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[Fallopian Tube Cancer - Treatment Options](#) [1]

This section has been reviewed and approved by the [Cancer.Net Editorial Board](#) [2], 07/2013

ON THIS PAGE: You will learn about the different ways doctors use to treat women with this type of cancer. To see other pages, use the menu on the side of your screen.

This section outlines treatments that are the standard of care (best proven treatments available) for this specific type of cancer. When making treatment plan decisions, patients are also encouraged to consider clinical trials as an option. A clinical trial is a research study to test a new approach to treatment to evaluate whether it is safe, effective, and possibly better than the standard treatment. Clinical trials may test such approaches as a new drug, a new combination of standard treatments, or new doses of current therapies. Your doctor can help you review all treatment options. For more information, see the [Clinical Trials](#) [3] and [Latest Research](#) [4] sections.

Treatment overview

In cancer care, different types of doctors often work together to create a patient's overall treatment plan that combines different types of treatments. This is called a [multidisciplinary team](#) [5]. For fallopian tube cancer, the team should include a gynecologic oncologist, a doctor who specializes in diagnosing and treating cancer in a woman's reproductive system.

Descriptions of the most common treatment options for fallopian tube cancer are listed below. Treatment for fallopian tube cancer often is the same as [treatment for ovarian cancer](#) [6]. Treatment options and recommendations depend on several factors, including the type, stage, and grade of the cancer, possible side effects, and the woman's preferences and overall health. Take time to learn about all of your treatment options and be sure to ask questions about things that are unclear. Also, talk about the goals of each treatment with your doctor and what you can expect while receiving the treatment. Learn more about [making treatment decisions](#) [7].

Your care plan may also include treatment for symptoms and side effects, an important part of cancer care. Women with fallopian tube cancer may have concerns about if or how their treatment may affect their [sexual function and fertility](#) [8], and these topics should be discussed with the health care team before, during, and after cancer treatment. If both ovaries are affected, a woman can no longer become pregnant. The loss of both ovaries also eliminates the body's source of sex hormones, resulting in premature menopause. This means that the patient is likely to experience [menopausal symptoms](#) [9] such as hot flashes and vaginal dryness. Talk with your doctor about possible side effects related to your sexual and reproductive health.

Surgery

Surgery is the removal of the tumor and surrounding tissue during an operation. A surgical oncologist is a

doctor who specializes in treating cancer using surgery. Learn more about [cancer surgery](#) [10]

The stage of the tumor determines the type of surgery used. Early-stage fallopian tube cancer, when the tumor is limited to the fallopian tubes, is treated by a surgery called a salpingo-oophorectomy. This means the surgical removal of the fallopian tubes and ovaries. If the cancer has spread, the surgeon may remove the uterus in a surgery called a hysterectomy, as well as other structures in the pelvis, including nearby lymph nodes, to test for the presence of cancer cells.

Side effects depend on the type of surgery, and women are encouraged to talk with the surgeon beforehand about what to expect. Learn more [coping with gynecologic surgery](#) [11].

Chemotherapy

Chemotherapy is the use of drugs to destroy cancer cells, usually by stopping the cancer cells' ability to grow and divide. Chemotherapy is given by a medical oncologist, a doctor who specializes in treating cancer with medication. In addition, chemotherapy may also be given by a gynecologic oncologist.

Systemic chemotherapy is delivered through the bloodstream to reach cancer cells throughout the body. Common ways to give chemotherapy include an intravenous (IV) tube placed into a vein using a needle or in some cases directly into the abdomen, called intraperitoneally. A chemotherapy regimen (schedule) usually consists of a specific number of cycles given over a set period of time. A patient may receive one drug at a time or combinations of different drugs at the same time. Chemotherapy is usually given after surgery for fallopian tube cancer for a specific number of cycles. The most common types of chemotherapy to treat fallopian tube cancer are carboplatin (Paraplat, Paraplatin) and paclitaxel (Taxol).

The side effects of chemotherapy depend on the individual and the dose used, but they can include fatigue, risk of infection, nausea and vomiting, hair loss, loss of appetite, and diarrhea. These side effects usually go away once treatment is finished.

