

Endometrial Cancer: Chemotherapy



What is chemotherapy?

Chemotherapy uses strong medicines to kill cancer cells. The medicines attack and kill cells that grow quickly, like cancer cells. But some normal cells also grow quickly. This means that chemotherapy can also harm those healthy cells. This can cause side effects.

When might chemotherapy be used to treat endometrial cancer?

Chemotherapy (chemo) is not used for early-stage endometrial cancer. But it might be a treatment option for women with more advanced stages of endometrial cancer. In these stages, the cancer has spread outside the uterus to other parts of your body and surgery can't be done.

It's very important to talk with a gynecologic oncologist. This is a healthcare provider with special training in the diagnosis and treatment of female reproductive system cancers.

Chemo might be used to treat endometrial cancer in one of these ways:

- Before and then again after radiation, which might be called sandwich therapy
- Along with radiation to help the radiation work better, which is called chemoradiation
- After you've had surgery, to help make sure that all the cancer cells in your body have been killed
- If cancer comes back after it's been treated
- If tests show that the cancer cells are very likely to grow and spread quickly

How is chemotherapy given for endometrial cancer?

Chemotherapy is most often given into your blood through an IV (intravenous) line that's put into a vein. It may also be taken by mouth as a pill, or as an injection. Most of the time, two or more medicines are used together.

Treatment is most often done as an outpatient visit to a hospital infusion center. It might also be done at your healthcare provider's office or a chemotherapy clinic. You go home the same day. In some cases, you may stay in the hospital during treatment.

Chemo can be very hard on your veins, so it can be helpful to have a vein (venous) access device or an indwelling catheter. A catheter is a thin, flexible tube. It's part of a device that stays in place between cycles. This is done so that you don't have a new IV put in each time you get treatment. One end of the catheter is put into a vein near your heart. The other end might be attached to a small drum that's put just under the skin, or it might come out through your skin. The medicine can then be connected to this device when you have treatment. Your healthcare team will talk with you about the risks and benefits of a venous access device or indwelling catheter.

You get chemo in cycles over a period of time. That means you get the medicines for a set amount of time and then have a rest period. Each period of treatment and rest is one cycle. You may have several cycles. Having treatment in cycles helps by:

- **Killing more cancer cells.** Chemo can kill more cancer cells over time. The cancer cells aren't all dividing at the same time, so cycles allow the medicines to kill and damage more cells.
- **Giving your body a rest.** Treatment also damages healthy cells that divide quickly. This includes cells in the lining of the mouth, stomach, and intestines. This causes side effects, such as mouth sores, nausea, vomiting, and diarrhea. Between cycles, your body can get a rest and heal.

- **Giving your mind a rest.** Getting chemo can be stressful. Taking breaks between cycles gives you an emotional break between treatments.

What types of medicines are used to treat endometrial cancer?

In most cases, two or more medicines are used together. This is called combination therapy. The medicines most often used to treat endometrial cancer are:

- Doxorubicin hydrochloride or liposomal doxorubicin
- Cisplatin
- Paclitaxel
- Carboplatin
- Docetaxel

The combinations most often used are:

- Paclitaxel and carboplatin
- Doxorubicin and cisplatin

Which medicines you get and how often you get them depend on many factors. You may also get chemo along with radiation therapy.

If you have advanced endometrial cancer, the cancer has spread far from your uterus. In this case, your healthcare provider may suggest you be part of a clinical trial. This allows you to get the best treatment available now, and maybe treatments that are thought to be better. New medicines or new combinations of medicines may be available in a clinical trial. Talk with your healthcare team about these options.

What are common side effects of chemotherapy?

Side effects are common with chemotherapy. But it's important to know that they can often be prevented or controlled. The side effects usually go away over time when the treatment ends, but some may be long lasting or permanent. Side effects depend on the type and doses of chemo. They tend to be worse if you're getting radiation along with chemo. They vary a lot from person to person.

Some common side effects include:

- Nausea and vomiting
- Mouth sores
- Constipation or diarrhea
- Hair loss
- Infections from low white blood cell counts
- Easy bruising or bleeding from low blood platelets
- Tiredness from low red blood cell counts
- Loss of appetite
- Dizziness
- Skin problems, such as dryness, rash, blistering, or darkening skin
- Tingling, numbness, or swelling in hands or feet

- Hearing loss
- Kidney damage

Most of these side effects will get better between treatment cycles and slowly go away after treatment ends. Others may last a long time. Doxorubicin can damage your heart over time. Cisplatin can cause kidney damage. Your healthcare team will monitor your heart and kidney function if you're taking these medicines. Cisplatin and paclitaxel can cause numbness, tingling, and pain in your hands or feet (peripheral neuropathy).

There may be things you can do to help prevent some of these side effects. Tell your healthcare providers about possible side effects you might have and what can be done to prevent them. Be sure to tell them if you start having side effects. They can help you cope with them and try to keep them from getting worse.

Working with your healthcare provider

It's important to know which medicines you're taking. Write down the names of all your medicines. Ask your healthcare team what they're supposed to do, how they work, and what side effects they might have.

Blood tests will be done regularly while you're getting chemotherapy. This is to make sure your blood counts don't drop to dangerous levels. Make sure you know what to watch for and which problems mean you should call your healthcare provider or nurse right away. Be sure you know what number to call with problems or questions. Is there a different number for evenings, holidays, and weekends?

Your healthcare provider or nurse may ask you to call them if you have any of these symptoms:

- Fever of 100.4°F (38°C) or higher, or as directed by your healthcare provider
- Sore throat
- Shaking chills
- Redness, swelling, and warmth at the site of an injury, injection, or IV catheter
- New cough or shortness of breath
- Nasal congestion
- Burning during urination, or bloody or cloudy urine
- Confusion
- Shortness of breath

It may be helpful to keep a diary of your side effects. Write down physical and emotional changes. A written list will make it easier for you to remember your questions when you go to your appointments. It will also make it easier for you to work with your healthcare team to make a plan to manage any side effects you have.

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