

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

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Canadian Cancer Society    Société canadienne du cancer

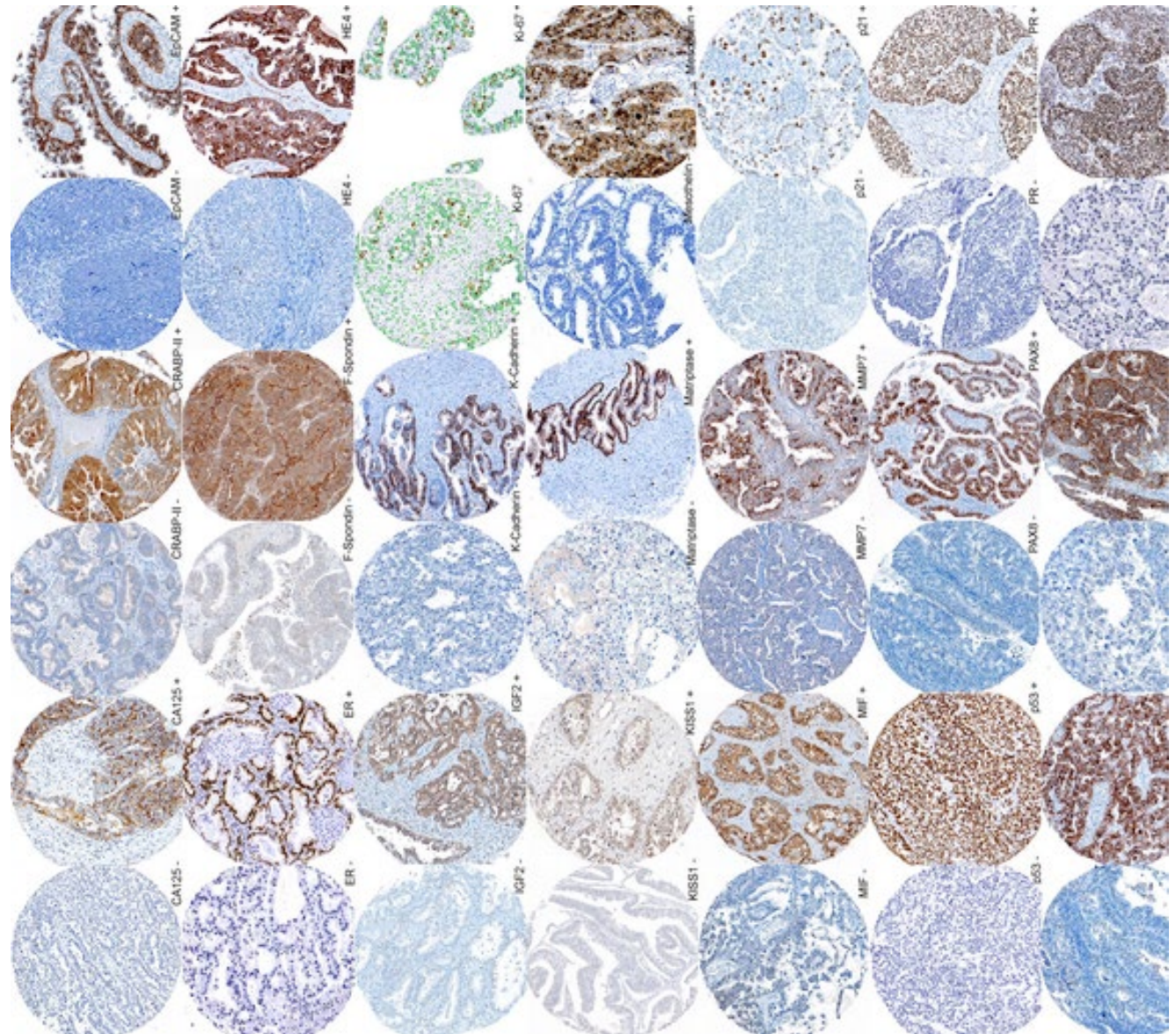


Disclosures:

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?

