for me?



Notes

More information

For more information about mesothelioma, 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 December 2010. 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 2010. Cancer Research UK is a registered charity in England and Wales (1089464) and in Scotland (SC041666).