



# Fallopian tube tumor



#### **Outlines**

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#### Introduction

 This is the first page of Cancer. Fallopian tube cancer begins when normal cells in one or both fallopian tubes change and grow uncontrollably, forming a mass called a tumor. A tumor can be cancerous or benign. A cancerous tumor is malignant, meaning it can spread to other parts of the body. A benign tumor means the tumor will not spread.

#### **Cont. Introduction**

 Fallopian tube cancer is often connected to ovarian cancer. New evidence suggests that at least some of ovarian cancer actually begins in tissue on the fringes of the fallopian tube, called fimbriae. The fimbriae are located near the ovary and cancer may go to the surface of the ovary early in the cancer process.



 A tumor is classified as primary fallopian tube tumor when it is either restricted to this anatomical structure, or when the fallopian tube is most affected whereas co-locations such as ovary and uterus show lesser involvement or a different histology. As recent data indicate that the fallopian tube is the siteof-origin of serous pelvic carcinomas.

#### **Risk factor**

- 1-Genetic mutation: Recent studies have suggested that a mutation in the BRCA1 gene, which is linked to breast and ovarian cancer, may also increase the risk of developing fallopian tube cancer.
- 2-Age: Fallopian tube cancer occurs mostly in postmenopausal women in their 50s and 60s. However, fallopian tube cancer can begin in women as early as 40, particularly in those who have *BRCA1*.



# **3-Family history:** A family history of fallopian tube cancer can increase a woman's risk of developing this cancer.



#### Signs and symptoms

- Irregular or heavy vaginal bleeding, especially after menopause
- 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
- Sometime, fallopian tube cancer may be asymptomatic

Pathology

The most common cancer type is the adenocarcinoma;, 89 % unilateral, Rarer forms of tubal neoplasm include the leiomyosarcoma, and the transitional cell carcinoma.

#### Incidence

- Tubal cancer is thought to be a relatively rare primary cancer among women accounting for 1 to 2 percent of all <u>gynecologic cancers</u>,.
  Demographic distribution is similar to <u>ovarian</u> <u>cancer</u>, and the highest incidence was found in white, non-Hispanic women and women aged 60–79.
- Evidence is accumulating that individuals with mutations of <u>BRCA1</u> and <u>BRCA2</u> are at higher risks for the development of PFTC.



FIGO staging is done at the time of surgery:

- Stage 0: Carcinoma in situ
- Stage I: Growth limited to fallopian tubes
- Stage II: Growth involving one or both fallopian tubes with extension to pelvis

- Stage III: Tumor involving one or both fallopian tubes with spread outside pelvis
- Stage IV: Growth involving one or more fallopian tubes with distant metastases

#### Dignosis

- 1-Pelvic examination...
- 2-<u>Ultrasound</u>
- 3-Genetic testing

- 4-Blood tests/CA-125 assay. There is a blood test that measures a substance called CA-125, a tumor marker, which may be found in higher levels in women with fallopian tube cancer. Woman younger than 50 with conditions such as endometriosis, pelvic inflammatory disease, and uterine fibroids may also have an increased CA-125 level. This test is more accurate in postmenopausal women.
- 5-<u>Computed tomography (CT or CAT) scan</u>.
- 6-<u>Magnetic resonance imaging (MRI)</u>.

#### Treatment

## Surgery

- Surgery is the removal of the tumor and surrounding tissue during an operation.
- The stage of the tumor determines the type of surgery used.

#### **Cont.Treatment**

1-Early-stage fallopian tube cancer, when the tumor is limited to the fallopian tubes, is treated by a surgery called a salpingooophorectomy. This means the surgical removal of the fallopian tubes and ovaries.

2-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.

#### **Cont.Treatment**

# Chemotherapy 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
 Radiation therapy

#### Follow - up care

- After treatment for fallopian tube cancer ends, talk with your doctor about developing a follow-up care plan. This plan may include
- 1-regular physical examinations and/or medical tests to monitor your recovery for the coming months and years.

#### **Care.Follow - up care**

# 2- regular x-rays, CT scans, ultrasound studies, and/or MRI scans.

 Tell your doctor about any new symptoms or problems

#### **Care.Follow - up care**

Women recovering from fallopian tube cancer are encouraged to follow established guidelines for good health, such as maintaining a healthy weight, not smoking, eating a balanced diet, and having recommended cancer screening tests. Your doctor may recommend periodic testing, such as blood tests for tumor markers, physical examinations, and imaging scans in some circumstances.

### Situ

 Means the cancerous cells are confined to the surface of your cervix and have not infiltrated more deeply into your tissues.

#### **Tumor Marker**

Tumor markers are substances found at • higher than normal levels in the blood, urine, or body tissue of some people with cancer. Although cancer cells often produce tumor markers, other healthy cells in the body may produce them as well.

# MRI Magnetic resonance imaging

CT or CAT Computed tomography

PFTC Primary Fallopian Tube Carcinoma

#### **BRCA1** and **BRCA2**

Are human <u>genes</u> that produce <u>tumor</u> <u>suppressor proteins</u>. These proteins help repair damaged <u>DNA</u> and, therefore, play a role in ensuring the stability of the <u>cell</u>'s genetic material



