

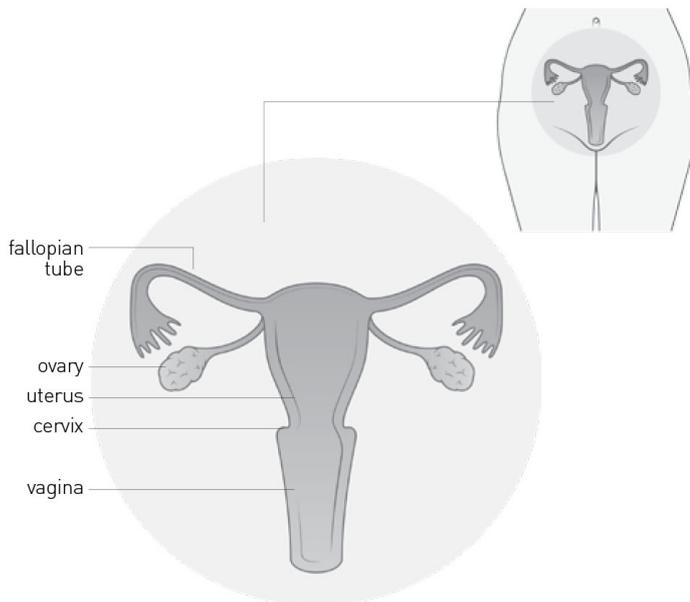


CANCER OF THE FALLOPIAN TUBES

This fact sheet is for women who have been told they have fallopian tube cancer or are worried they do. It explains what fallopian tube cancer is, some of its symptoms and ways to treat it. Cancer of the fallopian tube, ovary and peritoneum are very similar and management in the same way.

If you are concerned about symptoms it is important that you see your nurse, doctor or gynaecologist (specialist in women's health). It is more likely that your symptoms are not related to cancer but it is important to have all symptoms checked.

The fallopian tubes are part of your reproductive system. When you are having periods each month, an egg passes through your fallopian tubes on its way from your ovaries to your uterus or womb.



Around 1 in 200 Australian women who have cancer will have this kind of cancer. Each year, about 70 Australian women find out they have fallopian tube cancer.

What causes fallopian tube cancer?

Usually it's not possible to say what causes cancer in a particular woman. There are things that women with fallopian tube cancer have in common though.

These are known as risk factors and they suggest that you are more likely to have fallopian tube cancer if:

- you are older (most women with fallopian tube cancer are over 50)
- you have never had children
- you have several close blood relatives who have had ovarian, breast, endometrial or colorectal cancer
- you have inherited a faulty gene (like BRCA1 or BRCA2)
- you have Lynch syndrome (or hereditary non-polyposis colorectal cancer – HNPCC).

What are the symptoms of fallopian tube cancer?

Often there are no obvious signs when the cancer first begins to grow.

Symptoms can include:

- swelling in your abdomen (or tummy)
- pain in your abdomen and back
- lost appetite or feeling full quickly
- needing to wee often or urgently as well as other changes to your toilet patterns, such as changes to your bowel habits
- weight loss or gain that is hard to understand or explain
- indigestion or heartburn
- tiredness
- watery discharge from the vagina.

See your doctor if any of these symptoms persist and/or are unusual for you.

What should I do if I think I have fallopian tube cancer?

- See your doctor, nurse or gynaecologist (specialist in women's health).
- Talk to them about any changes to your body that you have noticed.
- Let them know if you or anyone in your family has had cancer or been tested for genetic faults.

They will most likely:

- ask you questions about the history of your health
- examine your pelvis by pushing on the outside of your abdomen and putting two fingers inside your vagina to feel the shape, size and position of your fallopian tubes and other pelvic organs
- do a blood test
- arrange for an MRI or CT scan of your abdomen and pelvis.

If the results are suspicious of fallopian tube cancer you will be referred to a gynaecologic oncologist. Please remember only 0–30 per cent of women will be ultimately diagnosed with fallopian tube cancer.

