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Treating Lung Carcinoid Tumors

If you've been diagnosed with a lung carcinoid tumor, your treatment team will discuss your options with you. It's important to weigh the benefits of each treatment option against the possible risks and side effects.

How are lung carcinoid tumors treated?

Treatment options for people with lung carcinoid tumors can include:

- [Surgery to Treat Lung Carcinoid Tumors](#)
- [Supportive Procedures for Lung Carcinoid Tumor Symptoms](#)
- [Chemotherapy for Lung Carcinoid Tumors](#)
- [Other Drug Treatments for Lung Carcinoid Tumors](#)
- [Radiation Therapy for Lung Carcinoid Tumors](#)

Common treatment approaches

Treatments might be used alone or in different combinations. The main factors in selecting a treatment are the type of carcinoid, the size and location of the tumor, whether it has spread to lymph nodes or other organs, symptoms you are having, and if you have any other serious medical conditions.

- [Treatment of Lung Carcinoid, by Type and Extent of Disease](#)

Who treats lung carcinoid tumors?

Based on your treatment options, you might have different types of doctors on your treatment team. These doctors could include:

- A **thoracic surgeon**: a doctor who treats diseases of the lungs and chest with surgery
- A **medical oncologist**: a doctor who treats cancer with medicines such as chemotherapy and targeted therapy
- A **pulmonologist**: a doctor who specializes in medical treatment of diseases of the lungs
- A **radiation oncologist**: a doctor who treats cancer with radiation therapy

You might have many other specialists on your treatment team as well, including physician assistants, nurse practitioners, nurses, nutrition specialists, social workers, and other health professionals.

- [Health Professionals Associated With Cancer Care¹](#)

Making treatment decisions

It's important to discuss all of your treatment options, including their goals and possible side effects, with your doctors to help make the decision that best fits your needs.

It's also very important to ask questions if there is anything you're not sure about.

If time permits, it is often a good idea to seek a second opinion. A second opinion can give you more information and help you feel more confident about the treatment plan you choose.

- [Questions to Ask Your Doctor About Lung Carcinoid Tumors²](#)
- [Seeking a Second Opinion³](#)

Thinking about taking part in a clinical trial

Clinical trials are carefully controlled research studies that are done to get a closer look at promising new treatments or procedures. Clinical trials are one way to get state-of-the-art cancer treatment. In some cases they may be the only way to get access to newer treatments. They are also the best way for doctors to learn better methods to treat cancer. Still, they're not right for everyone.

If you would like to learn more about clinical trials that might be right for you, start by asking your doctor if your clinic or hospital conducts clinical trials.

- [Clinical Trials](#)⁴

Considering complementary and alternative methods

You may hear about alternative or complementary methods that your doctor hasn't mentioned to treat your cancer or relieve symptoms. These methods can include vitamins, herbs, and special diets, or other methods such as acupuncture or massage, to name a few.

Complementary methods refer to treatments that are used along with your regular medical care. Alternative treatments are used instead of a doctor's medical treatment. Although some of these methods might be helpful in relieving symptoms or helping you feel better, many have not been proven to work. Some might even be harmful.

Be sure to talk to your cancer care team about any method you are thinking about using. They can help you learn what is known (or not known) about the method, which can help you make an informed decision.

- [Complementary and Alternative Medicine](#)⁵

Help getting through cancer treatment

People with cancer need support and information, no matter what stage of illness they may be in. Knowing all of your options and finding the resources you need will help you make informed decisions about your care.

Whether you are thinking about treatment, getting treatment, or not being treated at all, you can still get supportive care to help with pain or other symptoms. Communicating with your cancer care team is important so you understand your diagnosis, what treatment is recommended, and ways to maintain or improve your quality of life.

Different types of programs and support services may be helpful, and can be an important part of your care. These might include nursing or social work services, financial aid, nutritional advice, rehab, or spiritual help.

The American Cancer Society also has programs and services – including rides to treatment, lodging, and more – to help you get through treatment. Call our National Cancer Information Center at 1-800-227-2345 and speak with one of our trained specialists.

