Fallopian tube cancer

Summary

- 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.

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Growing evidence suggests that many ovarian cancers start in the fallopian tubes, so the risk factors for fallopian tube cancer are similar to those for ovarian cancer and include inherited (gene) risks and not having children.

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 of fallopian tube cancer

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 of fallopian tube cancer

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
- No children
- Inherited gene mutations (such as BRCA).

Diagnosis of fallopian tube cancer

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
Keyhole surgery (laparoscopy)
Exploratory abdominal surgery (laparotomy)
Biopsy of the suspected cancer tissue.

Treatment for fallopian tube cancer
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 (whether it has spread to other areas of the body).

Treatment may include:

- **Salpingo-oophorectomy** – surgery to remove the diseased fallopian tube and its ovary
- **Bilateral salpingo-oophorectomy** – surgery to remove both of the fallopian tubes and the ovaries
- **Hysterectomy** – surgery to remove the internal reproductive organs, including fallopian tubes, ovaries and uterus
- The omentum is removed (this is an apron of fat that hangs down from the stomach), and multiple biopsies (small samples of tissue) are usually taken to fully stage the cancer (check if there are any signs of spread of the cancer outside of the tube).
- **Bowel resection** – surgery may be needed if the cancer has spread to include the bowel
- **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
- **Radiation therapy** – the use of precisely targeted x-rays to kill cancer cells. This is not commonly used.

Long-term monitoring of fallopian tube cancer
Regular check-ups are needed to make sure you are free of cancer. Generally, you will need to see you doctor every three months for the first two years, then twice-yearly for the next three years. Your long-term outlook depends on the stage of the cancer (such as whether it had spread to other parts of the body) at the time of diagnosis. If the cancer was diagnosed and treated in its early stages, the survival rate at five years is about 84 per cent.

Where to get help
- Your doctor
- Women’s health clinic
- Cancer Council Victoria Tel. 131 120
- Family Planning Victoria Tel. (03) 9257 0100
- BreaCan 1300 781 500
- Ovarian Cancer Australia 1300 660 334

Things to remember
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