

No. 344-Opportunistic Salpingectomy and Other Methods of Risk Reduction for Ovarian/Fallopian Tube/Peritoneal Cancer in the General Population

This Clinical Practice Guideline has been prepared by the Society of Gynecologic Oncology of Canada (GOC) Guidelines Committee and reviewed by the Society of Obstetricians and Gynaecologists of Canada's Clinical Practice—Gynaecology, Medico-Legal, and Guideline Management and Oversight committees and approved by the Executive and Board of the Society of GOC and by the Board of the SOGC.

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Disclosure statements have been received from all authors.

Key Words: Serous ovarian neoplasms, fallopian tube neoplasms, salpingectomy, primary prevention

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Abstract

Objective: This guideline reviews the potential benefits of opportunistic salpingectomy to prevent the development of high grade serous cancers (HGSC) of the ovary/fallopian tube/peritoneum based on current evidence supporting the fallopian tube origin of disease.

Intended Users: Gynaecologists, obstetricians, family doctors, registered nurses, nurse practitioners, residents, and health care providers.

Target Population: Adult women (18 and older):

- Who have completed childbearing, and
- Who will undergo a gynaecologic procedure such as hysterectomy or permanent sterilization with the intention of leaving the ovaries in situ.

Options: Women considering hysterectomy who wish to retain their ovaries in situ have traditionally also retained their fallopian tubes. In addition, women undergoing permanent surgical sterilization have usually undergone tubal ligation using various methods rather than undergoing surgical removal of the entire fallopian tube.

Evidence: For the sections "Evidence Supporting the Hypothesis That HGSC Originates in the Fallopian Tube" and "Current Literature on the Effects and Safety of Opportunistic Salpingectomy," relevant studies were searched in PubMed, Medline, and the Cochrane Systematic Reviews using the following terms, either alone or in combination, with the search limited to English language materials: "high grade serous cancers ovary," "fallopian tube," "peritoneum," "opportunistic salpingectomy," "epithelial ovarian cancers," "origin," "tubal carcinoma in situ," "BRCA mutation," "prophylactic salpingectomy," "inflammation," "clear cell," and "endometrioid." The initial search was performed in March 2015 with a final literature search in March 2016. Relevant evidence was selected for inclusion in the following order: meta-analyses, systematic

J Obstet Gynaecol Can 2017;39(6):480–493

<https://doi.org/10.1016/j.jogc.2016.12.005>

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Women have the right and responsibility to make informed decisions about their care in partnership with their health care providers. In order to facilitate informed choice, women should be provided with information and support that is evidence based, culturally appropriate, and tailored to their needs. The values, beliefs, and individual needs of each woman and her family should be sought, and the final decision about the care and treatment options chosen by the woman should be respected.

reviews, guidelines, randomized controlled trials, prospective cohort studies, observational studies, non-systematic reviews, case series, and reports. The total number of studies identified was 458, and 56 studies were included in this review. For the section "Other Factors Influencing the Risk of Developing 'Ovarian' Cancers" a general Medline search was carried out using the terms "ovarian neoplasm" and "prevention." The search included papers published from December 2005 to March 2016. Meta-analyses were preferentially selected except where no such review was found. Additional searches for each subheading were also conducted (e.g., "ovarian neoplasm" and "tubal ligation.") Additional significant articles were identified through cross-referencing the identified reviews. For the search for "ovarian neoplasm" and "prevention," 10 meta-analyses were identified. For the search for "ovarian neoplasm" and "tubal ligation," an additional 4 meta-analyses were identified.

Validation Methods: The content and recommendations were drafted and agreed on by the principal authors. The Executive and Board of the Society of Gynecologic Oncology of Canada reviewed the content and submitted comments for consideration, and the Board of the SOGC approved the final draft for publication. The quality of evidence was rated using the criteria described in the Grading of Recommendations Assessment, Development and Evaluation methodology framework (Table 1). The interpretation of strong and weak recommendations is described in Table 2. The summary of findings is available on request.

