

Ovarian, Fallopian Tube & Peritoneal Cancer

What are ovarian, fallopian tube, and peritoneal cancers?

The term “ovarian cancer” is often used to describe cancers that begin in the cells in the ovary, fallopian tube, and peritoneum. These types of cancer begin when healthy cells in these areas change and grow out of control, forming a mass called a tumor. Research suggests that high-grade serous cancer, which includes most ovarian cancer, usually starts in the fallopian tubes. Some peritoneal cancers also may begin in the fallopian tube.

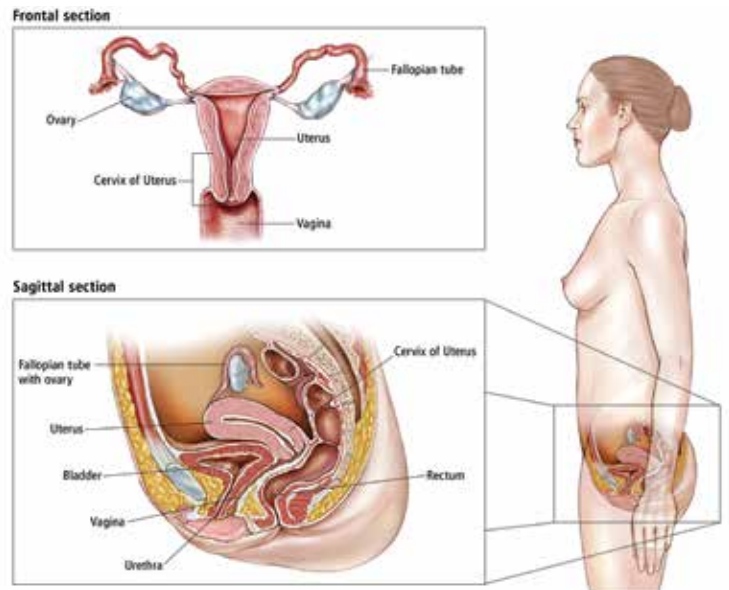


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What are the functions of the ovaries, fallopian tubes, and peritoneum?

The ovaries and fallopian tubes are part of a woman’s reproductive system. Typically, every woman has 2 ovaries, which contain eggs and are the primary source of estrogen and progesterone. These hormones influence breast growth, body shape, body hair, and regulate the menstrual cycle and pregnancy. There are 2 fallopian tubes, which are small ducts that link the ovaries to the uterus. Usually, during a woman’s monthly ovulation, an egg is released from 1 ovary and travels through the fallopian tube to the uterus. The peritoneum is a tissue that lines the abdomen and most of the organs in the abdomen.

What do stage and grade mean?

Staging is a way of describing a cancer’s location, if or where it has spread, and whether it is affecting other parts of the body. There are 4 stages for ovarian, fallopian tube, and peritoneal cancer: stages I through IV (1 through 4). In addition to stage, cancers can be described by their grade, which is a measure of how much cancer cells look like healthy cells. Find more information at www.cancer.net/ovarian.

How is ovarian, fallopian tube, or peritoneal cancer treated?

Treatments for these cancers are the same. The treatment depends on the type and stage of cancer, possible side effects, and the patient’s preferences and overall health or personal conditions, such as her age and if she is planning to have children. There are several surgical options for these cancers; sometimes the doctor may perform more than 1 surgery. Chemotherapy may be given before or after surgery. Targeted therapy may be used if the cancer has come back and has certain changes in its genes, called mutations. Radiation therapy is not used as a first treatment, but it can be an option for treating small recurrent cancer. Patients may consider a clinical trial when making treatment decisions. Talk about all treatment options with your doctor.

Ovarian, fallopian tube, or peritoneal cancer treatment can affect a woman’s sexual health and her ability to have children. Before treatment begins, all patients should talk with their health care team about these topics and about preventing or managing other side effects of cancer treatment. This is called palliative care and is an important part of the overall treatment plan.

How can I cope with ovarian cancer, fallopian tube, or peritoneal cancer?

Absorbing the news of a cancer diagnosis and communicating with your doctor are key parts of the coping process. Seeking support, becoming organized, and considering a second opinion are other useful steps. Take care of yourself during this time. Understanding your emotions and those of people close to you can be helpful in managing the diagnosis, treatment, and healing process.

ASCO ANSWERS is a collection of oncologist-approved patient education materials developed by the American Society of Clinical Oncology (ASCO) for people with cancer and their caregivers.

Questions to ask the health care team

Regular communication is important in making informed decisions about your health care. Consider asking your health care team the following questions:

- What type of ovarian, fallopian tube, or peritoneal cancer do I have?
- Where did this cancer start?
- Can you explain my pathology report (laboratory test results) to me?
- What is the stage and grade of my cancer? What does this mean?
- What are my treatment options?
- What clinical trials are available for me? Where are they located, and how do I find out more about them?
- What treatment plan do you recommend? Why?
- What is the goal of each treatment? Is it to eliminate the cancer, help me feel better, or both?
- What are the possible side effects of each treatment, in the short term and the long term?
- Who will be part of my treatment team, and what does each member do?
- How will this treatment affect my daily life? Will I be able to work, exercise, and perform my usual activities?
- Could this treatment affect my sex life? If so, how and for how long?
- Will this treatment affect my ability to become pregnant or have children?
- If I'm worried about managing the costs of cancer care, who can help me?
- Where can I find emotional support for me and my family?
- Whom should I call with questions or problems?
- Is there anything else I should ask?

Find more questions to ask the health care team at www.cancer.net/ovarian. For a digital list of questions, download Cancer.Net's free mobile app at www.cancer.net/app.

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Doctor-Approved Patient Information

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WORDS TO KNOW

Benign:

A tumor that is not cancerous

Biopsy:

Removal of a tissue sample that is examined under a microscope to check for cancer cells

CA-125:

A substance, called a cancer antigen, that may be at higher levels in people with ovarian, fallopian tube, or peritoneal cancer and is measured with a blood test

Chemotherapy:

The use of drugs to destroy cancer cells

Gynecologic oncologist:

A doctor who specializes in treating cancer of the female reproductive system

Hysterectomy:

Removal of the uterus

Lymph node:

A tiny, bean-shaped organ that fights infection

Malignant:

A tumor that is cancerous

Metastasis:

The spread of cancer from where it began to another part of the body

Recurrence:

When the cancer comes back after treatment

Salpingo-oophorectomy:

Removal of the ovaries and fallopian tubes

Targeted therapy:

Treatment that targets the cancer's specific genes, proteins, or the tissue environment that contributes to cancer growth and survival

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