

Adherence to surgical guidelines low for salpingo-oophorectomy

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Compared with obstetrician-gynecologists, gynecologic oncologists were more than twice as likely to fully adhere to the full surgical protocol (91 versus 41 percent). Within the protocol, gynecologic oncologists were more likely to resect the entire tube (99 versus 95 percent), to have followed the SEE-FIM [protocol](#) (98 versus 82 percent), and collect washings (94 versus 49 percent). Complication rates were similar regardless of provider. The incidence of occult neoplasia was higher in gynecologic oncology patients versus obstetrics and gynecology patients (6.3 versus 0.8 percent).

"Rates of risk-reducing surgery will likely continue to increase as [genetic testing](#) becomes more widespread, highlighting the importance of health care provider education for this procedure," the authors write.

(HealthDay)—Only two-thirds of all health care providers are fully adherent to surgical guidelines for risk-reducing salpingo-oophorectomy, according to a study published online Aug. 7 in *Obstetrics & Gynecology*.

Annelise M. Wilhite, M.D., from the University of Minnesota in Minneapolis, and colleagues retrospectively evaluated health care provider adherence to the surgical protocol endorsed by the National Comprehensive Cancer Network and the American College of Obstetricians and Gynecologists for risk-reducing salpingo-oophorectomy due to a pathogenic *BRCA* mutation (2011 to 2017). Adherence included collection of washings, complete resection of the fallopian tube, and performing the Sectioning and Extensively Examining the Fimbriated End (SEE-FIM) pathologic protocol. Surgeries were performed at 10 different hospitals in a single metropolitan area.

The researchers found that 199 of 290 cases (69 percent) were adherent to the surgical protocol.

More information: [Abstract/Full Text](#) ([subscription or payment may be required](#))

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