Depending on the results of these tests, the usual recommendation is to have an operation called a **laparotomy**. In this operation, a cut is made in your abdomen so the surgeon can look at the organs in your abdomen and pelvis. If they find cancer, they will start treatment straight away by removing any cancer they can (as discussed below). Sometimes doctors will recommend that a sample of fluid (abdominal paracentesis) or tissue (core biopsy) – possibly from the ovary – is taken and tested to determine the best treatment for you.

All of these tests can tell us more about your cancer, so that you can be given the best kind of treatment for the particular cancer you have.

How is fallopian tube cancer treated?

The kind of treatment you have (and its success) will depend on:

- the size of the cancer and how far it has spread (stage of cancer)
- how quickly it is growing and how different it looks to normal cells (grade of cancer)
- where in the fallopian tubes it started (type of cancer)
- your age, health and medical history.

At the Women's a team of specialists (known as the *gynaecological oncology multi-disciplinary team*) will discuss these things and determine the best possible treatment for your particular cancer, lifestyle and wishes. They will recommend one or more of these treatment options:

- **Surgery** to remove one or both of your fallopian tubes. Your uterus and cervix may also be removed (known as a **total hysterectomy**) as well as your ovaries (known as an **oophorectomy**), **lymph nodes** (which filter and trap disease) and **omentum** (the fatty tissue that covers the organs in your abdomen). These operations are usually done immediately after cancer is diagnosed during a laparotomy. If the cancer has spread to other parts of your abdomen, further surgery may be considered. For example, part of your bowel may need to be removed. Sometimes the surgery can be done by **laparoscopy** (key hole surgery).

You and your doctor will discuss further treatments such as chemotherapy or radiotherapy.

- **Chemotherapy** is medication that aims to control or kill the cancer. Usually this involves being connected to an IV or drip for a couple of hours so the medications can be released slowly into your body.
- **Radiotherapy** aims to control or kill the cancer. It involves lying near a machine that directs radiation beams straight at your cancer to control or kill the cancer.

Who can I talk to?

The word 'cancer' causes a great deal of fear in people. It can help to get support to manage the fear. Close friends and family may be a good starting place but there are also professional counsellors who can support you through the cancer journey.

If you are a patient at the Women's, the gynaecology team (which includes nurses, doctors, psychologists and social workers) will provide counselling and practical support. If you are not a patient at the Women's, BreaCan and the Victorian Cancer Council can put you in touch with experts in this area and other women who have also had cancer.

Things to remember

- If you notice any changes to your body, talk to your nurse, doctor or gynaecologist.
- Your treatment and its success will depend on the stage and grade of your cancer as well as your health.
- You are not alone – it is normal to feel many different things including fear and anger.

Questions to ask your nurse, doctor or gynaecologist

- How big is my cancer and where exactly is it?
- Is my daughter more likely to have fallopian tube cancer if I have?
- What if I still want to have children?
- Will treatment stop my periods and start menopause?
- What are the side effects of the treatment you're recommending?
- Will the treatment you're recommending cause a lot of pain?
- How often will I need to have check-ups?
- What will my abdomen look like after treatment?
- Will I still be able to have sex?

For more information or support

If you are a patient at the Women's

Gynaecological Oncology Unit

Royal Women's Hospital

T: (03) 8345 3566

For women in Victoria

Women's Welcome Centre

Royal Women's Hospital

T: (03) 8345 3037 or 1800 442 007 (rural callers)

E: wwcadmin@thewomens.org.au

Cancer Council Helpline

T: 13 11 20

W: www.cancervic.org.au

Counterpart

T: 1300 781 500

W: www.counterpart.org.au

Ovarian Cancer Australia – Resilience Kit

T: 1300 660 334

W: ovariancancer.net.au

References

National Centre for Gynaecological Cancers, Cancer Australia, www.canceraustralia.gov.au

Gynaecological Cancers in Australia: An overview report, AIHW Macmillan Cancer Support, www.macmillan.org.uk