



Fallopian tube cancer

This fact sheet is for anyone diagnosed with or concerned about fallopian tube cancer. It explains what it is, common symptoms, and ways to treat it.

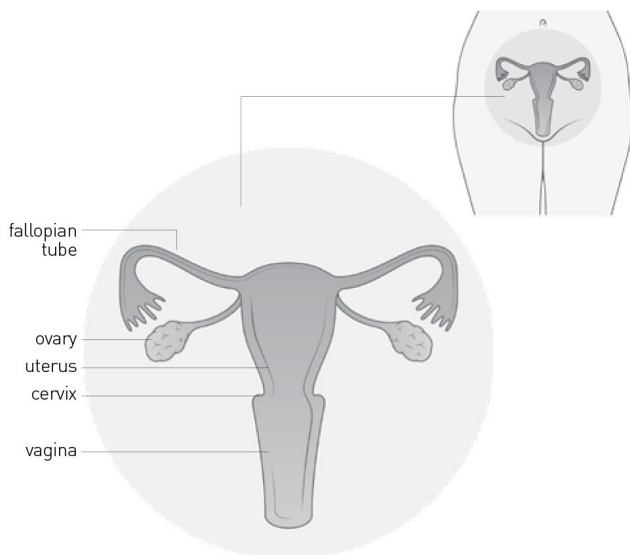
If you have symptoms that worry you, see your nurse, doctor, or gynaecologist (a doctor who specialises in the fallopian tubes and reproductive system).

Your symptoms are probably not related to cancer, but it's important to have them checked.

What is fallopian tube cancer?

Fallopian tube cancer is a type of cancer that begins in one or both of the fallopian tubes.

The fallopian tubes are part of your reproductive system. Each month, when you have your period, an egg passes through your fallopian tubes from your ovaries to your uterus (womb).



What causes fallopian tube cancer?

We're not exactly sure what causes someone to get fallopian tube cancer. However, there are common factors, known as risk factors, that increase the chance of getting it.

They include:

- being older - most people with fallopian tube cancer are over 50
- never having had children
- having several close blood relatives who've had ovarian, breast, endometrial, or colorectal cancer
- inheriting a faulty gene, like BRCA1 or BRCA2
- having Lynch syndrome, also called hereditary non-polyposis colorectal cancer or HNPCC.

Fallopian tube cancer can affect anyone with fallopian tubes including women, transgender, and gender-diverse people.

Each year, about 70 Australians are diagnosed with fallopian tube cancer.

What are the symptoms of fallopian tube cancer?

In the early stages, fallopian tube cancer may not cause any noticeable symptoms. When symptoms do appear, they can include:

- swelling in your abdomen (tummy)
- pain in your abdomen and back
- loss of appetite or feeling full quickly
- changes to your toilet patterns, like needing to wee often or urgently, or changes to your bowel habits (poo)
- unexplained weight loss or gain
- indigestion or heartburn
- tiredness
- watery discharge from your vagina.

See your doctor if you have any of these symptoms and they don't go away or they feel unusual for you.

How is fallopian tube cancer diagnosed?

If you think you might have fallopian tube cancer:

- see your doctor, nurse, or gynaecologist
- discuss any changes you've noticed in your body
- let them know if you or anyone in your family has had cancer or been tested for genetic faults.

During your visit, they will likely:

- ask you about your medical history
- examine your pelvis by pushing on the outside of your abdomen and putting two fingers inside your vagina to feel the shape, size, and position of your fallopian tubes and other pelvic organs
- do a blood test
- arrange an MRI or CT scan of your abdomen and pelvis.

If the results suggest fallopian tube cancer, you'll be referred to a gynaecologic oncologist. This is a doctor who specialises in diagnosing and treating cancers of the reproductive system.

Depending on the results of your tests, surgery called a laparotomy might be recommended. During this surgery, the doctor makes a cut in your abdomen so they can look at the organs in your abdomen and pelvis.

If they find cancer, they'll start treatment immediately by removing any cancer they can.

Sometimes, doctors will recommend taking a sample of fluid (abdominal paracentesis) or tissue (core biopsy), possibly from the ovary.

