

**Poster 22: Non-serous fallopian tube carcinoma: a case series****Presenting Author:** Joyce Wang, MD – University of Washington

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Topic: Ovarian

**Objectives**

Fallopian tube carcinomas (FTC) are rare malignancies that have traditionally been grouped with epithelial ovarian carcinomas. The majority of data stem from FTC of pure high-grade serous histology. We sought to better characterize the clinical course and outcomes for FTC with non-serous components.

**Methods**

We conducted a review of FTC cases with non-serous histology at two institutions. Demographic, oncologic, and treatment attributes were aggregated. Germline genetic testing was reported for available cases.

**Results**

A total of 27 non-serous FTC were identified from 2005 to 2022. Mean age of diagnosis was 64 years, and the majority were postmenopausal, white, non-Hispanic patients. Histologies included: carcinosarcoma (15, 55.6%), carcinoma with mixed differentiations (7, 25.9%), and clear cell (4, 14.8%) and endometrioid (1, 3.7%) carcinoma. Three patients (11.1%) had a personal history of cancer. Germline genetic testing was completed for 22 patients (81.5%) and a pathogenic variant of BRCA1 was identified in one patient (4.5%) with a mixed serous/endometrioid carcinoma. Twenty-two cases (81.5%) were diagnosed at stage III or greater and 26 identifiable carcinomas (96.3%) were grade 3. Tubal intraepithelial neoplasia was identified in 22 (81.5%) cases; in four of the remaining cases, the fallopian tubes were not submitted entirely for pathologic examination. Approximately 30% of patients received neoadjuvant chemotherapy and 59.3% were primarily platinum-sensitive. At last follow up, 21 patients had died of disease (77.8%), with overall mean survival of 32.1 months.

**Conclusions**

The distribution of stage, grade, and recurrence pattern for non-serous FTC was similar to that noted for ovarian carcinomas. Tubal intraepithelial neoplasia was identified in most of the non-serous FTC cases. Prevalence of germline pathogenic variants implicated in ovarian cancer predisposition was low. To our knowledge, these data represent the largest series of non-serous FTC.

Abstract Table or Graph

