Eye Cancer: Treatment Choices

The treatment choices for eye cancer depend on the type of cancer, the size and location of the tumor, the results of lab tests, and the stage (extent) of the disease. Your healthcare provider also considers your age, preferences, and overall health when deciding on a treatment plan. Your healthcare provider will try to save your sight when thinking about different treatment choices.

You may have questions and concerns about your treatment choices. You may also want to know how you'll feel and function after treatment, what you'll look like, and if you'll be able to see with the affected eye. Your healthcare provider is the best person to answer your questions. They can tell you what your treatment choices are, the goals of these treatments, how successful they're expected to be, and what the risks and side effects are.

Your healthcare provider may advise a specific treatment. Or they may offer more than one, and ask you to decide which one you'd like to use. It can be hard to make this decision. It's important to take the time you need to make the best choice.

Deciding on the best treatment plan may take some time. Talk with your healthcare provider about how much time you can take to explore your choices. You may want to get another opinion before deciding on your treatment plan. Eye cancer is very rare, and you may want to find a specialist who has experience treating it. You may also want to involve your family and friends in the decision-making process.

Treatment of eye cancer

Depending on your situation, you may have several choices for treating this cancer.

Surgery

This is a common approach. There are several types of surgery for eye cancer. Your healthcare provider may only need to remove the growth and a small area of tissue around it. But in some cases, they will need to remove your whole eye and maybe other surrounding tissues. These can include your eyelid and muscles around your eye.

Radiation

Different types of radiation therapy are sometimes used for treating this cancer. Your healthcare provider may use a machine to direct beams of radiation into your eye. Or they may attach a small radioactive disk to your eye next to the tumor (ocular brachytherapy or episcleral plaque therapy). If you have this surgical procedure to attach the disk, you'll have either local anesthesia to numb the eye with sedation or general anesthesia to put you to sleep before it starts. The disk normally stays in place for a few days and is then removed.

Photocoagulation

Your healthcare provider may use a special laser that destroys the tumor and blood vessels that feed the tumor. It is rarely used to treat eye melanoma because of side effects and the chance of the cancer coming back. If this treatment is used, it is most often for very small tumors.

Thermotherapy

This is the most common type of laser treatment for eye cancer, such as melanoma. This treatment uses infrared light to heat and destroy cancer cells.

Cryotherapy

This treatment uses cold to freeze and destroy cancer cells.

Active surveillance or watchful waiting

You may not start treatment right away, but your healthcare provider will closely watch the tumor for growth. Some eye tumors grow very slowly, and most treatments affect vision. You can eventually start treatment if the cancer starts to grow or cause problems.

Clinical trials

Researchers are always looking for new and better ways to treat eye cancer. These new methods are tested in clinical trials. Before starting treatment, ask your healthcare team if there are any clinical trials you should consider.

The clinical trial may have just one type of treatment or a combination of treatments.

Treating specific types of eye cancer

Conjunctival tumors

The most common tumors of the conjunctiva in adults are squamous cell carcinoma, malignant melanoma, and lymphoma. The main treatment for these tumors includes surgery. In some cases, your healthcare provider may do Mohs surgery. This method removes very small, thin pieces of tissue. They are then looked at right away under a microscope. If your healthcare provider sees cancer cells, they may remove more tissue. Once the tissue samples are clear of cancer cells, the procedure is done.

If the tumor is large, you may have cryotherapy. Researchers are also studying the use of chemotherapy (chemo) eye drops for people who have conjunctival squamous cell carcinoma. The drops are used after surgery. Researchers are studying the use of chemotherapy for conjunctival melanoma, too. These may be choices when there are tumors in several places on your eye.

Conjunctival lymphomas may be treated with radiation alone, as long as there is no lymphoma anywhere else. Lymphomas that occur inside the eye (intraocular lymphoma) need to be treated with chemotherapy. Surgery is not normally used to treat lymphoma of the eye. But in some cases, your healthcare provider may do a biopsy to confirm intraocular lymphoma.

Tumors in the iris

These are rare, slow-growing tumors. Treatment of these tumors depends on if the tumor is growing. It also depends on if there is any complication from the tumor, such as uncontrolled glaucoma. If you have glaucoma that does not get better with medicine or if the tumor is growing quickly, your healthcare provider may remove your entire eye (enucleation). If the tumor is not growing and the glaucoma can be controlled with medicine, you may need surgery to remove only the tumor. In some cases, you may need radiation.

Choroidal tumors

Melanomas

Choroidal melanaomas is a subtype of uveal melanoma. It's also called intraocular melanoma. This is the most common type of eye cancer in adults. The treatment for choroidal melanomas can include thermal destruction (cryotherapy or photocoagulation), radiation, surgery to remove the tumor, or complete removal of your eye. Or you may not have any treatment at all. The choice depends on the size of the tumor, if it’s growing, and if you’re having symptoms. Talk about each choice with your healthcare provider. Think about all the risks and benefits of each choice. In some cases, you may need chemotherapy.

Nevus

A nevus is a little spot on your eye. It is sometimes called an eye freckle. Nevi (the plural of nevus) are rare and almost never need treatment. Your eye care provider can watch for changes over time. It is rare but choroidal nevi can turn into melanoma. If they do, they are treated as a choroidal melanoma.

Cancers of the eyelid

The most common type of eyelid cancer is basal cell carcinoma. It is most often on the lower lid. Some types of cancer affect eyelid glands, such as the sebaceous gland. Sebaceous carcinoma is the second most common eyelid cancer. Other types are squamous cell carcinoma and cutaneous melanoma. The treatment most often used for cancer of the eyelid is surgery. The goal of surgery is to remove all the cancer. The type of surgery you have depends on the size of the tumor. If you need most of your eyelid removed, your healthcare provider will reconstruct it using plastic surgery. In some cases, you may need radiation. This can kill any cancer cells that may have been left behind.

Treatment side effects

Side effects of treatments for eye cancer depend on the type of treatment used, the type of cancer, and the part of the eye that's affected. Many types of cancer can affect the various structures of the eye.

Your healthcare provider will try to treat your cancer so that your eyesight, how you look, and your quality of life are affected as little as possible. Your eye will only be removed if it’s the only way to fully remove the cancer.

If you need to have an eye removed, your healthcare provider will discuss the surgery and side effects with you. This surgery can affect how you look. But there are ways to reconstruct your eye. You may need to see a plastic surgeon. Your healthcare provider may also suggest an artificial prosthetic eye, so that your appearance will not change drastically.

Treatments or growth of the cancer may cause changes in or loss of vision. Your healthcare provider will discuss the side effects and possible risks of your treatment with you before your treatment starts.