Major Finding: There was an 8% absolute decrease in the performance of benign oophorectomy at the time of benign hysterectomy, between 2001 and 2006.

Data Source: A cross-sectional analysis of the New York State Department of Health database of 146,494 women aged 18 years or older who had undergone benign hysterectomy.

Disclosures: Dr. Novetsky said he had no relevant financial disclosures.

Meanwhile, the results of a 2011 study based on data from the Women’s Health Initiative showed that bilateral salpingo-oophorectomy “may not have an adverse effect on cardiovascular health, hip fracture, cancer, or total mortality compared with hysterectomy and ovarian conservation” (Arch. Intern. Med. 2011;171:760-8).

Roughly 90% of women who get ovarian cancer are older than 40 years of age, and the greatest number includes women aged 55 years or older, according to statistics from the Centers for Disease Control and Prevention.

Ovarian cancer is the second most common and deadliest gynecologic cancer.

What prompted the study was the team’s observation of a trend in ovarian resection in the past decade, Dr. Novetsky said in an interview.

The analysis included 146,494 women aged 18 years or older who had undergone benign hysterectomy. The results showed an 8% absolute decrease in the performance of benign oophorectomy at the time of benign hysterectomy, between 2001 and 2006.

The findings, “didn’t come as a huge shock to us,” said Dr. Novetsky. “What was interesting to us was the temporal relationship to the decline in HRT use, although we can’t make an argument for a cause and effect relationship.”

Nearly half (47%) of hysterectomies in the database included oophorectomy. Race and insurance status were associated with performance of oophorectomy.

The results also showed that women who underwent oophorectomy were older; more likely to have a family history of breast/ovarian cancer; and more likely to have a personal history of breast cancer, ovarian cancer, or endometriosis.

Women were less likely to have an oophorectomy if they underwent vaginal or laparoscopic hysterectomy, or had uterine prolapse.

“We didn’t see a decline in oophorectomy in women over age 55,” said Dr. Novetsky. Although the study was based on a New York State database, he predicted that the trend toward fewer oophorectomies at the time of benign hysterectomy is prevalent nationwide, and “will continue to increase among premenopausal women.”

The study had some limitations, including the accuracy of the database and the fact that risk factors for the performance of oophorectomy may not have been adequately recorded.

Dr. Novetsky said while oophorectomy at the time of benign hysterectomy might not have been as much in question a decade ago, “a lot more patient counseling and research go into it now. … It’s become a lot more personalized.”

Drop in Oophorectomies at the Time of Benign Hysterectomy

BY NASEEM S. MILLER

FROM THE ANNUAL MEETING OF THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

WASHINGTON – The rate of bilateral oophorectomies in women under age 55 significantly decreased from 2001 to 2005, according to a study based on a cross-sectional analysis of the New York State Department of Health database.

The study results presented at the meeting also showed that age, route of hysterectomy, and associated gynecologic diagnoses influenced the rate of oophorectomy.

“Recent studies on complications of HRT [hormone replacement therapy] and prophylactic bilateral oophorectomy may have influenced patients’ and physicians’ decision-making, leading to lower rates,” according to the researchers (ACOG 2011, A.P. Novetsky et al., abstract).

Dr. Akiva P. Novetsky, lead researcher and chief resident at New York University Langone Medical Center, said that although hysterectomy is among the most common operations performed in U.S. women, prophylactic oophorectomy has remained controversial.

Among the studies that have argued for the preservation of ovaries is the landmark 2003 study by Dr. W.H. Parker, which concluded that “ovarian conservation until at least age 65 benefits long-term survival for women at average risk of ovarian cancer when undergoing hysterectomy for benign disease” (Obstet. Gynecol. 2005;106:6-26).