Learn more about [chemotherapy](#) [12] and [preparing for treatment](#) [13]. The medications used to treat cancer are continually being evaluated. Talking with your doctor is often the best way to learn about the medications prescribed for you, their purpose, and their potential side effects or interactions with other medications. Learn more about your prescriptions by using [searchable drug databases](#) [14].

Maintenance therapy

Maintenance therapy is the ongoing use of chemotherapy or another treatment to help lower the risk of recurrence after the original disease has disappeared following the first treatment. Maintenance therapy in this setting with standard chemotherapy drugs has not generally been shown to be helpful, but research using newer medications is underway.

Maintenance therapy also may be used for patients with advanced cancer to help keep it from growing and spreading farther. In either situation, this type of treatment may be given for a long period of time.

Radiation therapy

Radiation therapy is generally not used as a first treatment for fallopian tube or ovarian cancer. Occasionally, it can be used for treating recurrent or late-stage fallopian tube cancer, or in trying to shrink the size of the tumor before surgery. Radiation therapy is the use of high-energy x-rays or other particles to destroy cancer cells. A doctor who specializes in giving radiation therapy to treat cancer is called a radiation oncologist. The most common type of radiation treatment is called external-beam radiation therapy, which is radiation given from a

machine outside the body.

A radiation therapy regimen (schedule) usually consists of a specific number of treatments given over a set period of time.

Side effects from radiation therapy may include fatigue, mild skin reactions, upset stomach, and loose bowel movements. Sometimes, doctors advise their patients not to have sexual intercourse during radiation therapy. Women may restart normal sexual activity within a few weeks after treatment if they feel ready. Most side effects go away soon after treatment is finished.

Learn more about [radiation therapy](#) [15]. For more information on radiation therapy for gynecologic cancers, see the American Society for Therapeutic Radiology and Oncology's pamphlet, [Radiation Therapy for Gynecologic Cancers](#) [16].

Getting care for symptoms and side effects

Cancer and its treatment often cause side effects. In addition to treatment to slow, stop, or eliminate the cancer, an important part of cancer care is relieving a person's symptoms and side effects. This approach is called palliative or supportive care, and it includes supporting the patient with her physical, emotional, and social needs.

Palliative care can help a person at any stage of illness. People often receive treatment for the cancer and treatment to ease side effects at the same time. In fact, patients who receive both often have less severe symptoms, better quality of life, and report they are more satisfied with treatment.

Palliative treatments vary widely and often include medication, nutritional changes, relaxation techniques, and other therapies. You may also receive palliative treatments similar to those meant to eliminate the cancer, such as chemotherapy, surgery, and radiation therapy. Talk with your doctor about the goals of each treatment in the treatment plan.

Before treatment begins, talk with your health care team about the possible side effects of your specific treatment plan and supportive care options. And during and after treatment, be sure to tell your doctor or another health care team member if you are experiencing a problem so it is addressed as quickly as possible. Learn more about [palliative care](#) [17].

Metastatic fallopian tube cancer

If cancer has spread to another location in the body, it is called metastatic cancer. Women with this diagnosis are encouraged to talk with doctors who are experienced in treating this stage of cancer, because there can be different opinions about the best treatment plan.

Learn more about seeking a [second opinion](#) [18] before starting treatment, so you are comfortable with the treatment plan chosen. This discussion may include [clinical trials](#). [3] Supportive care to help relieve symptoms and side effects will be an important part of the treatment plan.

For most patients, a diagnosis of metastatic cancer is very stressful and, at times, difficult to bear. Patients and their families are encouraged to talk about the way they are feeling with doctors, nurses, social workers, or other members of the health care team. It may also be helpful to talk with other patients, including through a support group.

Remission and the chance of recurrence

A remission is when cancer cannot be detected in the body and there are no symptoms. This may also be called "no evidence of disease" or NED.

A remission can be temporary or permanent. This uncertainty leads to many survivors feeling worried or anxious that the cancer will come back. While many remissions are permanent, it's important to talk with your doctor about the possibility of the cancer returning. Understanding the risk of recurrence and the treatment options may help you feel more prepared if the cancer does return. Learn more about [coping with the fear of recurrence](#) [19].

