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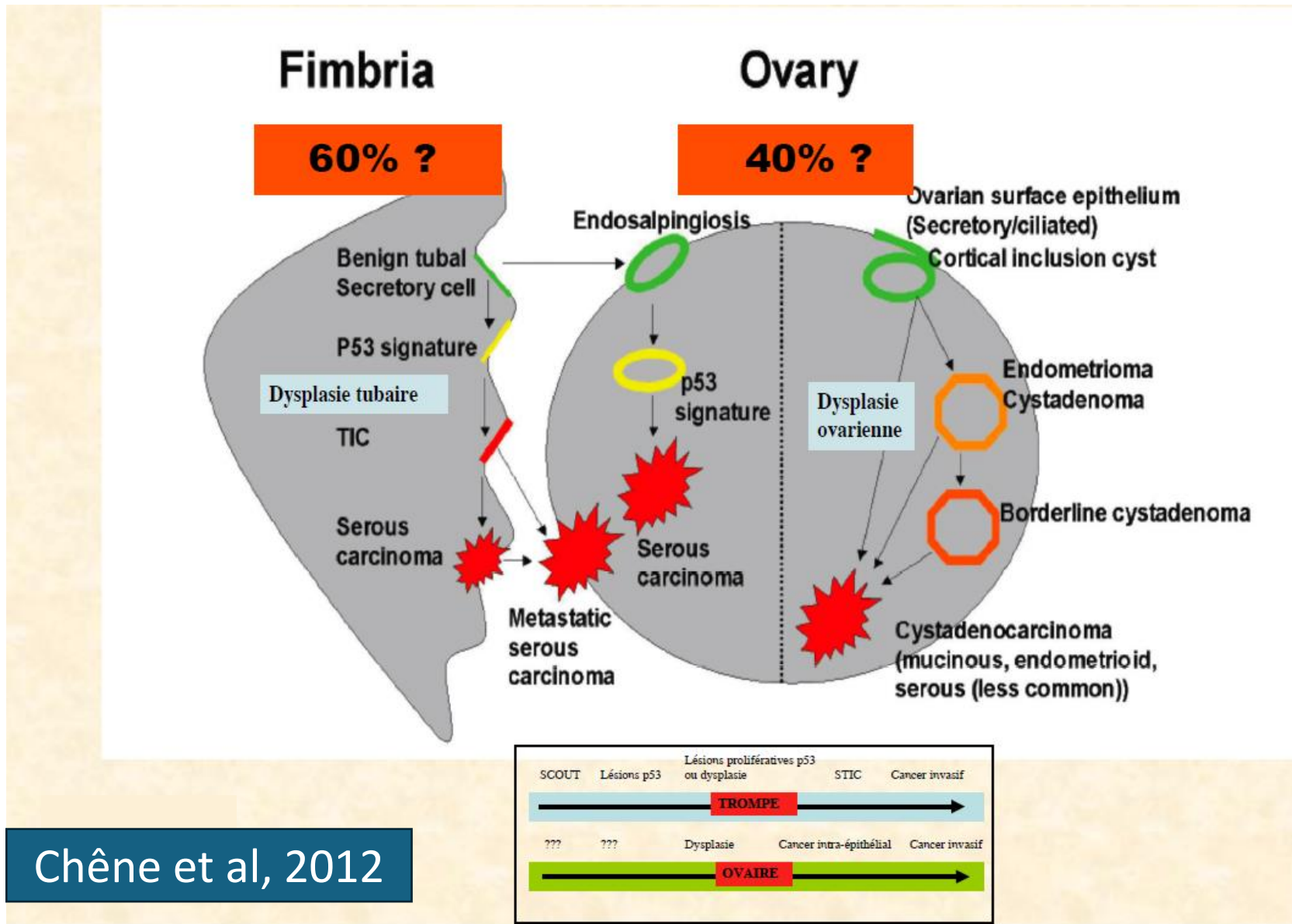
Salpingectomie: une prévention du cancer de l'ovaire?

