

## Risk Reducing Bilateral Salpingo-Oophrectomy Effects of Surgical menopause



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1

## Surveillance

For breast  
For ovaries/tubes



2

## RRBSO

- Usually done by age 45 unless family history indicates earlier
- If done before menopause – reduces risk of breast cancer (how much?)
- Often combined with long term with breast management – surgery, surveillance / chemoprevention



3

## Surgical menopause

- Removal of both ovaries, resulting in immediate menopause
- End of reproductive phase of life
- No more periods
- Symptoms may occur
- Long term effects on body



4

## Surgical menopause - positives

- Reduced risk of ovarian cancer
- Reduction in anxiety over the future
- No more periods
- No more contraception



5

## Potential negative effects

- Menopausal symptoms: in particular; hot flushes, night sweats and vaginal dryness
- Loss of bone density
- Discomfort from vaginal dryness
- Reduced sex drive (libido) associated with loss of ovarian testosterone production
- Loss of fertility
- Increased risk of cardiovascular (heart) disease



6

## Most common symptoms

- Vaginal dryness
- Hot flushes/sweats
- Sleep disturbance
- ?Libido – in some women



7

## Looking after your health

Bones  
Heart

**HRT is one strategy**  
**Lifestyle and other strategies**  
**Monitoring and assessment available**



8

## HRT after RRBSO?



For symptoms  
For health promotion – surgical menopause  
?need for testosterone – no data

Need to consider breast situation  
- surgery or monitoring?



9

## Future

Is there a need for HRT?

Discuss in advance –

Is it appropriate?  
What types, routes?  
Side effects and risks



10

## Is there a need for HRT?

NICE Guidance CG 164

BRCA 1 and 2 – RRBSO before natural age of menopause

“Offer HRT up until the time they would have expected natural menopause (average age for natural menopause is 51–52 years)”



11

## HRT after RRBSO

- If no CI (br ca) and early 40s or younger, likely to be offered at low risk until age 50.
- If closer to 50, might wait and see if symptomatic
- Bone and cardio risk assessments – DXA baseline

Menopause. 2014 Jul;21(7):763-8. Hormone therapy in oophorectomized BRCA1 mutation carriers.



12

### Safety of HRT following RR BSO – systematic review of literature and guidelines 2019

Climacteric Mar 25:1-9

- 7 studies, not specific to type of HRT
- No evidence that short term use (2.8-4.3 yrs) increased risk of Br if no personal history of br ca
- ?Progestogen effect
- 11 sets of guidelines published 2009-2016(incl UK NICE NG23)
  - All advise no HRT if personal history br ca, except in individual cases
  - **All agree short term use to 50 is considered safe**



13

### Kotsopoulos et al JAMA Oncol 4(8) 1059-1065

- 872 BRCA 1, average age 43 years
- Follow up average 7 yrs (0.5-22)
- No personal history of breast cancer

***“Overall, HRT use after oophorectomy was not associated with an increased risk of breast cancer” (HR 0.97)***



14

### Risk Reducing salpingectomy and delayed oophorectomy as an alternative for BRCA mutation carriers.

- Majority of ovarian cancers arise in tubes
- ? Could delay removal of ovaries
- New research underway

### Which HRT?

Continuous Combined E+P unless hysterectomy  
Pt / clinician choice – oral, transdermal  
?IUS at time of surgery  
Consider progestogen/progesterone issue

**Is there a need for testosterone?**



16

### Vaginal Oestrogen

- Poorly absorbed systemically
- Long term treatment usually
- Needs regular use
- Caution with breast cancer



BMS Consensus Statement 2014 Sturdee and Panay



17

### What I wish I had known

Questionnaire USA, 113 women, 87% response (n=99)

- possible impact on sex life and that help is available
- that sex counselling could be available
- More discussion on health promotion - heart and bones

#### most frequent symptoms

Vag dryness  
Sleep disturbance  
Impact on sex life - dryness  
Hot flushes

What I wish I'd known before surgery: BRCA carriers' perspectives after bilateral salpingo-oophorectomy.

Fam Cancer. 2011 Mar ;10(1):79-85.



18

## Satisfaction with decision?

Usually very satisfied "90% would make same decision again" \*RRBSO

Loss of support – anxiety

Management of symptoms important

\*Clin Breast Cancer. 2018 Dec;18(6):e1361-e1366. doi: 10.1016/j.clbc.2018.07.015. Epub 2018 Jul 26

Moldovan RFam Cancer. 2015 Mar;14(1):51-60.

Psychooncology. 2013 Jan;22(1):212-9.

Hooker, Hered Cancer Clin Pract. 2014 Apr 2;12(1):9



19



### MDT Support

GP

Genetics

Oncology team

Gynae team

Menopause team

NICE 2015 (NG23)

*"Offer women who are likely to go through menopause as a result of medical or surgical treatment. Information and referral to specialist"*

[www.daisynetwork.org](http://www.daisynetwork.org)



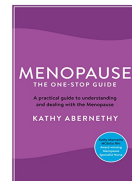
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21

Thank you



22