Cancer Recurrence

Cancer recurrence happens when cancer returns after treatment and after a period during which the cancer could not be detected. The timeframe of recurrence can vary. Cancer may return where it previously occurred or in another part of the body. Recurrent cancer can be described as local recurrence, regional recurrence, or distant recurrence. Cancer recurrence at the original site is called local recurrence. Regional recurrence refers to tumors developing in lymph nodes or tissues near the site of the first cancer. Distant recurrence is when cancer returns in another part of the body.

Causes and Risk

Recurrence can happen if the first treatment did not completely destroy all cancer cells. This does not mean the cancer was treated insufficiently, but rather that some cancer cells were resistant and survived the treatment. These cells developed into detectable tumors over time.

Cancer survivors are also at risk of developing a second type of cancer as well as cancer recurrence of the primary cancer. The chance of recurrence depends on the type of primary cancer, so cancer survivors should discuss the risk associated with their cancer type with their doctor. It is important to remember that cancer risk for both a second cancer and recurrence of the primary cancer can be reduced, but not completely eliminated. While healthy eating, avoiding tobacco use, regular exercise, and consistent follow-up visits with a doctor are important to reducing the risk, cancer recurrence is still possible.

Cancer Progression and Cancer Recurrence

When a cancer spreads or worsens, it is called cancer progression. It may be difficult to determine the difference between cancer progression and cancer recurrence. Typically, if a patient appears to be cancer-free at the end of treatment and the disease reappears after showing no signs for a year, it is considered a recurrence. If the tumor grows during treatment, or never completely disappears and grows again after treatment, it is called progressive cancer.

Symptoms of Recurrence

When treatment ends, your physician may outline specific signs or symptoms of recurrence to watch for. A follow-up care plan inclusive of regular visits and screenings will help monitor your health for any unexpected changes. Report any symptoms to your physician immediately.

Treatment Option Considerations

- Type of cancer
- Location of recurrence
- Patient's general health and age
- Timing of recurrence

- Extent of the spread of the cancer
- Patient's values and wishes
- Treatment tolerance
- Potential side effects

Treatment

Patients suspecting cancer recurrence should communicate with their oncologist about any symptoms they experience. As with a primary cancer, treatments for a recurrent cancer can be used to control and eliminate cancer as well as manage pain and side effects. Participating in a clinical trial may also be an option. Treatment for recurring cancer can include surgery, radiation therapy, proton therapy, chemotherapy, or hormone therapy.

About Texas Oncology

With more than 530 physicians and 280 locations, Texas Oncology is an independent private practice, a member of The US Oncology Network, that sees more than 71,000 new cancer patients each year. Founded in 1986, Texas Oncology provides comprehensive, multidisciplinary care, and includes Texas Center for Proton Therapy, Texas Breast Specialists, Texas Colon & Rectal Specialists, Texas Oncology Surgical Specialists, Texas Urology Specialists and Texas Infusion and Imaging Center. Texas Oncology's robust community-based clinical trials and research program has contributed to the Texas Colon & Rectal Specialists, Texas Oncology Surgical Specialists, Texas Urology Specialists and Texas Infusion and Imaging Center. Texas Oncology's robust community-based clinical trials and research program has contributed to the Texas Colon & Rectal Specialists, Texas Oncology Surgical Specialists, Texas Urology Specialists and Texas Infusion and Imaging Center. Texas Oncology's robust community-based clinical trials and research program has contributed to the development of more than 100 FDA-approved cancer therapies. Learn more at <u>TexasOncology.com</u>.

Sources: American Cancer Society, American Society of Clinical Oncology, Centers for Disease Control and Prevention, and National Cancer Institute