P. MADELENAT



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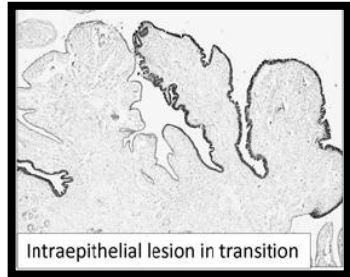
Cancer de l'annexe: une double origine



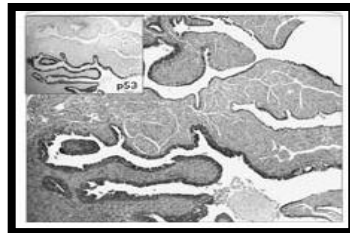
Les anomalies histomoléculaires progressent dans le temps et l'espace



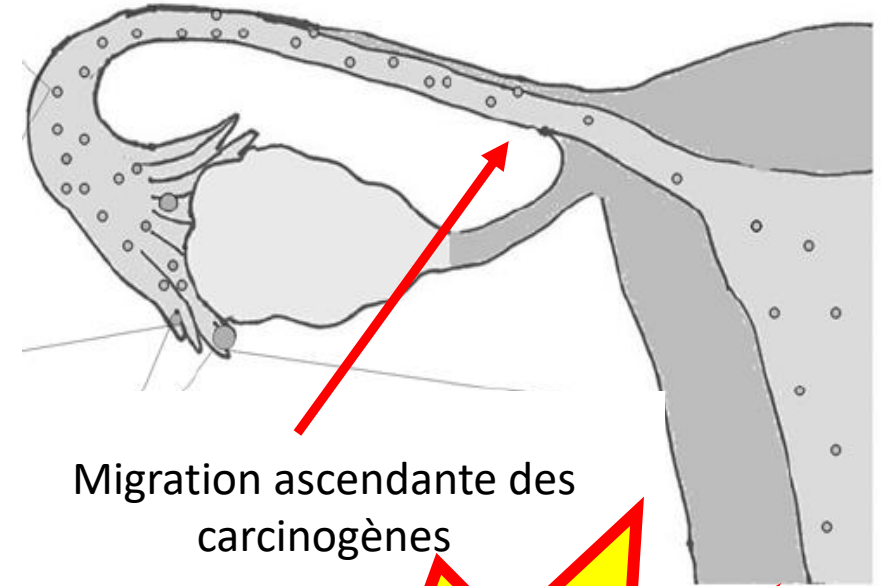
SCOUT: secretory all out growth



STIL: serous tubal intra epithelial lesion

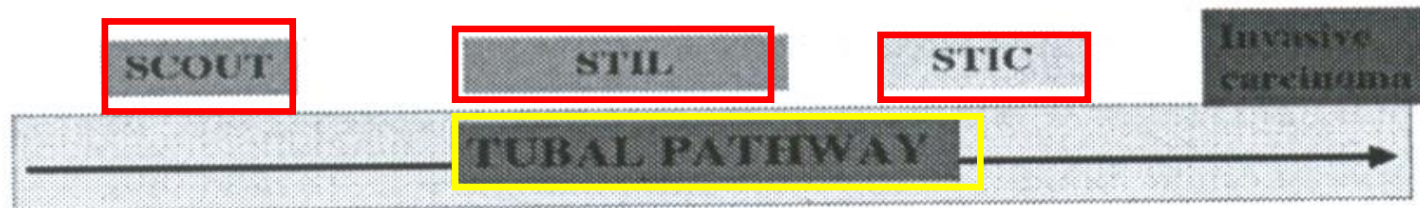


STIC: serous tubal intra epithelial carcinoma



Migration ascendante des carcinogènes

The tubal carcinogenic pathway.



R.R du cancer de l'ovaire après hystérectomie
0,7

The fallopian tubo-peritoneal junction: A potential site of carcinogenesis

Jeffrey D. Seidman, M.D., Anna Yemelyanova, M.D.,
Richard J. Zaino, M.D., and Robert J. Kurman, M.D.

