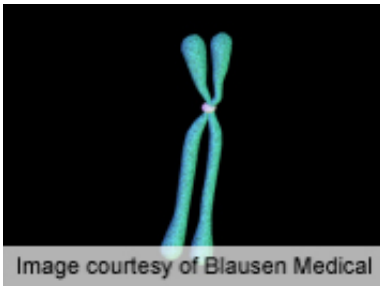


Prophylactic options compared for women with BRCA1/2

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The results of a simulation model suggest that, when quality of life is considered, prophylactic bilateral salpingectomy with delayed oophorectomy may be an acceptable alternative to bilateral salpingo-oophorectomy for women with *BRCA* mutations, according to research published in the January issue of *Obstetrics & Gynecology*.

(HealthDay)—The results of a simulation model suggest that, when quality of life is considered, prophylactic bilateral salpingectomy with delayed oophorectomy may be an acceptable alternative to bilateral salpingo-oophorectomy for women with *BRCA* mutations, according to research published in the January issue of *Obstetrics & Gynecology*.

Janice S. Kwon, M.D., of the University of British Columbia and the BC Cancer Agency in Vancouver, Canada, and colleagues developed a Markov Monte Carlo [simulation model](#) to compare the risk reduction for women with *BRCA* mutations for three strategies: bilateral salpingo-oophorectomy, bilateral salpingectomy, or a bilateral salpingectomy with

delayed oophorectomy.

The researchers found that, compared with the other strategies, bilateral salpingo-oophorectomy correlated with the lowest cost and highest life expectancy, and with the lowest number of future breast and ovarian cancers. After inclusion of [quality-of-life](#) parameters, the highest quality-adjusted life expectancy was seen for salpingectomy followed by delayed oophorectomy, with incremental cost-effectiveness ratios of \$37,805 per quality-adjusted life-year for *BRCA1* and \$89,680 per quality-adjusted life-year for *BRCA2*, relative to salpingectomy alone.

"Although it remains to be validated prospectively, bilateral salpingectomy with delayed oophorectomy may be a reasonable alternative to bilateral salpingo-oophorectomy, especially for those who are reluctant to undergo the latter procedure because of the potential effect on quality of life," Kwon and colleagues conclude.

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