

## 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 tubes.

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

The ovaries and fallopian tubes are part of the reproductive system. Typically, the female reproductive system has 2 ovaries, which contain eggs and are the primary source of estrogen and progesterone. These hormones play a role in breast growth, body shape, body hair, the menstrual cycle, and pregnancy. There are 2 fallopian tubes, which are small ducts that link the ovaries to the uterus. During monthly ovulation, an egg is usually 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.

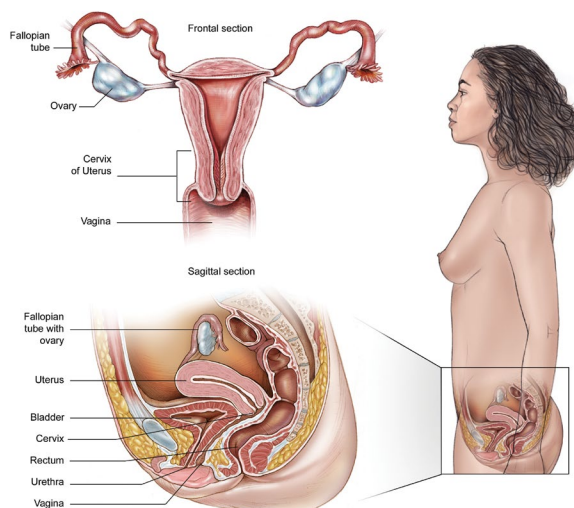


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### ■ What do stage and grade mean?

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 when viewed under a microscope. Find more information at [www.cancer.net/ovarian](http://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 person’s preferences and overall health or personal factors, such as age and if there are plans to have children. There are several surgical options for these cancers. Sometimes the doctor will perform 2 or more procedures during 1 surgery. Chemotherapy may be given before or after surgery. Targeted therapy may be used if the cancer has certain changes in its genes, called mutations. Targeted therapy may also be used as a form of maintenance therapy after initial treatment or after a recurrence of cancer. Radiation therapy is not used as a first treatment, but it can be an option for treating small recurrent cancer. When making treatment decisions, you may also consider a clinical trial. Clinical trials are an option to consider for treatment and care for all stages of cancer. Talk with your doctor about all treatment options.

Ovarian, fallopian tube, or peritoneal cancer treatment can affect sexual health and the ability to have children. Learn more at [www.cancer.net/fertility](http://www.cancer.net/fertility). Before treatment begins, all people with cancer 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 or supportive care and is an important part of the overall treatment plan.

### ■ How can I cope with ovarian, 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.

# Questions to ask the health care team

Regular communication is important in making informed decisions about your health care. It can be helpful to bring someone along to your appointments to take notes. 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?
- ▶ If I have a question or problem, who should I call?

Find more questions to ask the health care team at [www.cancer.net/ovarian](http://www.cancer.net/ovarian).

For a digital list of questions, download Cancer.Net's free mobile app at [www.cancer.net/app](http://www.cancer.net/app).

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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.

**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 small, bean-shaped organ that fights infection.

**Maintenance therapy:** Treatment of cancer with medication to prevent or delay recurrence or to slow the growth of advanced cancer.

**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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