Jonctions entre le mésothélium
ovarien/péritonéal et l'épithélium
müllérien tubaire

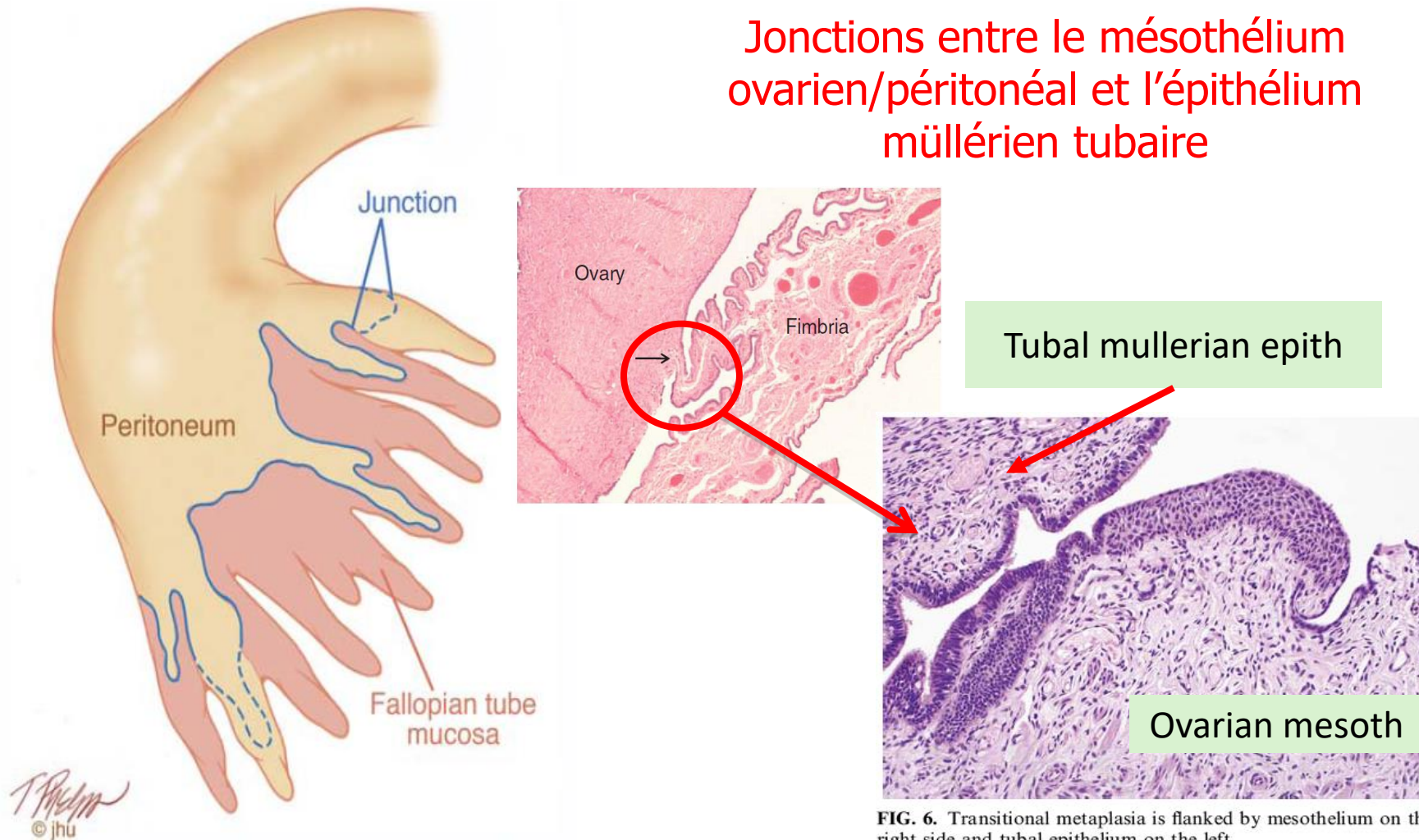
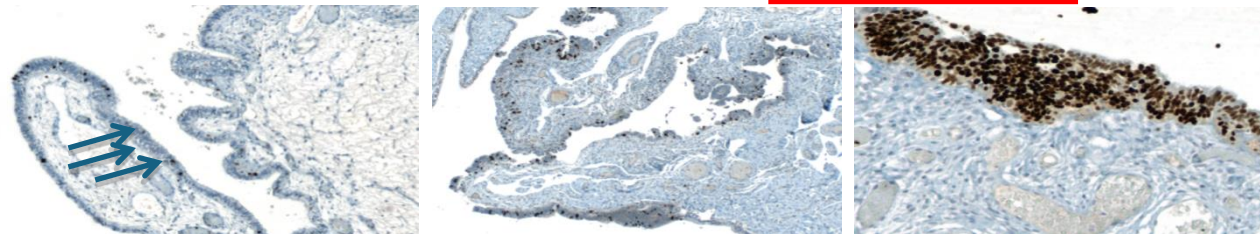
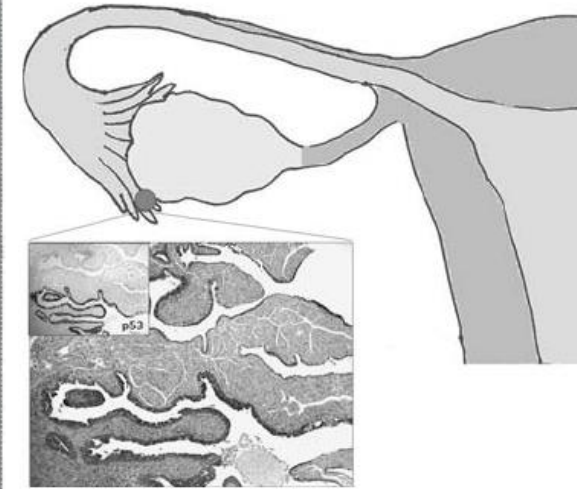