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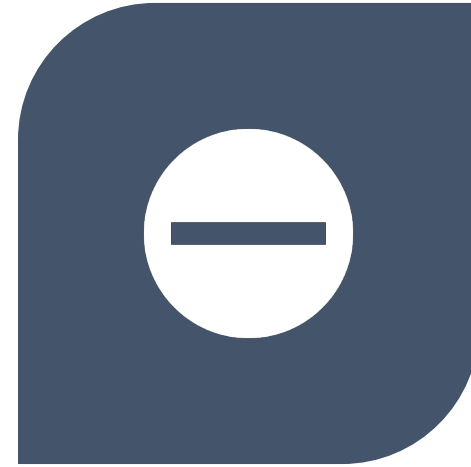
- ~80% of high-grade serous cancers arise in people with no known genetically increased risk



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

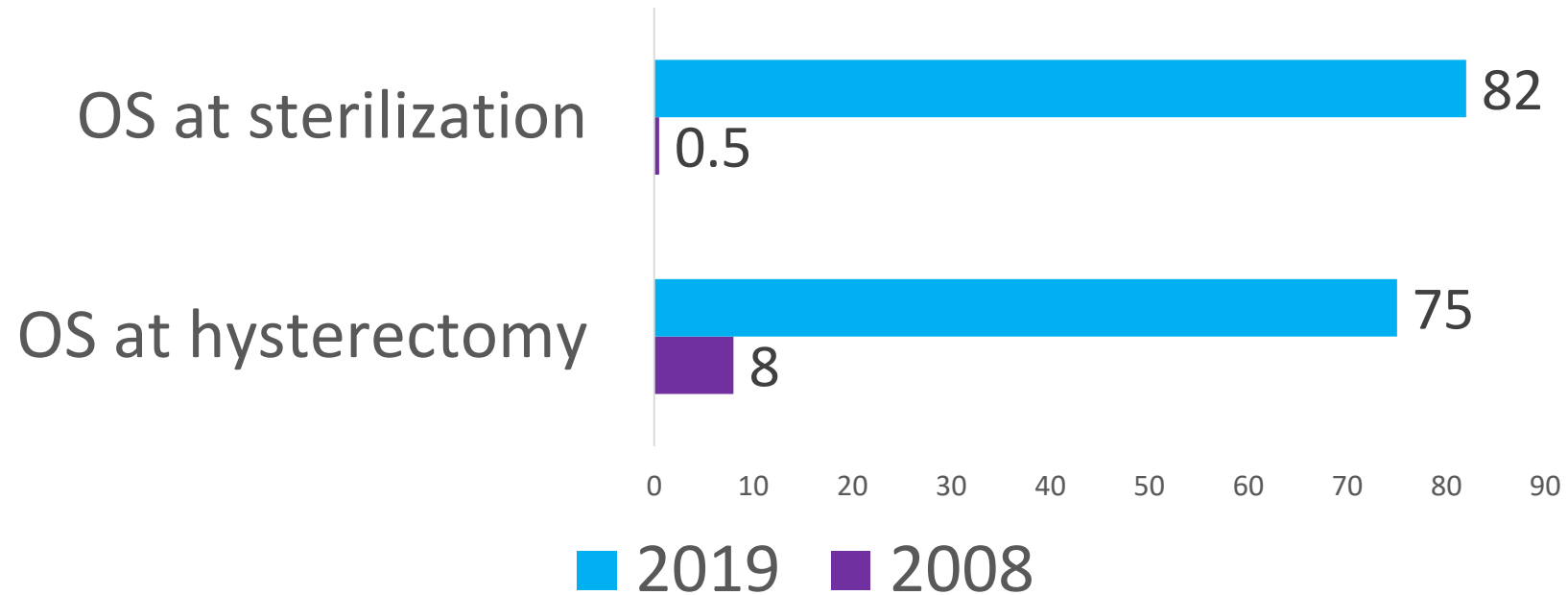
I don't know enough about it

I have not needed to counsel anyone about it

What does research tell us about  
opportunistic salpingectomy?



# We know it's being done



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



Significantly fewer observed ovarian cancers in OS group

**Expected Serous ovarian cancers**

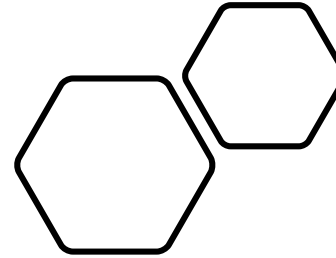
**5.3**

**Observed serous ovarian cancers**

**0**



Are these groups  
just different?



