Treating Small Intestine Cancer

General treatment information

Depending on the type and stage of your cancer, you may need more than one type of treatment. Doctors on your cancer treatment team may include:

- A **surgeon**: a doctor who uses surgery to treat cancers or other problems
- A **surgical oncologist**: a doctor who treats cancer with surgery
- A **radiation oncologist**: a doctor who uses radiation to treat cancer
- A **medical oncologist**: a doctor who uses chemotherapy and other medicines to treat cancer
- A **gastroenterologist**: a doctor that specializes in diseases and problems of the digestive tract

Many other specialists may be involved in your care as well, including nurse practitioners, nurses, psychologists, social workers, rehabilitation specialists, and other health professionals.

After the small intestine cancer is found and staged, the cancer care team will suggest one or more treatment plans. Choosing a treatment plan is an important decision. It is also important for you to take time and think about all of your choices.

The main types of treatment used for small intestine adenocarcinoma are:

- **Surgery**
- **Chemotherapy**
- **Radiation therapy**

The main factors in selecting treatment options for small intestine adenocarcinoma are the size and location of the tumor, whether it has spread to lymph nodes, liver, bones, or other organs, whether there are any other serious medical conditions, and whether the tumor is causing bothersome symptoms.
It’s often a good idea to get a second opinion. A second opinion may give you more information and help you feel more confident about the treatment plan chosen.

**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 are 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. You can also call our clinical trials matching service at 1-800-303-5691 for a list of studies that meet your medical needs, or see Clinical Trials to learn more.

**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 dangerous.

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. See Complementary and Alternative Medicine learn more.

**Help getting through cancer treatment**

Your cancer care team will be your first source of information and support, but there are other resources for help when you need it. Hospital- or clinic-based support services are 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, support groups, 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 on call 24 hours a day, every day.

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 for Small Intestine Adenocarcinoma**

Surgery is the main treatment for small intestine cancer and it’s often the only treatment. At this time, surgery is the only treatment that can cure a cancer of the small intestine. The type of operation will depend on a number of factors, including the size and location of the tumor, and whether the patient has any serious diseases of other organs.

**Resection**

Usually this surgery is done through a cut made in the abdomen. This operation removes the piece of intestine that has the tumor and some of the normal tissue on either side of the tumor. The 2 cut ends of intestine are then sewn back together. Some nearby tissue containing lymph nodes will also be removed. After surgery, it can take a few days before the patient can eat and drink normally. Removing a small piece of intestine usually doesn’t cause long-term problems with eating or bowel movements.

**Pancreaticoduodenectomy (Whipple procedure)**

This operation is used to treat cancers of the duodenum, although it is more often used to treat pancreatic cancer. It removes the duodenum, part of the pancreas, nearby lymph nodes and part of the stomach. The gallbladder and part of the common bile duct are removed and the remaining bile duct is attached to the small intestine so that bile from the liver can continue to enter the small intestine.

This is a complex operation that requires a lot of skill and experience. It carries a relatively high risk of complications that could even be fatal. When the operation is done
in small hospitals or by doctors with less experience, more than 15% of patients may die as a result of surgical complications. In contrast, when this operation is done in cancer centers by surgeons experienced in the procedure, less than 5% of patients die as a direct result of complications from surgery. In general, people having this type of surgery do better when it is done at a hospital that does at least 20 of these procedures a year. Still, even in the best hands, many patients suffer complications from the surgery. These can include:

- Leaking from the various connections that the surgeon has to make
- Infections
- Bleeding
- Trouble with the stomach emptying itself after eating

Most, if not all, patients who have this surgery lose a lot of weight.

**Palliative surgery**

If the cancer cannot be completely removed because it has spread too far in the abdomen, the surgeon may do an operation to help improve some of the symptoms that the cancer is causing. This is known as *palliative surgery*. Often, these operations are done to relieve a blocked intestine, to decrease pain, nausea, and vomiting, and allow the patient to eat normally for some time. If possible, the surgeon will remove enough of the tumor and nearby intestine to allow digested food to pass through.

Sometimes, the surgeon will leave the tumor in place and route the normal small intestine around the tumor so that any blockage is relieved or prevented.

In very advanced situations, a fairly rigid tube (called a *stent*) is passed through the blocked area and left in place so digested food can pass. If this can’t be done, a tube may be placed in the stomach to drain it and decrease problems with nausea and vomiting.

For more general information about surgery, please see [Cancer Surgery](#).

- [References](#)
  [See all references for Small Intestine Cancer](#)

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Chemotherapy for Small Intestine Adenocarcinoma

Chemotherapy (chemo) uses anti-cancer drugs that are injected into a vein or a muscle or taken by mouth to kill cancer cells. Because these drugs enter the bloodstream and can reach cancer cells anywhere in the body, this treatment can be useful for cancers that have metastasized (spread). But small intestine adenocarcinoma does not seem to be very sensitive to chemotherapy. This is why chemo is not often part of the main treatment for this cancer. Instead, it may be used when the cancer has spread to other organs.

When chemo is given after the tumor is removed with surgery, it's called *adjuvant* treatment. In this setting, the chemo is meant to get rid of the cancer cells that are left after surgery (but that are too small to see). This lowers the chance that the cancer will come back later. Adjuvant chemo is often used for colon cancer, but it is not known if it works as well for small intestine cancer.

Some of the chemo drugs that can be used include:

- Capecitabine (Xeloda®)
- 5-fluorouracil (5-FU)
- Oxaliplatin
- Irinotecan (Camptosar®, CPT-11)

5-FU is often given with a vitamin-like drug called leucovorin, which helps it work better.