FIG. 6. Transitional metaplasia is flanked by mesothelium on the right side and tubal epithelium on the left.

Surgical Implications of the Potential New Tubal Pathway for Ovarian Carcinogenesis

Probable tubal origin of high-grade serous ovarian cancers and serous peritoneal cancers **in a nonselected population**

	Number of cases	Location	Tubal origin: presence of STICs
Kinelberger et al [2]	43	Ovary	20 (47%)
Przybycin et al [30]	33	Ovary	20 (61%)
Carlson et al [31]	19	Peritoneum	9 (47%)
Roh et al [32]	87	Ovary	31 (36%)
Seidman et al [33]	35	Peritoneum	16 (46%)
Leonhardt et al [34]	9	Peritoneum	3 (33.3%)



GAUTHIER CHENE

h Rahimi, MD, Ann-Marie Mes-Masson, MD, and

Diane Provencher, MD

Journal of Minimally Invasive Gynecology, Vol 20, No 2, March/April 2013

The impact of opportunistic salpingectomy on ovarian cancer mortality and healthcare costs: a call for universal insurance coverage

Objective: this study aimed to determine **the impact of opportunistic salpingectomy as an alternative tubal ligation and routine salpingectomy at the time of hysterectomy on** ovarian cancer mortality.

Results: the model predicts that opportunistic salpingectomy at the time of tubal ligation will reduce ovarian cancer mortality by 8,13%. Opportunistic salpingectomy at the time of hysterectomy will reduce ovarian cancer mortality by 6,34% for **A COMBINED DECREASE OF 14,5%**.

1854 deaths avoided by years

Relative risk of ovarian cancer reduction by procedure taken from the Nordic tumor registry

Procedure	Relative risk of ovarian cancer	95% CI
Tubal ligation	0.67	0.70–0.68
Hysterectomy	0.79	0.70–0.68
Bilateral salpingectomy	0.35	0.17–0.73
Hysterectomy with bilateral salpingo-oophorectomy	0.06	0.03–0.12

CI, confidence interval.
Naumann et al. The impact of opportunistic salpingectomy on ovarian cancer mortality and healthcare costs. Am J Obstet Gynecol 2021.