Explained by differences in  
risk and protective factors  
for ovarian cancer

# Differences make OS group MORE likely to get serious ovarian cancers

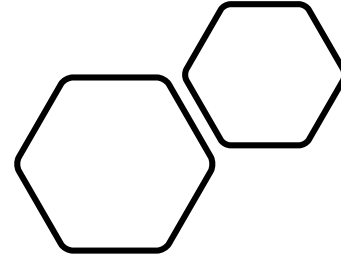
## **OS group had:**

- 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

**Expected colorectal cancers**

**9.4**

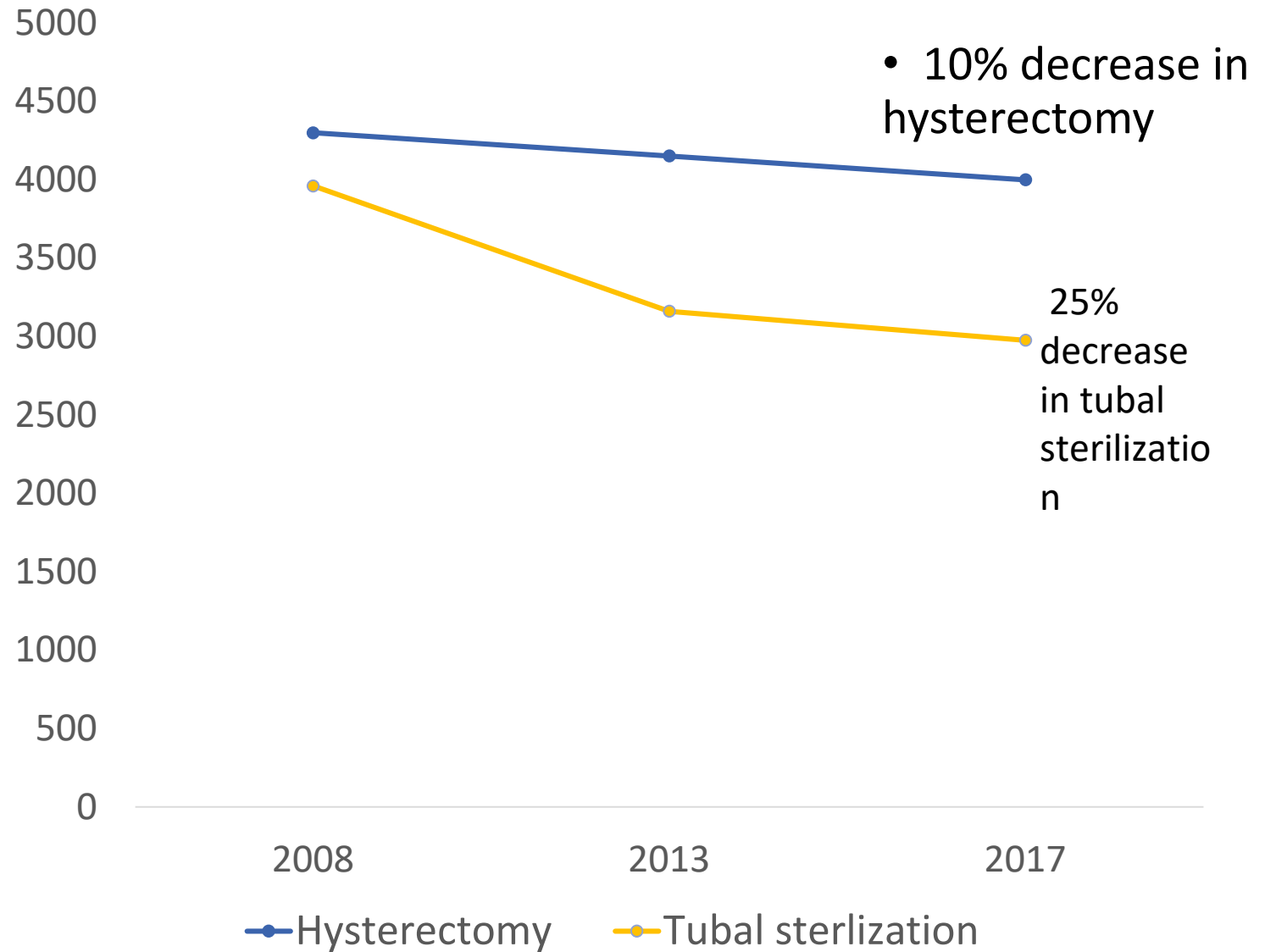
**Observed colorectal cancers**

**8**



How can you help your patients prevent ovarian cancer?

Reduced “opportunities” to prevent ovarian cancer during gynecologic surgery





# When providing contraception counseling:

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- 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!



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## Thank-you

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