Opportunistic salpingectomy: A safe and effective contraceptive choice that prevents ovarian cancer

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Disclosures:

Nothing to disclose
A new understanding of ovarian cancer.

- Ovarian cancer is not a single disease but five distinct histotypes.

- High Grade Serous Cancers (HGSC) are:
  - 70% of all ovarian cancers
  - The most lethal
  - Originate in the fallopian tube

- To Prevent Ovarian Cancer
In September 2010, OVCARE recommended changes in clinical and surgical practice to all BC gynecologists.

What?
• Salpingectomy at the time of hysterectomy.
• Salpingectomy in place of tubal ligation.
  • ‘Opportunistic salpingectomy’
Why extend prevention to those with no increased genetic risk?

• ~80% of high-grade serous cancers arise in people with no known genetically increased risk
Poll question: Have you previously had any patients who have sought your counsel about opportunistic salpingectomy?

YES

NO
Poll question: Are you supportive of opportunistic salpingectomy in your practice?

- Yes
- No
- I don’t know enough about it
- I have not needed to counsel anyone about it
What does research tell us about opportunistic salpingectomy?
We know it’s being done

OS at sterilization
- 0.5

OS at hysterectomy
- 8

2019

2008
We know it’s safe

• Safety
  • No increase in length of stay, hospital readmission, or required blood transfusions
  • No increase in minor complications post discharge, including visit for surgical infection or complication, imaging ordered, lab test ordered or antibiotic use
  • No evidence of reduced age of onset of menopause
Does it work?

Are women who have undergone OS less likely to get ovarian cancer?
Analysis

• 25,889 people had OS
• 32,080 had hysterectomy alone or tubal ligation
<table>
<thead>
<tr>
<th>Expected Serous ovarian cancers</th>
<th>Observed serous ovarian cancers</th>
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<tbody>
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<td>5.3</td>
<td>0</td>
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Are these groups just different?

Explained by differences in risk and protective factors for ovarian cancer
Differences make OS group MORE likely to get serous ovarian cancers

**OS group had:**
- Higher average age
- Fewer live births
- Fewer pregnancies
- More endometriosis

**Effect on ovarian cancer risk:**
↑  ↑  ↑  ↑
Could the OS group be less prone to cancer?

Are the people who get OS less likely to get cancer in general?
No difference between expected and observed breast cancers

Expected breast cancers: 22.1
Observed breast cancers: 23
No difference between expected and observed colorectal cancers

<table>
<thead>
<tr>
<th>Expected colorectal cancers</th>
<th>Observed colorectal cancers</th>
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<td>9.4</td>
<td>8</td>
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How can you help your patients prevent ovarian cancer?
Reduced “opportunities” to prevent ovarian cancer during gynecologic surgery

- 10% decrease in hysterectomy
- 25% decrease in tubal sterilization
When providing contraception counseling:

• If a patient desires no future pregnancies:
• Include the discussion of ovarian cancer risk reduction in your contraception counseling
Poll question: What concerns do you think your patients will have for you about opportunistic salpingectomy?

- Not reversible/Can’t change my mind
- Hormones! Will this affect my hormones in any way or put me into early menopause
- Pain/risks associated with the surgery
- Other: Please tell me about this!
Thank-you

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