2021

R. Wendel Naumann et al
American Journal of Obstetrics & Gynecology. October 2021

Outcomes from opportunistic salpingectomy for ovarian cancer prevention

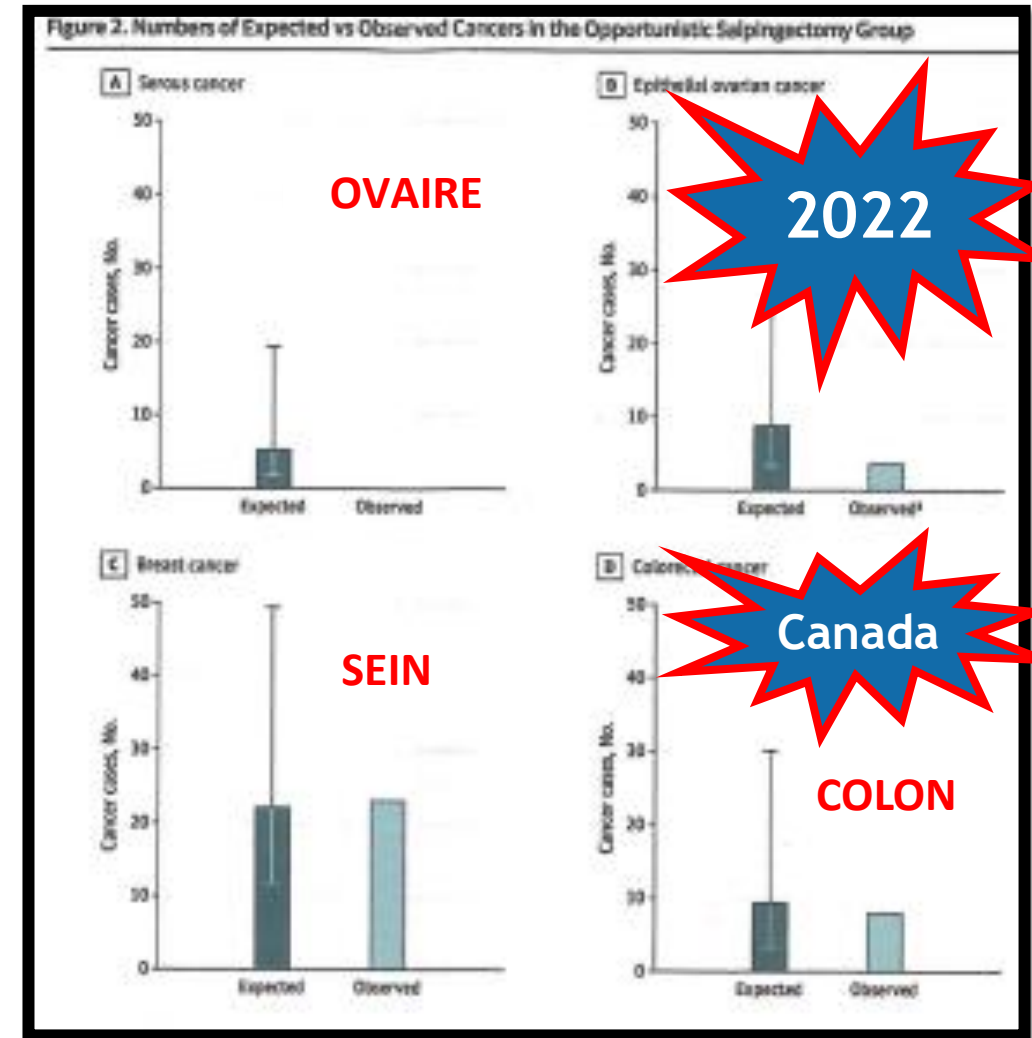
Objective: To examine observed vs expected rates of ovarian cancer among individuals who have undergone OS.