Because small intestine cancer is rare, only a small number of patients have been treated with chemo. This makes it hard to know which drugs work best. Some of the drug combinations that seem to work in advanced small intestine cancer include:

- Capecitabine and oxaliplatin (called CAPOX)
- 5-FU and leucovorin with oxaliplatin (FOLFOX)
- 5-FU and leucovorin with irinotecan (FOLFIRI).

Oncologists often use combinations that are used to treat [colon](#) or [stomach](#) cancer.

**Side effects**
Chemo drugs kill cancer cells but also damage some normal cells, causing some side effects. Your health care team will pay careful attention to try and avoid or lessen side effects. These depend on the type of drugs, amount taken, and length of treatment. Common temporary side effects might include

- Nausea and vomiting
- Loss of appetite
- Loss of hair
- Mouth sores.
- Diarrhea

Chemotherapy can also damage the blood-producing cells of the bone marrow, so you may have low blood cell counts. This can lead to:

- An increased risk of infection (caused by a shortage of white blood cells)
- Bleeding or bruising after minor cuts or injuries (caused by a shortage of blood platelets)
- Fatigue (tiredness) or shortness of breath (caused by low red blood cell counts)

Along with these, some other side effects can be seen with certain medicines, for example:

**Hand-foot syndrome** can occur during treatment with capecitabine or 5-FU (when given as an infusion). This starts out as redness in the hands and feet, which can then progress to pain and sensitivity in the palms and soles. If it worsens, blistering or skin peeling can occur, sometimes leading to open, painful sores. There is no specific treatment, although some creams may help. These symptoms gradually get better when the drug is stopped or the dose is decreased. The best way to prevent severe hand-foot syndrome is to tell your doctor when symptoms first come up, so that the drug dose can be changed.

**Neuropathy** (painful nerve damage) is a common side effect of oxaliplatin. Symptoms include numbness, tingling, and even pain in the hands and feet. It can also cause patients to have intense sensitivity to hot and cold in the throat and esophagus (the tube connecting the throat to the stomach). This can cause problems (such as pain) swallowing liquids. If you will be getting oxaliplatin, ask your doctor about side effects beforehand, and let him or her know right away if you develop numbness and tingling or other side effects. More information about neuropathy can be found in Peripheral Neuropathy Caused by Chemotherapy.

**Diarrhea** is a common side effect with many of these drugs, but can be particularly bad with irinotecan. It needs to be treated right away – at the first loose stool – to prevent severe dehydration. This often means taking drugs like loperamide (Imodium®). If you
are on a chemo drug that is likely to cause diarrhea, your doctor will give you instructions on what drugs to take and how often to take them to control this symptom.

Most side effects are short-term and tend to go away after treatment is finished. Some, such as hand and foot numbness, may persist for a long-time. There are often ways to lessen these side effects. For example, drugs can be given to help prevent or reduce nausea and vomiting. Do not hesitate to discuss any questions about side effects with the cancer care team.

You should report any side effects or changes you notice while getting chemo to your medical team 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 prevent the effects from getting worse.

For more information about chemo and its side effects, see Chemotherapy.

- References
  See all references for Small Intestine Cancer

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Radiation Therapy for Small Intestine Adenocarcinoma

Radiation therapy uses high-energy radiation to kill cancer cells. Radiation therapy may be an option for those whose cancer cannot be removed with surgery and is causing symptoms for example if a particular spot is painful because of the cancer.

*External-beam radiation therapy* is the type of radiation used most often for most types of gastrointestinal cancer. It is like having a regular x-ray except it takes longer and uses much higher amounts of radiation. Patients typically have treatments 5 days a week for several weeks. Radiation therapy is used primarily to treat pain from cancer that has spread to the bones or other parts of the body.
The main side effects of radiation therapy to the stomach and intestines include:

- Fatigue (tiredness)
- Nausea and vomiting
- Diarrhea
- Skin changes in the area where the radiation beams passed through, which range from mild redness to blistering and peeling

More information about radiation therapy can be found in A Guide to Radiation Therapy.

- References
  See all references for Small Intestine Cancer

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Treatment Choices for Small Intestine Adenocarcinoma, Based on Tumor Spread

How your small intestine cancer is treated depends mainly on whether or not the cancer can be removed completely with surgery. Cancers that can be removed completely are called resectable, while those that cannot are called unresectable.

Resectable cancers

Resectable cancers are treated with surgery to remove the cancer and some healthy surrounding tissue. If the cancer is in the first part of the small intestine, a Whipple procedure (or pancreaticoduodenectomy) is done. If the cancer is in another part of the small intestine, a resection is done.

If the cancer had grown through the wall of the intestine or spread to nearby lymph nodes, the doctor may recommend chemotherapy or radiation therapy to try to kill any cancer cells that may have been left behind but were too small to see. The hope is that
this treatment will help keep the cancer from coming back (recurrence). This works for colon cancer, but has not yet been shown to help patients with small intestine cancer live longer.

Unresectable cancers

A small intestine cancer may be unresectable if it has grown into nearby tissues or if it has spread to other organs and tissues. Sometimes patients with unresectable cancers still have surgery to treat blocked intestines. This can improve symptoms like nausea, vomiting, and abdominal pain.

Otherwise, these patients are treated with chemotherapy. Radiation therapy can be used to treat cancer that has spread to the brain or bones (especially the spine). Because there is no generally accepted standard treatment for these advanced cancers, taking part in a clinical trial is also a good option.

- References
See all references for Small Intestine Cancer

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