

Fallopian tube cancer



Ovacome is a national charity providing support and information to anyone affected by ovarian cancer.

We run a free telephone and email support line and work to raise awareness and give a voice to all those affected by ovarian cancer.

This booklet is part of a series giving clinical information about ovarian cancer.

It is for those who are affected by fallopian tube cancer.



Fallopian tube cancer

Cancer of the fallopian tubes is a rare disease making up just one per cent (one in a hundred) of all female reproductive cancers.

What is fallopian tube cancer?

Fallopian tube cancer is similar to ovarian cancer but starts in the fallopian tubes. These are the two very fine, 10 centimetre long, tubes that connect the womb to the ovaries.

The most common form of fallopian tube cancer is adenocarcinoma. This begins in the epithelial cells which are part of the lining of the fallopian tubes.

Other very rare forms are transitional cell cancer, which develops in the stretchy cells in the fallopian tube lining, and sarcoma which occurs in the muscular parts of the fallopian tubes.

Risk factors

The causes of fallopian tube cancer are unknown, but it is known to be linked to changes in BRCA genes, which increase the risks of developing breast cancer and ovarian cancer.

Those with two or more close relatives such as a mother, sister or daughter who have been diagnosed with ovarian cancer may have an increased risk of fallopian tube cancer. Age is also a risk factor as fallopian tube cancer is most common in people in their 50s and 60s.

Symptoms

Fallopian tube cancer symptoms may include one or more of the following:

- Vaginal bleeding that is not related to periods.
- Watery vaginal discharge that may contain blood.
- Abdominal pain.
- Abdominal swelling.

Testing for fallopian tube cancer

Your GP will probably examine your abdomen for any lumps or tenderness. They may give you an internal pelvic examination to check for any abnormalities around your womb and ovaries.

Your GP may also offer you a CA125 blood test. This tests for a protein in your blood which can act as a cancer marker. A normal level is under 35. CA125 levels can be raised by other health conditions as well as cancers. The blood test results should take about a week.

Your GP may also refer you for an ultrasound scan. This uses sound waves to give a picture of your internal organs. This may be followed by a referral for a CT scan which uses x-rays to build a three-dimensional image of the inside of the body.

These scans can help in your diagnosis and in planning treatment.

Diagnosis

If you are suspected of having fallopian tube cancer, you will be referred to a hospital gynaecological oncology team for more tests. This team will discuss investigations and treatment options with you.

You may need a biopsy to help with diagnosis. This can be done by an imaging guided laparoscopy, which is a small operation under general anaesthetic. A thin fibre optic tube is inserted in the abdomen to look at the fallopian tubes and take samples to check for cancer cells.

You may need a laparotomy. This is an operation when a surgical cut is made into the abdomen under general anaesthetic to examine internal organs and confirm a diagnosis.

If you are diagnosed with fallopian tube cancer it will be given a stage. This describes how far it has spread. The staging of fallopian cancer is the same as ovarian cancer. You can find out more here: ovacome.org.uk/stages-of-ovarian-cancer-booklet

Treating fallopian tube cancer – surgery and chemotherapy

If you are diagnosed with fallopian tube cancer you should be treated by a gynaecological oncologist. They will be part of a multi-disciplinary team that includes all the people who will plan and deliver your care. Fallopian tube cancer is treated using surgery and chemotherapy in the same way as ovarian cancer.

Surgery

Treatment for fallopian tube cancer is usually to remove as much of the cancer as possible, followed by chemotherapy to destroy remaining cancer cells.

You may need to have some chemotherapy before the surgery, to shrink the cancer before operating. The gynaecological oncologist will discuss this with you.

The operation will remove the fallopian tubes, the ovaries, womb, cervix, and a fatty layer that lies over the organs in the abdomen called the omentum. This is the same as surgery used to treat ovarian cancer.

The operation is called a total abdominal hysterectomy bilateral salpingo-oophorectomy and omentectomy. You will be in hospital for about three to seven days after your operation.

Chemotherapy

When you have recovered from your operation, which may take a few weeks, you will probably be offered chemotherapy. This is to treat any remaining cancer cells that the surgeon could not remove.

Chemotherapy for fallopian tube cancer is usually the same as for ovarian cancer. The most commonly used drugs are carboplatin and paclitaxel (Taxol) which may be used together. You will probably be offered six cycles of these. You will be given the chemotherapy drugs intravenously through a vein as a hospital outpatient.

Chemotherapy can cause unpleasant side effects, but these can usually be controlled with other medicines.

Side effects can include: nausea, tingling in your hands and feet, a sore mouth and loss of appetite, a lowering of your blood cell count making you vulnerable to infection, and hair loss. If you experience hair loss, it will grow back and within six months you should have a covering of hair.

For more information see Ovacome booklet here:
ovacome.org.uk/chemotherapy-booklet.

Follow up care

When your treatment has finished you will have follow-up appointments to check your health. This may include blood tests. You should contact your doctor or clinical nurse specialist (CNS) if you have problems or notice any new symptoms.

We welcome your feedback on this booklet, email ovacome@ovacome.org.uk or call 0800 008 7054.

If you would like to discuss anything about ovarian cancer, please phone our support line on 0800 008 7054 Monday to Friday between 10am and 5pm. You can also visit our website at ovacome.org.uk.

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Disclaimer

Ovacome booklets provide information and support. We make every effort to ensure the accuracy and reliability of the information at the time of publication. The information we give is not a substitute for professional medical care. If you suspect that you have cancer you should consult your doctor as quickly as possible.

Ovacome cannot accept any liability for any inaccuracy in linked sources.

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