Design, setting and participants: retrospective cohort study in Canada, who underwent OS or a control surgery between 2008 and 2017.

Exposures: removal of both fallopian tubes at the time of hysterectomy or instead of tubal ligation while leaving ovaries intact.

Results: there were 25 889 individuals who underwent OS and 32 080 who underwent hysterectomy alone or tubal ligation. There were no serous ovarian cancers in the OS group and 5 or fewer epithelial ovarian cancers. The age-adjusted expected number was 5,7 (95% CI, 1.78-19.29) serous cancers and 8.68 (95% CI, 3.36 -26.58) epithelial ovarian cancers.

Conclusions and relevance: these findings suggest that OS is associated with reduced ovarian cancer risk.



Gillian E. Hanley et al
JAMA Network Open. 2022; 5 (2)

Salpingectomy and the risk of ovarian cancer in Ontario

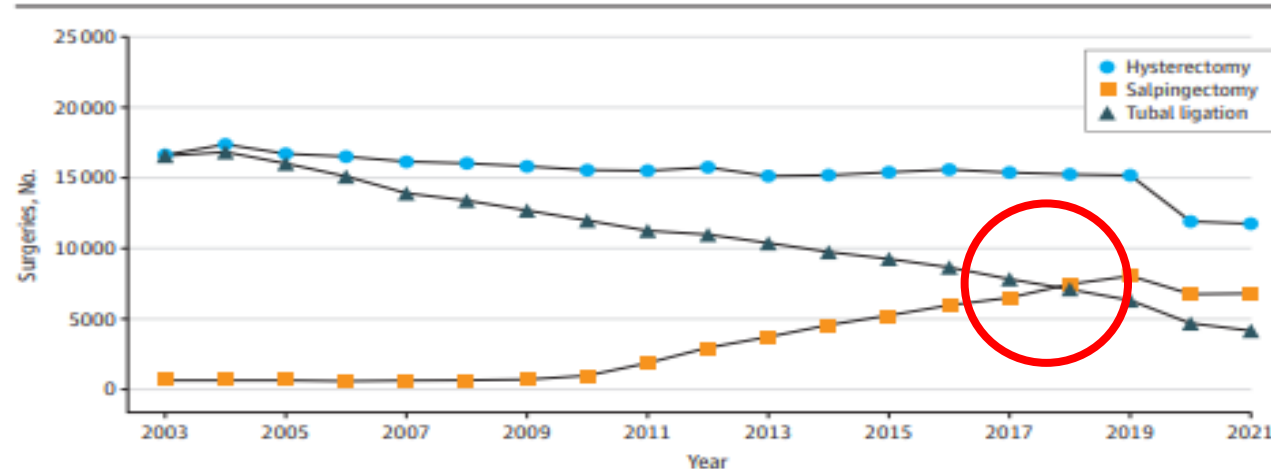
Objective: To evaluate the association between salpingectomy and the risk of invasive epithelial ovarian, fallopian tube and peritoneal cancer.

Main outcomes and measures: women with a unilateral or bilateral salpingectomy in Ontario between April 1, 1992 and December 31, 2019, were matched 1:3 to women with no pelvic procedure from the general population.

Results: Among 131 516 women (mean [SD] age, 42.2 [7.6] years), 32 879 underwent a unilateral or bilateral salpingectomy, and 98 637 did not undergo a pelvic procedure. After a mean (range), there were 31 incident cancers (0.09%) and 117 incident cancers (0.12%), respectively (HR, 0.82; 95% CI, 0.55-1.21). The HR for cancer incidence was 0.87 (95% CI, 0.53-1.44) when comparing those with salpingectomy vs those with hysterectomy alone.

Conclusions and relevance: In this cohort study, no association was found between salpingectomy and the risk of ovarian cancer.

