Prophylactic Salpingo-oophorectomy

Familial cancer syndromes:

- Breast-ovarian cancer syndrome (BRCA1, BRCA2)
- Hereditary nonpolyposis colorectal cancer syndrome (HNPCC) is associated with a 13% lifetime risk of ovarian cancer and 60% lifetime risk of endometrial cancer
- Site-specific ovarian cancer syndrome

Procedure:

- Methodical survey of the entire peritoneum, peritoneal lavage, omental biopsy, liberal biopsies of any peritoneal irregularity or adhesion, and bilateral removal of the adnexa, ovary and tube as completely as possible +/- concurrent hysterectomy.
- May be completed either laparoscopically or by laparotomy.
- Patients should be counseled and consented for the possibility of a full staging procedure and hysterectomy in the event of finding an occult malignancy at the time of surgery.
- Tubal ligation is also associated with a reduction in risk of ovarian cancer of approximately 30-60%. It is another option in women who have completed childbearing, but wish to retain their ovaries

Timing:

- Prophylactic BSO at age 35 or at the completion of childbearing is a reasonable alternative to intensive screening among women at the highest levels of risk for developing ovarian cancer.
- Delaying childbearing is not advised in these women.

Risk Reduction:

- Bilateral salpingo-oophorectomy can reduce the risk of developing ovarian and fallopian tube cancers by over 90%, and breast cancer by 50%.
- Tubal ligation by reduce the risk of ovarian cancer by 30-60%.

Follow-up:

- Women should be evaluated with a pelvic examination and serum CA 125 level on an annual basis following prophylactic BSO to monitor for the development of papillary serous carcinoma of the peritoneum.
Reference:
Prophylactic salpingo-oophorectomy in women at high risk of ovarian cancer. UpToDate (14.2) June 2006.
SGO Committee Statement on Prophylactic Salpingo-oophorectomy. Gynecol Oncol 98(2005); 179-181.