

Study shows younger women with endometrial cancer can safely keep ovaries, avoid early menopause

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In the largest study to date on the safety of ovarian preservation in women aged 45 and younger who were surgically treated for early-stage endometrial cancer, researchers have found that there is no survival benefit associated with surgical removal of the ovaries, compared to women whose ovaries were left intact. Leaving the ovaries in place could spare many women from the side effects of surgery-induced early menopause, such as hot flashes and vaginal dryness, as well as the long-term increased risk of heart disease, osteoporosis and hip fractures.

"Our research suggests that oncologists may no longer need to remove the ovaries during surgery in younger women with early-stage endometrial cancer, which has been the standard approach for many years. Leaving the ovaries intact appears to be a safe option that offers women a range of important short- and long-term health and quality of life benefits," said lead author Jason D. Wright, MD, assistant professor of obstetrics and gynecology in the Division of Gynecologic Oncology at Columbia University College of Physicians & Surgeons.

Surgical removal of the uterus (hysterectomy) is the standard of care for endometrial cancer. During the procedure, surgeons usually remove the ovaries as well, a procedure called oophorectomy. Oophorectomy is usually performed to reduce the risk of cancer spreading to the ovaries and also to lower estrogen levels that may fuel the growth of any remaining endometrial cancer cells. However, studies have shown that

these risks are small, and the benefits of oophorectomy have not been established by research.

In this study, Dr. Wright and his colleagues compared five-year survival between 402 women aged 45 and younger who were diagnosed with stage I endometrial cancer (cancer confined to the uterus) whose ovaries were preserved, and 3,269 similar women whose ovaries were removed. All patients had a hysterectomy and were diagnosed between 1988 and 2004. Data were derived from the Surveillance, Epidemiology and End Results (SEER) Database, a collection of cancer data on one-quarter of the U.S. population.

Five-year overall survival was similar between the two groups: Among women who had oophorectomy, 98 percent of those with stage IA disease, 96 percent of those with stage IB disease and 89 percent of those with stage IC disease were still alive. The corresponding figures for women whose ovaries were preserved were 98, 100 and 86 percent, respectively.

The investigators also noted that women were more likely to have had ovarian preservation if they were younger (under age 30), were diagnosed later in the study period, lived in the eastern United States and had a low tumor grade and earlier tumor stage.

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