

Study highlights side effects experienced by BRCA mutation carriers following cancer risk-reducing surgical procedure

May 30 2014, by Katie Delach

The majority of women with cancer causing BRCA1 and BRCA2 mutations experience sexual dysfunction, menopausal symptoms, cognitive and stress issues, and poor sleep following prophylactic removal of their Fallopian tubes and ovaries - a procedure known as risk-reducing salpingo-oophorectomy (RRSO) - according to results of a new study from the Abramson Cancer Center and the Perelman School of Medicine at the University of Pennsylvania. The team's findings, which reaffirm the need for a better understanding of how to manage long-term effects of the risk-reducing procedure, will be presented during the annual meeting of the American Society of Clinical Oncology in Chicago's McCormick Place on Saturday, May 31, 2014 ([abstract #1508](#)).

"These results reinforce the need for care providers to better understand and communicate with patients about the possible long-term effects of bilateral RRSO," said lead author Susan Domchek, MD, director of Penn's Basser Research Center for BRCA. "Removal of the Fallopian tubes and ovaries is associated with a decreased risk of death from breast and [ovarian cancer](#) for BRCA carriers, and is one of the most important interventions we have at the current time. However, this procedure comes with a price, so it's extremely important that clinicians work with women to help alleviate symptoms."

The new study surveyed 637 women with BRCA1 or BRCA2 mutations

who had undergone the risk-reducing surgical procedure to have both ovaries and Fallopian tubes removed. Domchek and colleagues assessed participant quality-of-life through a series of questionnaires. Results show that suboptimal scores were present in the majority of patients for the majority of measures. Specifically, 73 percent reported [sexual dysfunction](#), such as the absence of satisfaction and presence of pain; 61 percent had problems sleeping; 57 percent had symptoms of menopause such as hot flashes and vaginal dryness; and 56 percent had elevated levels of stress. Hormone replacement therapy did help mitigate symptoms, particularly in women undergoing oophorectomy prior to age 50.

Currently, it is recommended that BRCA1/2 mutation carriers undergo oophorectomy between ages 35-40 given the substantial benefits in decreasing breast and ovarian cancer risk and improving overall survival. "Our work highlights the need for novel strategies to prevent breast and ovarian cancer. Despite the efficacy of oophorectomy, given the negative impact, we need to continue to strive towards other options for prevention."

Provided by University of Pennsylvania

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