Benefits, Harms, and/or Costs: The addition of opportunistic salpingectomy to a planned hysterectomy or permanent sterilization did not increase rates of hospital readmission (OR 0.91, 95% CI 0.75 to 1.10 and OR 0.8, 95% CI 0.56 to 1.21, respectively) or blood transfusions (OR 0.86, 95% CI 0.67 to 1.10 and OR 0.75, 95% CI 0.32 to 1.73, respectively) but did increase the overall operating time (by 16 minutes and 10 minutes, respectively) in a retrospective review of 43 931 women. The risk of repeat surgery for tubal pathology among women with retained fallopian tubes after hysterectomy was at least doubled (OR 2.13, 95% CI 1.88 to 2.42 in a population-based study of 170 000 women). If general gynaecologists were to consider removal of fallopian tubes at the time of every hysterectomy and sterilization procedure with referral of all patients with HGSC for hereditary cancer counselling and

genetic testing, experts project a potential reduction in the rate of HGSC by 40% over the next 20 years.

Guideline Update: Evidence will be reviewed 5 years after publication to decide whether all or part of the guideline should be updated. However, if important new evidence is published prior to the 5-year cycle, the review process may be accelerated for a more rapid update of some recommendations.

Sponsors: This guideline was developed with resources funded by the Society of Gynecologic Oncology of Canada and SOGC.

Summary Statements

1. High-grade serous cancers of the ovary/fallopian tube/primary peritoneum account for approximately 70% of all epithelial cancers and differ from other epithelial cancers in their presentation, most prevalent stage, response to treatments, overall prognosis, and recurrence rates (High).
2. Fallopian tube cancers, previously believed to be quite rare, are high-grade serous cancers approximately 90% of the time and have identified precursor lesions (serous tubal intraepithelial carcinomas), whereas precursor lesions have not been identified on the epithelial surface of the ovary (High).
3. The recent change to the International Federation of Gynecology and Obstetrics staging system for high-grade serous cancers in 2014 included ovary, fallopian tube, and primary peritoneum together as primary sites of disease, reflecting the difficulty in distinguishing the location in which the cancer developed (High).
4. Prophylactic bilateral salpingo-oophorectomy can reduce the risk of high-grade serous cancers by 80% to 90% for breast cancer mutation carriers (High).
5. In women with breast cancer mutations, 5% to 6% of fallopian tubes from prophylactic salpingo-oophorectomies have serous tubal intraepithelial carcinomas present (High).
6. Serous tubal intraepithelial carcinomas are found most commonly at the fimbriated end of the fallopian tube and have p53 mutation changes identical to associated cancers (High).
7. Clear cell and endometrioid carcinomas are now believed to originate from endometriotic lesions deposited within the pelvis and around the ovary (High).
8. Oral contraceptive pill use effectively reduces the lifetime risk of developing an "ovarian" cancer by 50% when taken for more than 10 years (High).
9. Tubal ligation reduces the risk of endometrioid cancer by 52% and clear cell cancer by 48%, presumably by blocking retrograde menstruation and preventing endometriotic deposits within the pelvis. However, tubal ligation reduces the risk of developing high-grade serous cancers by only 19%, supporting the theory that these cancers arise within the distal end of the remaining fallopian tube (Moderate).
10. The strategy with greatest potential for risk reduction is bilateral salpingo-oophorectomy, which reduced the mortality rate from "ovarian" cancer in the Nurses' Health Study by 94%; however, the overall risk of death from any cause following bilateral salpingo-oophorectomy increased by 12%, reflecting the protective effect of estrogen in preventing cardiovascular disease before age 50 (High).
11. The effect of diet and obesity on "ovarian" cancer risk is currently unclear and requires further research (Low).
12. The role of metformin in the primary prevention of "ovarian" cancer needs further research for clarification (Low).

ABBREVIATIONS

ASA	acetylsalicylic acid
BRCA	breast cancer
BTL	bilateral tubal ligation
CI	confidence interval
CS	Caesarean section
EOC	epithelial ovarian cancers
FIGO	International Federation of Gynecology and Obstetrics
HGSC	high-grade serous cancers
HR	hazard ratio
IVF	in vitro fertilization
OCP	oral contraceptive pill
OR	odds ratio
RR	relative risk
SEE-FIM	sectioning and extensively examining the fimbria
STIC	serous tubal intraepithelial carcinomas

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