

## Fallopian tube cancer

Fallopian tube cancer is one of the rarest gynaecological cancers. Older women who have gone through the menopause are the most commonly affected group, for reasons unknown. Possible risk factors include long term inflammation of the fallopian tube (chronic salpingitis).

Fallopian tubes are part of the female reproductive system. The two tubes extend from the uterus (womb), one on each side, and each opens near an ovary. These tubes carry the ova (eggs) from the ovaries to the uterus.

### Symptoms

In its early stages, fallopian tube cancer often has no symptoms (asymptomatic), but is sometimes discovered during gynaecological tests for other conditions. Symptoms tend to occur once the cancer has reached its later stages, and could include:

- Watery or blood-stained vaginal discharge
- Swelling of the lower abdomen that is not associated with weight gain
- A lump in the lower abdomen
- Pain in the lower abdomen
- A sensation of pressure against the bowel or bladder
- The feeling that the bowel or bladder can't be fully emptied
- Unusual vaginal bleeding that's not associated with menstruation.

### The cause is unknown

The cause of fallopian tube cancer is not known, but suspected risk factors include:

- Advancing age (most women with this type of cancer are diagnosed when they are between 50 and 60 years)
- Post menopause
- Chronic salpingitis (inflammation of the fallopian tube), often triggered by bacterial infection
- Other types of inflammatory diseases, such as tuberculosis
- History of some difficulties in getting pregnant.

### Diagnosis methods

Fallopian tube cancer is diagnosed using a number of tests including:

- Medical history
- Physical examination, which includes a pelvic examination
- Blood tests
- Ultrasound of the pelvis
- Other scans, such as CT and MRI
- Exploratory abdominal surgery (laparotomy)
- Biopsy of the suspected cancer tissue during the laparotomy.

### Treatment options

Treatment depends on a number of different factors including the woman's general health, whether or not she wants to have children, the size and stage of the cancer, and whether it has spread to other areas of the body. Treatment options may include:

- **Salpingo-oophorectomy** - surgery to remove the diseased fallopian tube and its ovary. The apron of fat that sits inside the abdominal cavity, called the omentum, is also removed on the affected side.
- **Bilateral salpingo-oophorectomy** - surgery to remove both of the fallopian tubes and their ovaries, as well as the omentum.
- **Hysterectomy** - surgery to remove the internal reproductive organs, including fallopian tubes, ovaries and uterus. The omentum is also removed. Multiple biopsies (small samples of tissue) are usually taken to make sure all traces of cancer have been removed.
- **Bowel resection** - surgery may be needed if the cancer has spread to include the bowel.
- **Radiation therapy** - the use of precisely targeted x-rays to kill cancer cells. This is not commonly used.
- **Chemotherapy** - the use of cancer-killing drugs, often in combination. Chemotherapy can be helpful in controlling secondary cancers because the whole body is treated. This is usually required for these cancers after surgery.

## Long term monitoring

Regular check-ups are needed to make sure the patient is free of cancer. Generally, the patient sees their doctor every three months for the first two years, then twice-yearly for the next three years. A patient's long term outlook depends on the stage of the cancer and whether it had spread to other parts of the body. If the cancer was diagnosed and treated in its early stages, the survival rate is about 84 per cent.

## Where to get help

- Your doctor
- Women's health clinic
- Family Planning Victoria Tel. (03) 9257 0100
- Cancer Council Victoria Tel. 131 120

## Things to remember

- Fallopian tube cancer is one of the rarest gynaecological cancers.
- Older women who have gone through the menopause are the most commonly affected group, for reasons unknown.
- The main treatment for fallopian tube cancer is surgery to remove the diseased tissue.

**This page has been produced in consultation with, and approved by:**

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