Figure 1. Frequencies of Hysterectomy, Salpingectomy, and Tubal Ligation in Ontario From 2003 to 2021



Information on procedure type was obtained from the Canadian Institute for Health Information Discharge Abstract database for inpatient procedures and the Same-Day Surgery database for outpatient procedures.

2023

Vasily Giannakeas et al

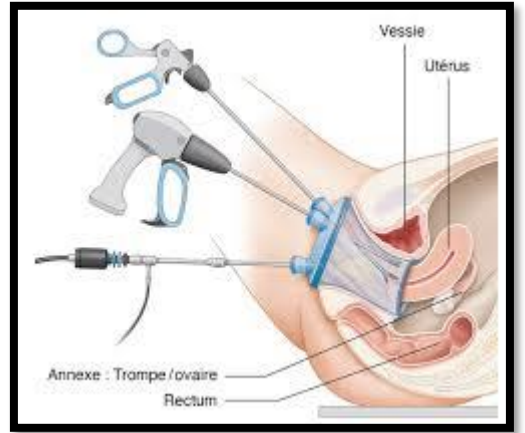
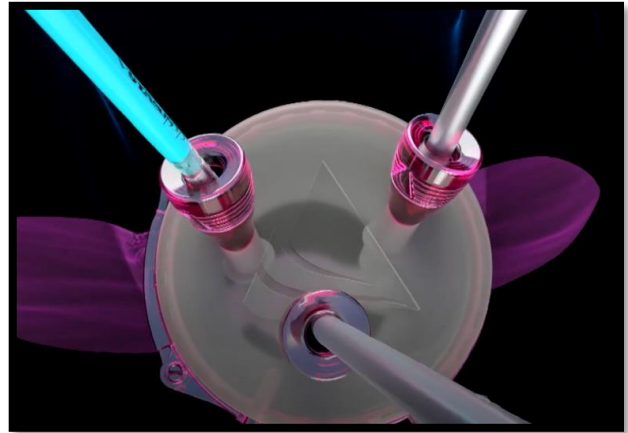
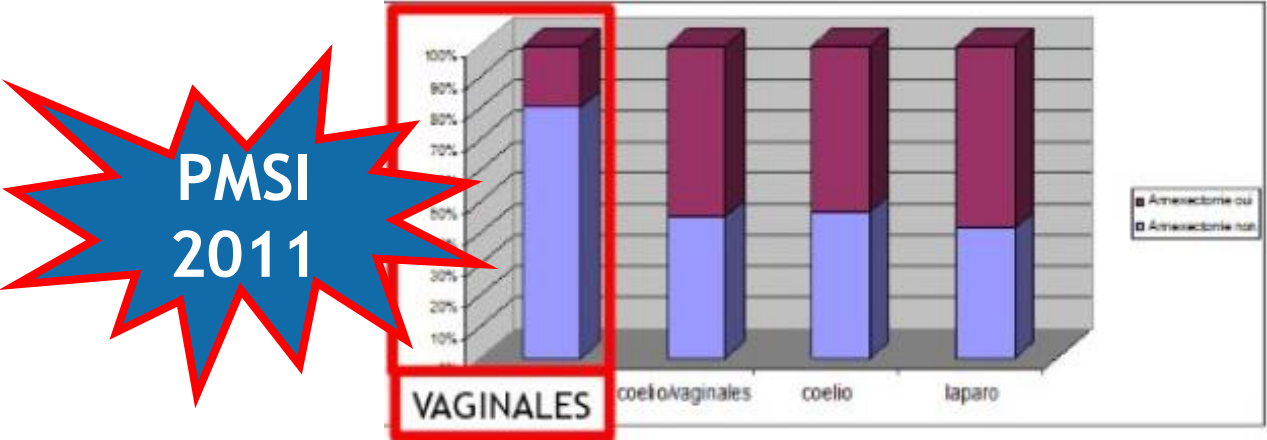
JAMA Network Open. 2023;6(8):e2327198.

doi:10.1001/jamanetworkopen.2023.27198 (Reprinted)

August 11, 2023

Salpingectomie prophylactique

Une réserve: abord vaginal



Opportunistic salpingectomy at the time of vaginal hysterectomy: A systematic review and meta-analysis

Background: salpingectomy is not widely adopted during vaginal hysterectomy (VH) and has not been extensively investigated.