- [Palliative Care](#)⁶

- [Find Support Programs and Services in Your Area](#)⁷

Choosing to stop treatment or choosing no treatment at all

For some people, when treatments have been tried and are no longer controlling the cancer, it could be time to weigh the benefits and risks of continuing to try new treatments. Whether or not you continue treatment, there are still things you can do to help maintain or improve your quality of life.

Some people, especially if the cancer is advanced, might not want to be treated at all. There are many reasons you might decide not to get cancer treatment, but it's important to talk to your doctors and you make that decision. Remember that even if you choose not to treat the cancer, you can still get supportive care to help with pain or other symptoms.

- [If Cancer Treatments Stop Working](#)⁸

The treatment information given here is not official policy of the American Cancer Society and is not intended as medical advice to replace the expertise and judgment of your cancer care team. It is intended to help you and your family make informed decisions, together with your doctor. Your doctor may have reasons for suggesting a treatment plan different from these general treatment options. Don't hesitate to ask him or her questions about your treatment options.

Surgery to Treat Lung Carcinoid Tumors

Surgery is the main treatment for lung carcinoid tumors whenever possible. If the tumor hasn't spread, it can often be cured by surgery alone.

Types of lung surgery

Different operations can be used to treat (and possibly cure) lung carcinoid tumors. These operations require general anesthesia (where you are in a deep sleep) and are usually done through a surgical incision between the ribs in the side of the chest (called a *thoracotomy*).

- **Pneumonectomy:** An entire lung is removed.
- **Lobectomy:** An entire section (lobe) of a lung is removed.
- **Segmentectomy or wedge resection:** Part of a lobe is removed.
- **Sleeve resection:** Part of a large airway is removed. Picture a tumor in a large airway as a stain on a shirt sleeve, about an inch or two above the wrist. This surgery would be like cutting across the sleeve above and below the stain and sewing the cuff back onto the shortened sleeve. When this surgery can be done instead of a pneumonectomy, more lung function can be preserved.

With any of these operations, nearby lymph nodes are also removed to look for possible spread of the cancer.

The type of operation your doctor recommends depends on the size and location of the tumor and on how well your lungs are functioning. People whose lungs are healthier can withstand having more lung tissue removed.

When you wake up from surgery, you will have a tube (or tubes) coming out of your chest and attached to a special canister to allow excess fluid and air to drain out. The tube(s) will be removed once the fluid drainage and air leak slow down. Generally, your time in the hospital after surgery can range from 3 to 7 days depending on the type of surgery that is done.

Lymph node sampling

With any of these operations, lymph nodes near the lungs are usually removed to look for possible spread of the cancer. This is important because the carcinoid might have spread to lymph nodes by the time it is diagnosed. (This risk is higher for atypical carcinoids than for typical carcinoids.) If the lymph nodes containing cancer are not removed, it will increase the risk of the carcinoid tumor spreading even farther, to other organs. If this happens, you may no longer be able to be cured by surgery. Checking for cancer cells in the lymph nodes can also provide some indication of your risk of the cancer come back.

Video-assisted thoracic surgery (VATS)

This is a less invasive type of surgery for some cancers in the lungs. During this operation, a thin, rigid tube with a tiny video camera on the end is placed through a small cut in the side of the chest to help the surgeon see inside the chest. One or two other small cuts are created in the skin, and long instruments are passed through these cuts to do the same operation that would be done using an open approach

(thoracotomy). Because only small incisions are needed, there is less pain after the surgery and a shorter hospital stay – usually around 4 to 5 days.

Most experts recommend that only smaller tumors near the outside of the lung be treated this way. The cure rate after this surgery seems to be the same as with surgery done with a larger incision. But it is important that the surgeon doing this operation be experienced because it requires a great deal of technical skill.

Possible risks and side effects of lung surgery

Possible complications depend on the extent of the surgery and the person's health beforehand. Serious complications can include excessive bleeding, wound infections, and pneumonia.

