

# Are we missing opportunities for ovarian cancer reduction?



Audit of salpingectomy (+/-) oophorectomy practices at hysterectomy Dr Alexander Lindgren and Dr Paul Bretz (Director of Obstetrics) - Mater Mothers' Hospital, Brisbane

### **Background**

- The term 'ovarian' cancer may be misleading
- Many forms of epithelial ovarian cancer (EOC) and in particular the majority of serous tumours likely originate from the fallopian tubes[1]
- 80-90% of BRCA-related "ovarian" cancers originate from the tubes<sup>[2]</sup>
- Performing bilateral salpingectomy at hysterectomy has been advocated as a potentially useful way of reducing the rate of ovarian cancer<sup>[3]</sup>

#### Method

- Review of 237 hysterectomy cases (benign indications)
- Cases were grouped according to approach and salpingectomy (+/-) oophorectomy
- Procedural complexity was measured by surgical duration, estimated blood loss (EBL) and post-operative stay

# **Objectives**

- To determine 'missed opportunities' for risk reducing salpingectomy at hysterectomy in our unit
- A comparison of surgical complexity and post-operative outcomes with and without salpingectomy

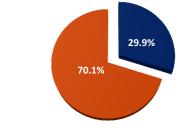
#### Results

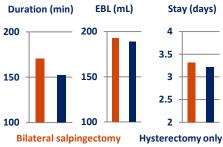
Salpingectomy rate = 70.1%

Salpingectomy associated with significantly increased operative time (p=0.0029)

NO increase in length of stay (p=0.266) OR EBL (p=0.0451)







### **Conclusions**

- The majority of 'missed opportunities' for salpingectomy were associated with the vaginal approach
- These data support that routine bilateral salpingectomy is not associated with poorer operative outcomes

