

Primary peritoneal cancer (PPC)

Primary peritoneal cancer (PPC) is a rare cancer that starts in the peritoneum. This is the membrane that lines the inside of the abdomen (for example the intestines, the liver and the stomach).

The peritoneum helps to protect the contents of the abdomen. It also produces a lubricating fluid, which helps the organs to move smoothly inside the abdomen as we move around. A PPC can start in any part of this membrane, usually in the lower part of the abdomen (pelvis).

The peritoneum is made up of cells called epithelial cells. These cells also line the ovaries (and many other areas of the body). Although the lining tissue in the ovaries forms only a small part of the ovaries this is where most ovarian cancers start. Ovarian cancers commonly spread from the ovaries to the peritoneum. For this reason, primary peritoneal cancer can only be diagnosed in women once ovarian cancer has been excluded.

PPC and epithelial ovarian cancer (the most common type of ovarian cancer) behave very similarly, and are treated in the same way. Therefore this information should be read alongside information about [ovarian cancer](#).

Causes

The causes of primary peritoneal cancer (PPC) are unknown. Like most types of cancer, it is more common in older people. It very rarely occurs in men.

A small number of PPCs are associated with an [inherited faulty gene](#) also linked to familial breast cancer. People who are worried about cancer because of their family history can be referred to specialist clinics, where their risk will be carefully assessed.

Signs and symptoms

When symptoms occur, they may include any of the following:

- loss of appetite
- vague indigestion, sickness (nausea), and a bloated feeling
- unexplained weight gain
- swelling in the abdomen—this may be due to a build up of fluid, known as ascites
- pain in the lower abdomen
- changes in bowel or bladder habits, such as constipation, diarrhoea or needing to pass urine more often.

The above symptoms may be caused by a number of conditions other than primary peritoneal cancer. However if you have any symptoms that get worse or that last for a few weeks, it is important to have them checked by your GP.

How is it diagnosed?

Usually you begin by seeing your GP, who will examine you and arrange for you to have any tests that may be necessary. Your GP may need to refer you to a specialist for cancers of the female reproductive tract (a gynaecological oncologist) for advice and treatment.

The gynaecological oncologist will ask you about your medical history before doing a physical examination. This will include an internal (vaginal) examination to check for any lumps or swellings. Sometimes, you may also have an examination of your back passage (rectum).

Your doctor may arrange for you to have a blood test and chest X-ray to check your general health. You may have a [specific blood test](#) to check the levels of a protein called CA125. Levels of this can be higher than normal when a PPC or ovarian cancer is present.

Tests used to investigate changes that may be due to primary peritoneal cancer include:

- [physical examination](#)
- [imaging](#)
- [blood tests](#)
- [paracentesis](#) (a needle passed into the abdomen to remove fluid)
- [biopsy](#).

Staging

The stage of a cancer is a term used to describe its size and whether or not it has spread beyond its original site. Knowing the extent of the cancer helps the doctors to decide on the most appropriate treatment for you. Because ovarian and primary peritoneal cancers are so alike, the same staging system is used. PPCs are either stage 3 or stage 4.

- **Stage 3**—cancer is present in the lining of the abdomen (peritoneum).
- **Stage 4**—the cancer has spread to places such as the liver, lungs, or distant lymph nodes (for example in the neck).

Treatment

Each situation is different. Treatment that is best for one woman may not be suitable for another. Deciding on the most appropriate treatment(s) means weighing up the possible benefits and side effects of each [treatment](#)

Surgery

You may be offered [surgery](#). This usually involves removing the womb, ovaries, the sheet of fatty tissue inside the abdomen (omentum), and as much of the tumour elsewhere as possible.

Chemotherapy

[Chemotherapy](#) is the use of anti-cancer drugs to destroy cancer cells. They work by destroying the growth and division of cancer cells. Chemotherapy is often given after surgery if it was not possible to remove all of the tumour, or if there is a risk that some cancer may have been left behind.

If the surgeon feels that the cancer may be difficult to remove, chemotherapy may be before surgery to make the tumour smaller and easier to remove.

Radiotherapy

[Radiotherapy](#) treats cancer by using high-energy rays to destroy cancer cells, while doing as little harm as possible to normal cells. Radiotherapy is occasionally used to treat individual areas of PPC if it comes back after surgery and chemotherapy.

Clinical trials

Doctors are continually looking for improved ways of treating the disease and they do this by using [clinical trials](#). Many hospitals now take part in these trials. Research into new ways of treating primary peritoneal cancer is ongoing. Before any trial is allowed to take place it must have been approved by an ethics committee, which checks that the trial is in the interest of patients.

You may be asked to take part in a clinical trial. Your doctor will discuss the treatment with you so that you have a full [understanding](#) of the trial and what it involves. You may decide not to take part or to withdraw from a trial at any stage. You would then receive the best standard treatment available.

Follow-up

After treatment you will have regular follow-up appointments with your specialist to monitor how you are recovering. They can also pick up whether or not you have any new symptoms or difficulties. Follow-up will usually include a physical examination. It may also involve taking blood samples.

Your feelings

You are likely to experience a number of [different emotions](#) during your experience of cancer. These can include shock, disbelief, fear and anger. At times, these emotions can be overwhelming and hard to control. It is quite natural, and important, to be able to express them.

Everyone has their own way of coping with difficult situations; some people find it helpful to talk to friends or family, while others prefer to seek help from people outside their situation. Some people prefer to keep their feelings to themselves. There is no right or wrong way to cope, but help is available if you need it. You may wish to contact our **Cancer Council Helpline 13 11 20** to discuss [cancer support services](#). Cancer Council SA provides:

- [Cancer Council Helpline 13 11 20](#)
- [Cancer Counselling](#)
- [Managing Cancer Stress Program](#).

Acknowledgement

This resource has been reviewed by a South Australian Gynaecological Oncologist.

References

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