Lung surgery is a major operation, and recovering from the operation typically takes weeks to months. If the surgery is done through a thoracotomy, the surgeon must spread the ribs to get to the lung, so the area near the incision will hurt for some time after surgery. Your activity will be limited for at least a month. People who have VATS instead of thoracotomy have less pain after surgery and tend to recover more quickly.

If your lungs are in good condition (other than the presence of the cancer) you can usually return to normal activities after a lobe or even an entire lung has been removed. If you also have non-cancerous diseases such as emphysema or chronic bronchitis (which are common among heavy smokers), you may become short of breath with activity after surgery.

More information about Surgery

For more general information about surgery as a treatment for cancer, see [Cancer Surgery](#)¹.

To learn about some of the side effects listed here and how to manage them, see [Managing Cancer-related Side Effects](#)².

Hyperlinks

1. www.cancer.org/treatment/treatments-and-side-effects/treatment-types/surgery.html
2. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects.html

References

Flores RM, Park BJ, Dycoco J, et al. Lobectomy by video-assisted thoracic surgery (VATS) versus thoracotomy for lung cancer. *J Thorac Cardiovasc Surg*. 2009 Jul;138(1):11-8. doi: 10.1016/j.jtcvs.2009.03.030.

Hilal T. Current understanding and approach to well differentiated lung neuroendocrine tumors: an update on classification and management. *Therapeutic Advances in Medical Oncology*. 2017;9(3):189-199. doi:10.1177/1758834016678149.

Melosky B. Low Grade Neuroendocrine Tumors of the Lung. *Frontiers in Oncology*. 2017;7:119. doi:10.3389/fonc.2017.00119.

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Supportive Procedures for Lung Carcinoid Tumor Symptoms

If you can't have major surgery because your lung function is at a low level or you have other serious medical problems, or if the cancer has spread too much to be removed, other treatments may be used to relieve some symptoms.

These treatments, called *palliative procedures*, can relieve symptoms, but they do not cure the cancer and are recommended only if you can't have surgery to completely remove the tumor. If you are treated with these procedures you may also get [radiation therapy](#).

Treating airway blockage

If the tumor is blocking airways in the lung, it might lead to pneumonia or shortness of breath. Removing most of the tumor through a bronchoscope or destroying most of it

with a laser (on the end of a bronchoscope) can be helpful. In some cases, a bronchoscope may be used to place a stent (a stiff tube) made of metal or silicone in the airway after treatment to help keep it open.

Treating fluid buildup

In rare instances, fluid can build up inside the chest (outside of the lungs), press on the lungs and affect breathing. Usually, a hollow needle is put through the skin and into the pleural space to remove the fluid. (This is known as a *thoracentesis*.) For most people, removing the fluid can relieve breathing problems right away, but the fluid will often build up again quickly if nothing else is done.

Pleurodesis

To remove the fluid and keep it from coming back, doctors sometimes do a procedure called *pleurodesis*. A small cut is made in the skin of the chest wall, and a hollow tube is placed into the chest to remove the fluid. Either talc or a drug such as doxycycline or certain chemotherapy drugs (like bleomycin) is then instilled into the chest cavity. This causes the linings of the lung (visceral pleura) and chest wall (parietal pleura) to stick together, sealing the space and limiting further fluid buildup. The tube is often left in for a day or two to drain any new fluid that might collect.

Catheter placement

This is another way to control fluid buildup. One end of the catheter (a thin, flexible tube) is placed in the chest through a small cut in the skin, and the other end is left outside the body. This is done in a doctor's office or hospital. Once in place, the catheter can be attached to a special bottle or other device to allow the fluid to drain out on a regular basis.

Procedures to relieve symptoms of liver metastases

If the cancer spreads to the liver, treating the liver tumors may help with symptoms. When there are only 1 or 2 tumors in the liver, they may be removed with surgery. If there are more than just a few liver tumors (or if a person is too sick for surgery), other techniques may be used.

