One ovarian cancer fix: Removing the fallopian tubes

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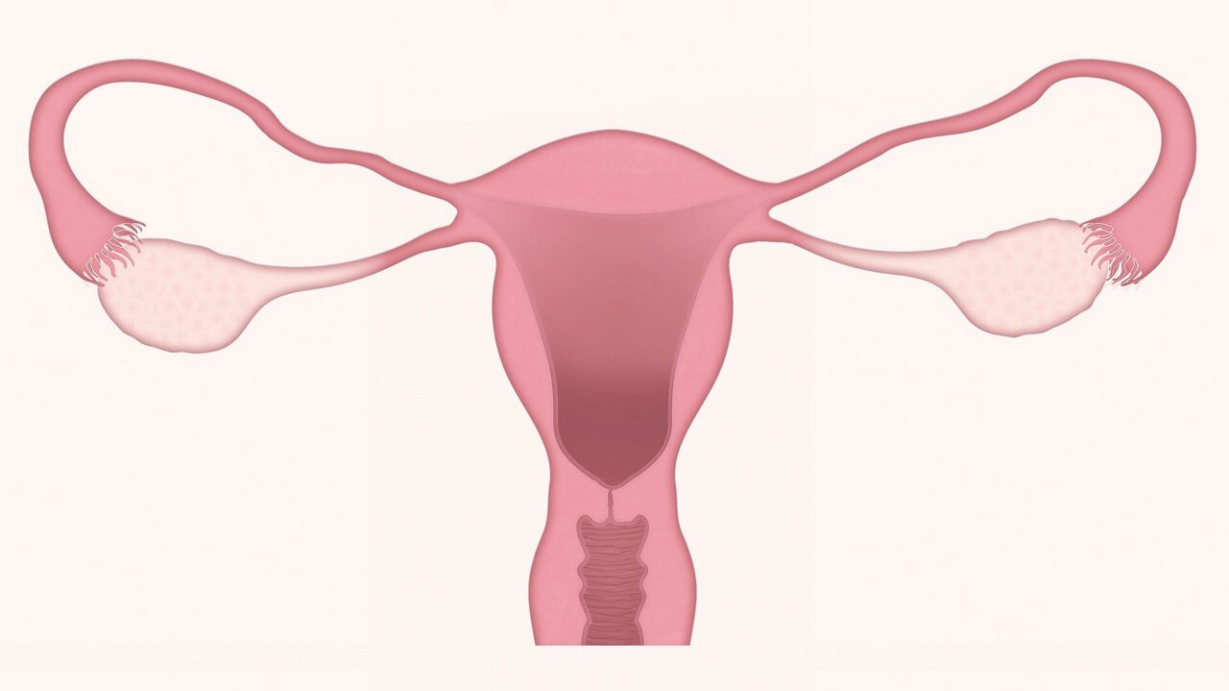

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The most effective step to battling ovarian cancer may have little to do with ovaries and more to do with surgical removal of the fallopian tubes.

In this procedure, called a salpingectomy, the tubes are removed but the ovaries are left in place to provide valuable hormones and to prevent menopause.

It's been a common discussion between UW Medicine doctors and patients for the past decade or so but has received wider attention nationally only in recent years, noted Dr. Barbara Goff, professor and chair of obstetrics and gynecology at the University of Washington School of Medicine.

"We have been very proactive about offering this procedure as a risk-reduction strategy when preforming gynecologic surgery, but it could be considered at the time of other abdominal or pelvic procedures like urology or colorectal surgery," she said.

Earlier this year, the Ovarian Cancer Research Alliance put its substantial scientific heft behind a recommendation that the fallopian tubes be removed in women who have completed childbearing. They could undergo the salpingectomy at the time of other planned pelvic surgeries such as a hysterectomy, ovarian cystectomy and tubal ligation.

In their consensus statement, the alliance stated that no reliable way exists to detect ovarian cancer at its early stages. Long term studies also have indicated that screening mechanisms have largely failed.

The Ovarian Cancer Research Alliance noted that, since the fallopian tubes are thought to be the origin of most high-grade serous cancers, the tubes' removal could dramatically reduce risk of ovarian cancer diagnosis. Population-based studies from Canada have found that opportunistic salpingectomy is reducing ovarian cancer's incidence, Goff said.

OCRA's statement follows the American College of Obstetricians and Gynecologists 2020 reaffirmation that removal of fallopian tubes concurrent with other gynecologic surgeries could be "an opportunity to decrease the risk of ovarian cancer." The American College of Obstetrician and Gynecologists also noted that the procedure does not

eliminate risk entirely.

Ovarian cancer is uncommon, but deadly, according to the American Cancer Society. It reports that every year, 19,710 women in the United States are diagnosed with the cancer, with 13,270 dying from it.

Epithelial ovarian cancers compose about 90% of all ovarian cancers. The most common type, called high-grade serous ovarian cancer, often originates in the fallopian tubes before spreading to the ovaries, Goff said.

"We think about 70% of the most common types of ovarian cancers begin in the fallopian tubes," she said. However, the exact reduction in risk of ovarian cancer from prophylactic removal of the fallopian tubes is not really known, Goff noted.

Dr. Elizabeth Swisher, a UW Medicine gynecological oncologist, and co-leader of the breast and ovarian cancer research program at UW Medicine and Fred Hutchinson Cancer Center, was among the first researchers to publish reports that doctors and pathologists were finding small, even microscopic, tumors in fallopian tubes of women with genetic mutations or family history of cancer that placed these women at high risk for ovarian cancer. These findings were made 25 years ago, soon after genetic testing had become available.

What is commonly known as ovarian cancer can actually take several forms.

"I think we need to stop treating ovarian cancer as one cancer," Swisher said. "There are many flavors and we should be treating each uniquely."

Swisher, who is deputy director of the Fred Hutch/University of Washington/Seattle Children's Cancer Consortium, added, "I would

prefer to call this tubo-ovarian cancer to reduce confusion about this cancer type for patients and providers."

Swisher and colleagues are currently involved in two clinical trials—Tuba-Wisp II and the SOROCk—that are studying the effect of removing fallopian tubes from patients at high risk for ovarian cancer due to the presence of the BRCA 1 gene.

Goff and Swisher stressed that a salpingectomy is recommended only if there is a known genetic or familial risk, a desire to undergo permanent sterilization, or another planned surgery in the pelvic area, such as fibroid removal or a hysterectomy.

Although no early diagnostic tests exist for ovarian cancer, women should be aware of potential symptoms, Goff said.

"If you have bloating, abdominal or pelvic pain, difficulty eating or stomach distension that persists for two weeks and not just around the time of menses, go get it checked out," she said. "Checking a blood test called CA 125 and getting a transvaginal or pelvic ultrasound would be the first steps in evaluation."

Importantly, she added, most women with these symptoms will not have ovarian cancer.

Women should talk with their doctors about their risk of ovarian cancer and the potential to remove fallopian tubes if they have a planned pelvic surgery, Goff said.

"This is something we need to draw more attention to," Swisher agreed.

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