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.

More information: Abstract
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