If the cancer does return after the original treatment, it is called recurrent cancer. It may come back in the same place (called a local recurrence), nearby (regional recurrence), or in another place (distant recurrence).

When this occurs, a cycle of testing will begin again to learn as much as possible about the recurrence, including whether the cancer's stage has changed. After testing is done, you and your doctor will talk about your treatment options. Often the treatment plan will include the therapies described above, such as surgery, chemotherapy, and radiation therapy, but they may be used in a different combination or given at a different pace. Your doctor may also suggest clinical trials that are studying new ways to treat this type of recurrent cancer. A type of treatment called targeted therapy may be an option. Learn more about targeted therapy in the [Latest Research](#) [4] section.

People with recurrent cancer often experience emotions such as disbelief or fear. Patients are encouraged to talk with their health care team about these feelings and ask about support services to help them cope. Learn more about [dealing with cancer recurrence](#) [20].

If treatment fails

Recovery from cancer is not always possible. If treatment is not successful, the disease may be called advanced or terminal cancer.

This diagnosis is stressful, and this is difficult to discuss for many people. However, it is important to have open and honest conversations with your doctor and health care team to express your feelings, preferences, and concerns. The health care team is there to help, and many team members have special skills, experience, and knowledge to support patients and their families. Making sure a person is physically comfortable and free from pain is extremely important.

Patients who have advanced cancer and who are expected to live less than six months may want to consider a type of palliative care called hospice care. Hospice care is designed to provide the best possible quality of life for people who are near the end of life. You and your family are encouraged to think about where you would be most comfortable: at home, in the hospital, or in a hospice environment. Nursing care and special equipment can make staying at home a workable alternative for many families. Learn more about [advanced cancer care planning](#) [21].

After the death of a loved one, many people need support to help them cope with the loss. Learn more about [grief and loss](#) [22].

The next section helps explain clinical trials, which are research studies. Use the menu on the side of your screen to select About Clinical Trials, or you can select another section, to continue reading this guide.

Links:

[1] <http://www.cancer.net/cancer-types/fallopian-tube-cancer/treatment-options>

[2] <http://www.cancer.net/about-us>

[3] <http://www.cancer.net/cancer-types/fallopian-tube-cancer/about-clinical-trials>

[4] <http://www.cancer.net/cancer-types/fallopian-tube-cancer/current-research>

[5]

<http://www.cancer.net/patient/All+About+Cancer/Newly+Diagnosed/Find+an+Oncologist/Types+of+Oncologists>

[6] <http://www.cancer.net/cancer-types/fallopian-tube-cancer/risk-factors-and-prevention>

[7]

<http://www.cancer.net/patient/All+About+Cancer/Cancer.Net+Feature+Articles/Cancer+Basics/Making+Decisions+Ab>

[8] <http://www.cancer.net/coping-and-emotions/sexual-and-reproductive-health/fertility-and-cancer-treatment>

[9] <http://www.cancer.net/navigating-cancer-care/side-effects/menopausal-symptoms-women>

[10] <http://www.cancer.net/all-about-cancer/cancernet-feature-articles/treatments-tests-and-procedures/cancer-surgery-what-expect>

[11] <http://www.cancer.net/survivorship/life-after-cancer/sexuality-after-gynecologic-surgery>

[12]

<http://www.cancer.net/patient/All+About+Cancer/Cancer.Net+Features/Treatments%2C+Tests%2C+and+Procedures/U>

[13] <http://www.cancer.net/node/24473>

[14] <http://www.cancer.net/druginforesources>

[15] <http://www.cancer.net/node/24661>

[16] <http://www.rtanswers.org/treatmentinformation/cancertypes/gynecologic/index.aspx>

[17] <http://www.cancer.net/patient/All+About+Cancer/Treating+Cancer/Palliative+Care>

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<http://www.cancer.net/patient/Coping/Emotional+and+Physical+Matters/Fear+of+Recurrence/Coping+With+Fear+of+F>

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[21] <http://www.cancer.net/patient/Coping/Advanced+Cancer+Care+Planning>

[22] <http://www.cancer.net/patient/Coping/Grief+and+Bereavement>