Ablation

Ablation techniques destroy tumors without removing them. They are generally not used

for large tumors, and are best for tumors no more than about 2 cm (a little less than an inch) across.

- **Radiofrequency ablation (RFA)** uses high-energy radio waves for treatment. A thin, needle-like probe is placed through the skin and into the tumor. Placement of the probe is guided by ultrasound or CT scans. The tip of the probe releases a high-frequency current that heats the tumor and destroys the cancer cells.
- **Ethanol (alcohol) ablation** (also known as *percutaneous ethanol injection*) kills the cancer cells by injecting concentrated alcohol directly into the tumor. This is usually done through the skin using a needle guided by ultrasound or CT scans.
- **Microwave thermotherapy** uses microwaves to heat and destroy cancer cells.
- **Cryosurgery (cryotherapy)** destroys a tumor by freezing it with a metal probe. The probe is guided through the skin and into the tumor using ultrasound. Then very cold gasses are passed through the probe to freeze the tumor, killing the cancer cells. This method may be used to treat larger tumors compared to the other ablation techniques, but it sometimes requires general anesthesia (where you are asleep).

Embolization

Arterial embolization (also known as *transarterial embolization* or TAE): This is another option for tumors that can't be removed completely. It can be used for larger tumors (up to about 5 cm or 2 inches across). This technique reduces the blood flow to the cancer cells by blocking the branch of the hepatic artery feeding the area of the liver containing the tumor. Blood flow is blocked (or reduced) by injecting materials that plug up the artery. Most of the healthy liver cells will not be affected because they get their blood supply from the portal vein.

In this procedure a catheter is put into an artery in the inner thigh and threaded up into the liver. A dye is then injected into the bloodstream to allow the doctor to monitor the path of the catheter via angiography, a special type of x-ray. Once the catheter is in place, small particles called *microspheres* are injected into the artery to plug it up.

Radioembolization: In the United States, this is done by injecting small radioactive beads into the hepatic artery. The beads travel to the tumor and give off small amounts of radiation only at the tumor sites.

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Nguyen DM and Manning EW. Chapter 127: Malignant Pleural and Pericardial Effusions. In: DeVita VT, Lawrence TS, Rosenberg SA, eds. *DeVita, Hellman, and Rosenberg's Cancer: Principles and Practice of Oncology*. 10th ed. Philadelphia, Pa: Lippincott Williams & Wilkins; 2015.

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Chemotherapy for Lung Carcinoid Tumors

Chemotherapy (chemo) is the use of anti-cancer drugs that are injected into a vein or taken by mouth. These drugs enter the bloodstream and reach almost all areas of the body, making this treatment useful for some types of lung cancer that have spread to organs beyond the lungs.

Unfortunately, carcinoid tumors usually do not respond very well to chemo. It is mainly used for carcinoid tumors that have spread to other organs, are causing severe symptoms, have not responded to [other medicines](#), or atypical carcinoids that are dividing quickly. Sometimes, it may be given after [surgery](#).

Because chemo does not always shrink carcinoid tumors, it is important to ask your doctor about the chances of it helping and if the benefits are likely to outweigh the risk of side effects.

Some of the chemo drugs that may be used for advanced lung carcinoids include:

- Etoposide (VP-16)
- Cisplatin
- Carboplatin
- Temozolomide
- Oxaliplatin
- 5-fluorouracil (5-FU)
- Streptozocin

Chemo drugs can be used together or alone, and often along with other types of medicines. Frequently used chemo drugs/combinations include carboplatin/etoposide, cisplatin/etoposide, temozolomide, and oxaliplatin .

Doctors give chemo in cycles, with each period of treatment followed by a rest period to allow the body time to recover. Chemo cycles generally last about 3 to 4 weeks, and initial treatment is typically 4 to 6 cycles. Chemo is often not recommended for patients in poor health, but advanced age by itself is not a barrier to getting chemo.

