Cancer Association of South Africa (CANSA)



Fact Sheet on Fallopian Tube Cancer

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Introduction

The Fallopian tubes, also known as oviducts, uterine tubes, and salpinges (singular salpinx) are two very fine tubes lined with ciliated epithelia (cells with fine hair-like structures called cilia which aids -tiny hairs



to propel ova from the ovaries to the uterus), leading from the ovaries into the uterus, via the utero-tubal junction.

[Picture Credit: Ciliated Epithelium]

In a woman's body the fallopian tube allows passage of the egg (ovum) from the ovary to the uterus. Its different segments are (lateral to medial):

- The infundibulum with its associated fimbriae near the ovary
- The ampullary region that • represents the major portion of the lateral tube
- The isthmus which is the narrower part of the tube that links to the uterus
- The interstitial (also known as intramural) part that transverses the uterine musculature. The tubal ostium is the point where the tubal canal meets the peritoneal cavity
- The uterine opening of the Fallopian tube is the entrance into the uterine cavity, the utero-tubal junction.

The fallopian tubes are named after their discoverer, the 16th century Italian anatomist, Gabriel Fallopius.

GABRIEL FALL OPIUS Analom: Prof. Tatavij

[Picture Credit: Gabriel Fallopius]

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[Picture Credit: Fallopian Tubes] Isthmus Pars uterina Uterine ostium Mesosalpinx Ampulla Fimbriae Ovary Uterus Abdominal ostium

Infundibulum

Fallopian Tube Cancer

Fallopian tube cancer is cancer that occurs in any part of the fallopian tube.

Primary fallopian tube cancer means the cancer first started to grow in this area. Sometimes cancers that start in other areas, such as the ovaries, womb or cervix, can spread to the fallopian tubes. This is known as a secondary fallopian tube cancer and is treated according to where the cancer started (the primary cancer).

There are different types of fallopian tube cancer. The most common type is adenocarcinoma, which starts in the cells that form part of the lining of the fallopian tubes.

Other types of fallopian tube cancer are very rare and include

- o Transitional cell transitional cells are stretchy cells found in the fallopian tube lining
- Sarcoma this affects the muscular part of the fallopian tube

Incidence of Fallopian Tube Cancer in South Africa

The National Cancer Registry (2014) does not provide any information on the incidence of Fallopian Tube Cancer.

Risk Factors for Fallopian Tube Cancer?

Given its rarity, the causes and risk factors for developing primary fallopian tube cancer are not clearly defined. There has been some association of the cancer with chronic infection and/or inflammation of the fallopian tubes (due to untreated sexually transmitted diseases, for example), although a cause-effect relationship has not been definitively established.

Signs and Symptoms of Fallopian Tube Cancer

Women with fallopian tube cancer may experience one or more of the following symptoms or signs. Sometimes, women with fallopian tube cancer do not show any of these symptoms. Or, these symptoms may be caused by a medical condition that is not cancer.

- Irregular or heavy vaginal bleeding, especially after menopause or in between periods
- A swollen abdomen
- Occasional abdominal or pelvic pain or feeling of pressure
- Vaginal discharge, which may be clear, white, or tinged with blood
- A pelvic mass or lump

As a tumour in the fallopian tube grows, it can push against the walls of the tube and cause abdominal pain. If untreated, the cancer can spread into and through the walls of the fallopian tubes and eventually into the pelvis (lower abdomen) and stomach areas. This can cause other symptoms as well.

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Diagnosis of Fallopian Tube Cancer

Because fallopian tube cancer is so rare, and its symptoms can resemble other problems, it can be difficult to diagnose. Additionally, in some cases, women do not learn they have fallopian tube cancer until a tube has been removed surgically during an operation to treat another illness or problem.

However, there are several tests that may be performed in order to make a definite diagnosis of the condition. Tests that may be performed include:

- Pelvic Examination This test involves feeling the uterus, vagina, ovaries, fallopian tubes, bladder and rectum to find any abnormality in their shape or size.
- CA125 Test This is a blood test that checks levels of a blood protein known as CA125, which is a tumour marker for gynaecological diseases such as fallopian tube cancer. An estimated 85 percent of women with gynaecological disease have increased levels of CA125. However, it is important to note that increased levels of CA125 may not necessarily mean that a woman has cancer, since CA125 levels also may be increased during pregnancy, menstruation, in the presence of other non-cancerous gynaecologic diseases or cancers affecting other parts of the body.
- Computed Tomography (CT) Scan This imaging test takes a series of detailed pictures of areas inside the body. The pictures are created by a computer, which is linked to an X-ray machine. A special dye may be injected into a vein or swallowed to help the organs or tissues show up more clearly.
- Ultrasound An ultrasound of the pelvis may be performed. This test involves the use of highfrequency sound waves to create images of organs and systems within the body. These waves, which cannot be heard by humans, create a pattern of echoes called a sonogram. Healthy tissues, fluid-filled cysts, and tumours look different on this picture.
- Transvaginal ultrasound a special wand is inserted in the vagina which gives off ultrasound waves that can be read on the ultrasound screen.
- Biopsy Cells are removed from the fallopian tubes and looked at under a microscope. This is the only way to find out for sure if a person has fallopian tube cancer. It usually requires surgery.

Staging of Fallopian Tube Cancer

Staging of any cancer is very important as the stage of the cancer helps determine the type of anticancer treatment that is given.

Treatment of Fallopian Tube Cancer

An optimal treatment regimen should ultimately be individualised as much as possible. It should take into account the patient's stage of disease, other medical history, and personal preference, among other things. Treatment may include:

<u>Surgery</u> - fallopian tube cancer is typically diagnosed with surgery.

Radiation Therapy – Use is made of an external beam.

<u>Chemotherapy</u> - An individual chemotherapeutic regimen should preferably be developed by the oncologist with the patient's specific needs in mind.

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<u>Hormonal Therapy</u> - the role of hormonal treatment for fallopian tube cancer is not clear, although both varying degrees of success has been shown with various methods.

<u>Combined Modality</u> - the latest in combined modality approaches for advanced disease consists of cryoreductive surgery, post-surgical chemotherapy to reduce remaining tumour burden to microscopic levels, and possible radiation to the abdomen and pelvis following chemotherapy.

About Clinical Trials

Clinical trials are research studies that involve people. They are conducted under controlled conditions. Only about 10% of all drugs started in human clinical trials become an approved drug.

Clinical trials include:

- Trials to test effectiveness of new treatments
- Trials to test new ways of using current treatments
- Tests new interventions that may lower the risk of developing certain types of cancers
- Tests to find new ways of screening for cancer

The <u>South African National Clinical Trials Register</u> provides the public with updated information on clinical trials on human participants being conducted in South Africa. The Register provides information on the purpose of the clinical trial; who can participate, where the trial is located, and contact details.

For additional information, please visit: www.sanctr.gov.za/

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