

A woman is shown from the chest up, wearing a grey textured knit sweater. Her arms are crossed over her chest, and she is holding a pink cloth. She is sitting at a white table with two white mugs. The background is blurred. A teal curved banner is at the top of the image.

ovacome..
ovarian cancer

Primary peritoneal 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 have been diagnosed with primary peritoneal cancer, a rare variant of ovarian cancer.



Primary peritoneal cancer

Primary peritoneal cancer (PPC) is a rare cancer that affects the peritoneum, which is a layer of tissue that lines the abdomen and covers the organs inside it and the pelvis from below the diaphragm.

How does PPC develop?

PPC is very similar to the most common type of ovarian cancer which is epithelial cancer; this develops in the surface, epithelial, cells of the ovary. The ovaries and the peritoneum both contain epithelial cells and PPC can occasionally spread to the ovaries.

There are no exact figures for how many people in the UK are diagnosed with PPC, but research suggests that between seven and 15 per cent (between seven and 15 in 100) of women with advanced ovarian cancer (cancer which has spread) do in fact have PPC. It is possible for men to get PPC, but this is very rare.

It is most commonly diagnosed in those aged 60 and above. The causes are unknown, but a very small number of cases may be caused by the BRCA gene mutation which increases the risk of breast and ovarian cancer.

PPC is always at the advanced stages of three or four, meaning it extends into the abdomen and sometimes to other organs.

There is more information about these stages in Ovacome booklets Stage 3 ovarian cancer and Stage 4 ovarian cancer here: ovacome.org.uk/stage-3-booklet, ovacome.org.uk/stage-4-booklet.

Signs and symptoms

The symptoms of PPC can be hard to detect but they include:

- Abdominal bloating
- Abdominal pain
- Constipation or diarrhoea
- Nausea and sickness
- Indigestion
- Loss of appetite

If you are experiencing persistent symptoms that are new or unusual for you, it's important to contact your GP.

Diagnosis

Those with symptoms that may be caused by PPC should be examined by their GP, who may want to check the abdomen for lumps and changes and may want to do an internal examination to check the womb and ovaries for abnormalities.

The GP may offer a CA125 blood test. This is to test levels of a protein marker, sometimes called a tumour marker, as raised levels can indicate ovarian cancer, PPC or fallopian tube cancer.

However, CA125 levels can be raised by other medical conditions.

If the CA125 level is 35 or more in a person with symptoms of possible PPC they should be referred urgently for an ultrasound scan.

The ultrasound scan will probably take place in hospital on an outpatient basis. It will give a detailed picture of the organs in your pelvis and abdomen.

It may be necessary to do a transvaginal ultrasound when the transducer (a small probe containing a microphone) is placed in the vagina to give a clearer picture of the womb and ovaries and other pelvic organs. Most cases of PPC are diagnosed by the detection of fluid in the abdomen.

It may then be necessary to have a CT (computerised tomography) or MRI (magnetic resonance imaging) scan to get more information about what is causing the symptoms and then give a diagnosis.

Treatment – surgery and chemotherapy

The treatment of PPC is the same as treatment for advanced ovarian cancer. The aim of the treatment is to reduce the cancer as much as possible and to control and manage symptoms to enable the best possible quality of life.

You may have surgery followed by chemotherapy, or a course of chemotherapy first to shrink the cancer before surgery. These options will be discussed with you by the gynaecological oncology team. Sometimes PPC is treated using chemotherapy without surgery.

Surgery

Surgery aims to remove as much of the cancer as possible. This means the surgeon will probably perform an abdominal hysterectomy (to remove the womb and cervix), bilateral salpingo-oophorectomy (to remove the fallopian tubes and ovaries), an omentectomy (a fatty layer in the abdomen called the omentum) and peritonectomy to remove the peritoneum.

The surgeon will also remove other areas affected by the cancer, where possible. Your surgeon will discuss this with you. This operation is called debulking surgery. Surgery for PPC should be performed by a gynaecological oncologist.

Chemotherapy

When you have recovered from your surgery you may be offered chemotherapy to destroy any remaining cancer cells. The drugs used are usually carboplatin and paclitaxel (Taxol) which are widely used to treat ovarian cancer.

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.

You can learn more about chemotherapy here:
ovacome.org.uk/chemotherapy-booklet.

Follow-up care

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

We welcome your feedback on this booklet. Please 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 www.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 you have cancer you should consult your doctor as quickly as possible.

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

Version 2.2 | Last reviewed January 2024 | Date for review January 2027



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