Possible side effects of chemotherapy

Chemo drugs attack cells that are dividing quickly, which is why they work against cancer cells. But other cells, such as those in the bone marrow (where new blood cells are made), the lining of the mouth and intestines, and the hair follicles, also divide quickly. These cells are also likely to be affected by chemo, which can lead to side effects.

The side effects of chemo depend on the type and dose of drugs given and the length of time they are taken. Common side effects can include:

- Hair loss
- Mouth sores
- Loss of appetite
- Nausea and vomiting
- Diarrhea or constipation
- Increased chance of infections (from having too few white blood cells)
- Easy bruising or bleeding (from having too few blood platelets)
- Fatigue (from having too few red blood cells)

These side effects usually go away after treatment is finished. There are often ways to avoid or lessen these side effects. For example, drugs can be given to help prevent or reduce nausea and vomiting.

Some drugs can have other side effects. For example, cisplatin can damage nerve endings (a condition called *neuropathy*). This may lead to symptoms (mainly in the hands and feet) such as pain, burning or tingling sensations, sensitivity to cold or heat, or weakness. In most cases this goes away once treatment is stopped, but it may last a long time in some people. For more information, see [Peripheral Neuropathy](#)¹.

You should tell your medical team about any side effects or changes you notice while getting chemotherapy, so that they can be treated promptly. In some cases, the doses of the chemo drugs may need to be reduced or treatment may need to be delayed or stopped to keep the effects from worsening.

More information about chemotherapy

For more general information about how chemotherapy is used to treat cancer, see [Chemotherapy](#)².

To learn about some of the side effects listed here and how to manage them, see [Managing Cancer-related Side Effects](#)³.

Hyperlinks

1. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/peripheral-neuropathy.html
2. www.cancer.org/treatment/treatments-and-side-effects/treatment-types/chemotherapy.html
3. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects.html

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Fazio N, Ungaro A, Spada F, et al. The role of multimodal treatment in patients with advanced lung neuroendocrine tumors. *Journal of Thoracic Disease*. 2017;9(Suppl 15):S1501-S1510. doi:10.21037/jtd.2017.06.14.

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Other Drug Treatments for Lung Carcinoid Tumors

For people with metastatic lung carcinoid tumors, several medicines can help control symptoms and tumor growth.

Somatostatin analogs

These drugs are related to somatostatin, a natural hormone that seems to help slow the growth of neuroendocrine cells. They are especially useful in people who have [carcinoid syndrome](#)¹ (facial flushing, diarrhea, wheezing, rapid heart rate) and in people whose tumors show up on a [somatostatin receptor scintigraphy](#)² (SRS) scan.

Octreotide is helpful in treating the symptoms of carcinoid syndrome. Sometimes octreotide can temporarily shrink carcinoid tumors, but it does not cure them.

The original version of octreotide (Sandostatin[®]) is injected under the skin (subcutaneously) at least twice daily. Some people learn to give this injection themselves at home. A long-acting version of the drug (Sandostatin LAR[®]) is injected into a muscle once a month by your doctor or nurse. Depending on the severity of symptoms, some people are given injections every day when first starting treatment. Once the doctor finds the correct dose, the longer-acting monthly injection may then be used.

Side effects can include pain or burning at the injection site, stomach cramps, nausea, vomiting, headaches, dizziness, and fatigue.

Lanreotide is a drug similar to octreotide. It is injected under the skin once a month. It may be given by your doctor or nurse, or you may learn how to give the injection at home. Side effects are similar to those of octreotide, although pain at the injection site is less common.

Targeted drugs

In recent years, anti-cancer drugs that work differently from [standard chemotherapy](#) drugs have been developed for some types of cancer. These drugs target specific parts of cancer cells. They are sometimes helpful when chemotherapy is not. They often have different side effects than chemotherapy.

The targeted drug, **everolimus** (Afinitor[®]), has been shown to help treat advanced lung carcinoid tumors. It can be used with or without somatostatin drugs, such as octreotide. Common side effects include diarrhea, fatigue, rash, mouth sores and swelling of the legs or arms.