All of these tests tell us more about your cancer, so you can receive the most suitable treatment.

How is fallopian tube cancer treated?

The kind of treatment you receive and how well it works will depend on:

- the size of the cancer and how far it has spread (stage of cancer)
- how quickly it's growing and how different it looks from normal cells (grade of cancer)
- where in the fallopian tubes it started (type of cancer)
- your age, health, and medical history.

At the Women's a team of specialists (the gynaecological oncology team) will discuss these things and determine the best possible treatment for your particular cancer, lifestyle, and wishes.

They'll recommend one or more of the following options.

Surgery

Surgery may be needed to remove one or both of your fallopian tubes.

Your uterus and cervix may also be removed (a total hysterectomy), as well as your ovaries (an oophorectomy), lymph nodes, and omentum (the fatty tissue covering the organs in your abdomen).

These surgeries are usually done immediately after cancer is diagnosed during a laparotomy.

If the cancer has spread to other parts of your abdomen, you may need more surgery to remove affected areas, for example, part of your bowel.

Sometimes, the surgery can be done using laparoscopy, a type of keyhole surgery, that only needs small cuts.

Chemotherapy

Chemotherapy (or chemo) is medicine that aims to control or kill the cancer. The medicine is usually given through an IV or drip, slowly releasing it into your body over a couple of hours.

Radiotherapy

Radiotherapy uses radiation to control or kill cancer. You will lie near a machine that directs radiation beams straight at your cancer.

Who can you talk to?

The word 'cancer' is scary. Getting support can help manage that fear. Close friends and family may be a good starting place. Or you may get help from professional counsellors who can support you through the cancer journey.

If you're a patient at the Women's, the gynaecology team, which includes nurses, doctors, psychologists, and social workers, will provide counselling and practical support.

If you're not a patient at the Women's, Counterpart and the Cancer Council Victoria can connect you with experts and other people who've had cancer.

Things to remember

- If you notice any changes to your body, talk to your nurse, doctor, or gynaecologist.
- Your treatment and its success will depend on the stage and grade of your cancer as well as your overall health.
- You're not alone – it's normal to feel a range of emotions, including fear and anger.

Questions to ask your nurse, doctor, or gynaecologist

- How big is my cancer and where exactly is it?
- Is my child more likely to have fallopian tube cancer if I do?
- What if I still want to have children?
- Will treatment stop my periods and start menopause?
- What are the side effects of the treatment you're recommending?
- Will the treatment you're recommending cause a lot of pain?
- How often will I need to have check-ups?
- What will my abdomen look like after treatment?
- Will I still be able to have sex?
- Can you write down what you've told me so I can read it later?

For more information or support

If you're a patient at the Women's

**Gynaecological Oncology Unit,
Royal Women's Hospital**

T: (03) 8345 3566

For women in Victoria

Women's Welcome Centre

Royal Women's Hospital

T: (03) 8345 3037 or
1800 442 007 (rural callers)

E: wwcadmin@thewomens.org.au
ovariancancer.net.au/booklet/resilience-kit

Cancer Council Helpline

T: 13 11 20

W: cancervic.org.au

Counterpart

T: 1300 781 500

W: counterpart.org.au

Ovarian Cancer Australia

T: 1300 660 334

W: ovariancancer.net.au

Resilience kit

WeCan

An Australian supportive care website for anyone affected by cancer.

W: wecan.org.au

Do you need an interpreter?



Interpreter

You can ask for an interpreter if you need one.

Family Violence Support

1800 Respect National Helpline

You can get help if you have experienced sexual assault, domestic or family violence and abuse.

You can call any time of day or night.

1800 737 732 (24-hour support service)

1800respect.org.au

Disclaimer: This fact sheet provides general information only. For specific advice about your healthcare needs, you should seek advice from your health professional. The Royal Women's Hospital does not accept any responsibility for loss or damage arising from your reliance on this fact sheet instead of seeing a health professional. If you require urgent medical attention, please contact your nearest emergency department.

© The Royal Women's Hospital 2025.