See [Targeted Cancer Therapy](#)³ for more information about this type of drug.

Hyperlinks

1. www.cancer.org/cancer/lung-carcinoid-tumor/detection-diagnosis-staging/signs-and-symptoms.html
2. www.cancer.org/cancer/lung-carcinoid-tumor/detection-diagnosis-staging/how-diagnosed.html
3. www.cancer.org/treatment/treatments-and-side-effects/treatment-types/targeted-therapy.html

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Radiation Therapy for Lung Carcinoid Tumors

Radiation therapy is the use of high-energy rays (such as x-rays) or radioactive particles to kill cancer cells.

[Surgery](#) is the main treatment for most carcinoid tumors, but radiation therapy may be an option for those who can't have surgery for some reason. It may also be given after surgery in some cases if there's a chance some of the tumor was not removed. Radiation therapy can also be used to help relieve symptoms such as pain if the cancer has spread to the bones or other areas.

External beam radiation therapy

[External beam radiation therapy](#)¹ uses a machine that delivers a beam of radiation to a specific part of the body. This is the type of radiation used most often for lung carcinoid tumors.

Before your treatments start, the radiation team will determine the correct angles for aiming the radiation beams and the proper dose of radiation. Treatment is much like getting an x-ray, but the radiation dose is stronger. The procedure itself is painless. Each treatment lasts only a few minutes, but the setup time – getting you into place for treatment – usually takes longer. Most often, radiation treatments are given 5 days a week for several weeks, but this can vary based on the reason it's being given.

The main side effects of lung radiation therapy are fatigue (tiredness) and temporary sunburn-like skin changes where the radiation passed through the skin. If high doses are given, radiation therapy can cause scar tissue to form in the lungs over time, which might lead to trouble breathing and an increased risk of pneumonia.

Radioactive drugs

Another type of radiation therapy uses drugs containing radioactive particles. This type of treatment is called **peptide receptor radionuclide therapy (PRRT)** and may be useful in treating some widespread carcinoid tumors. Lutetium (Lu-177) dotatate (Lutathera®) is a PRRT that has been approved for patients with gastrointestinal and pancreatic neuroendocrine tumors, but can also be considered for some lung carcinoid tumors that have the somatostatin receptor. Lu-177 is a radioactive substance. It is carried to the cancer cells by dotatate where it attaches to carcinoid tumor cells. This lets doctors deliver high doses of radiation directly to the tumors. It is given as an infusion into a vein (IV).

The most common side effects are nausea, kidney and liver problems, low white blood counts, low platelet counts, and vomiting.

Since this therapy involves radiation that is injected into the bloodstream, you will be given special instructions on how to minimize the radiation exposure during and after treatment.

More information about radiation therapy

To learn more about how radiation is used to treat cancer, see [Radiation Therapy](#)².

To learn about some of the side effects listed here and how to manage them, see [Managing Cancer-related Side Effects](#)³.

Hyperlinks

1. www.cancer.org/treatment/treatments-and-side-effects/treatment-types/radiation/external-beam-radiation-therapy.html
2. www.cancer.org/treatment/treatments-and-side-effects/treatment-types/radiation.html
3. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects.html

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Treatment of Lung Carcinoid, by Type and Extent of Disease

The treatment of lung carcinoid tumors depends largely on the [type](#)¹ (typical versus atypical) and extent of the cancer. Other factors, such as a person's overall health and ability to withstand surgery, are also important.

Many doctors use the TNM staging system (see [Lung Carcinoid Tumor Stages](#)²) to formally describe the extent of these cancers. But for treatment purposes most doctors

use a simpler system, dividing these tumors into 2 groups:

- **Resectable tumors:** those that can be treated with surgery
- **Unresectable tumors:** those that can't be removed completely by surgery

Resectable lung carcinoid tumors

Resectable carcinoid tumors haven't spread far beyond where they started and can be removed completely. In the TNM staging system, this includes most stage I, II, and IIIA cancers.

For people who are healthy enough to withstand it, these cancers are treated with [surgery](#). The extent of the surgery depends on the type of carcinoid tumor and the size and location of the cancer. Atypical carcinoids may need more extensive surgery than typical carcinoids. Nearby lymph nodes are usually removed as well, especially if you have an atypical carcinoid.

Most patients with resectable lung carcinoid tumors are cured with surgery alone and don't need other treatments. Some experts recommend further treatment for people with an atypical carcinoid that has spread to lymph nodes. This can be [chemotherapy](#), [radiation therapy](#), or both. But it's not clear if the added treatments lower the chance of the cancer coming back, or if they help people live longer.

Unresectable lung carcinoid tumors

Unresectable carcinoid tumors include those that have grown too much or spread too far to be removed completely by surgery (including some stage IIIA, most stage IIIB and stage IV cancers), as well as tumors in people who are not healthy enough for surgery.

Treatment depends on the stage of the cancer, where the cancer is, whether it is a typical or atypical carcinoid, and whether you have symptoms of the carcinoid syndrome.

For stage IIIA cancers in people who can't have surgery, experts typically recommend radiation to treat typical carcinoids, and chemotherapy (chemo) and radiation for atypical carcinoids.

Some type of [systemic treatment](#) is often recommended for more advanced cancers (stages IIIB and IV), sometimes along with radiation therapy. Somatostatin analogs like

octreotide (Sandostatin) or lanreotide (Somatuline) can be helpful for patients who have carcinoid syndrome or whose tumors can be seen on somatostatin receptor scintigraphy (OctreoScan). Chemo and targeted therapy are also options.

In general, typical carcinoids tend to grow slowly, and [chemotherapy](#) is often not very successful. If you have only a small number of tumors that can be removed, surgery (both on the lung and at the site of metastasis) is likely to be your best option.

Lung carcinoid tumors usually spread to the liver first. If the carcinoid has spread only to your liver but can't be removed with standard surgery, another option might be to have a liver transplant. This is a very complex operation that most doctors still consider experimental. It is done at only a few transplant centers.

If the carcinoid is in your liver and is causing symptoms, procedures such as ablation or hepatic artery embolization may be helpful. They may relieve symptoms or slow the growth of the cancer, but are very unlikely to result in a cure. These treatments are discussed in detail in [Palliative Procedures for Lung Carcinoid Tumor Symptoms](#)³.

For people with earlier stage cancers who can't have surgery, most doctors recommend radiation therapy for typical carcinoids and chemotherapy plus radiation therapy for atypical carcinoids.

External radiation therapy can also be used to relieve symptoms caused by tumors such as bone pain. For more widespread disease, radioactive drugs may be helpful.

Recurrent carcinoid tumors

When cancer comes back after treatment, it is called a *recurrence*. Recurrence can be local (in or near the same place it started) or distant (spread to organs such as the liver or bone).

Carcinoid tumors can sometimes come back, even several years after the initial treatment. If this happens, further treatment options depend on where the cancer is and what treatments have already been used. Cancers that recur locally or in only 1 or 2 areas can sometimes be treated with further surgery. If surgery is not an option, [radiation therapy](#), [chemotherapy](#), or [other drugs](#) may be tried. Because recurrent cancers can often be hard to treat, [clinical trials](#)⁴ of new types of treatment may be a good option.

Hyperlinks

1. www.cancer.org/cancer/lung-carcinoid-tumor/about/what-is-lung-carcinoid-tumor.html
2. www.cancer.org/cancer/lung-carcinoid-tumor/detection-diagnosis-staging/staging.html
3. [/content/cancer/en/cancer/lungcarcinoidtumor/detailedguide/lung-carcinoid-tumor-treating-palliative-procedures.html](http://content.cancer/en/cancer/lungcarcinoidtumor/detailedguide/lung-carcinoid-tumor-treating-palliative-procedures.html)
4. www.cancer.org/treatment/treatments-and-side-effects/clinical-trials.html

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