Results: Seven observational cohort studies including 4808 women undergoing opportunistic salpingectomy at the time of VH and 10 295 patients undergoing VH alone were selected. Successful salpingectomy was significantly hindered by nulliparity and favored by pelvic organ prolapse. Immunohistochemical tubal abnormalities were found in 13/579 (2.1%) patients.

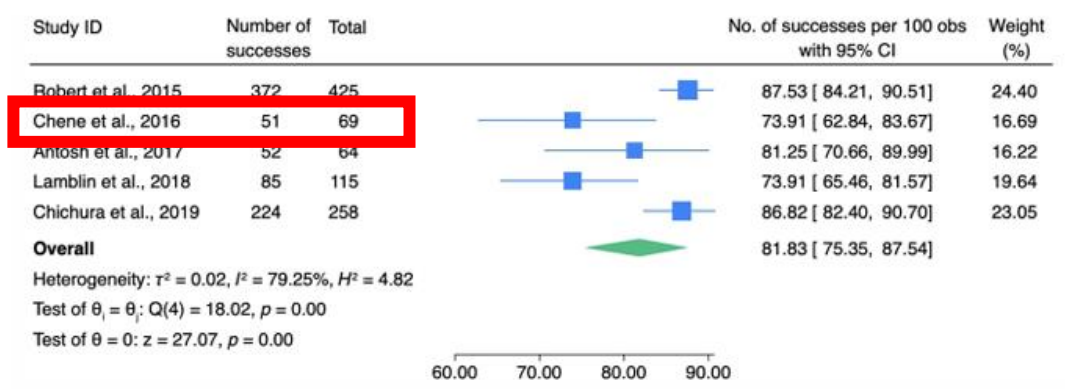


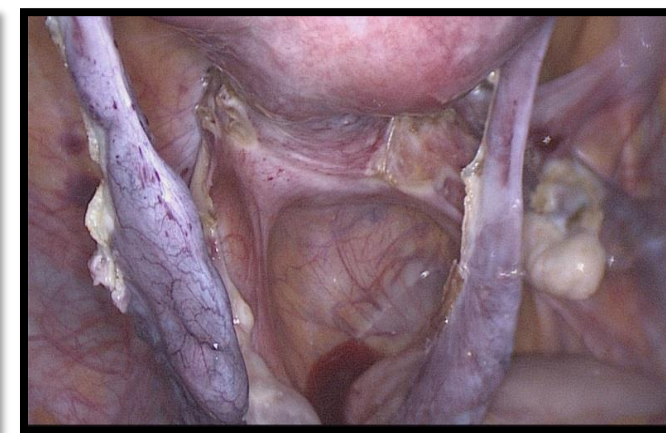
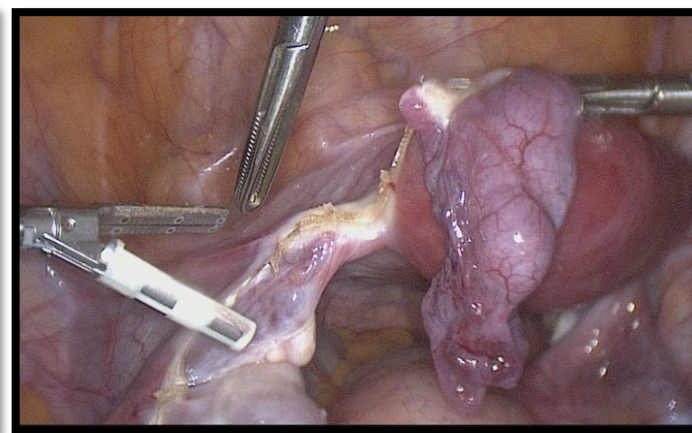
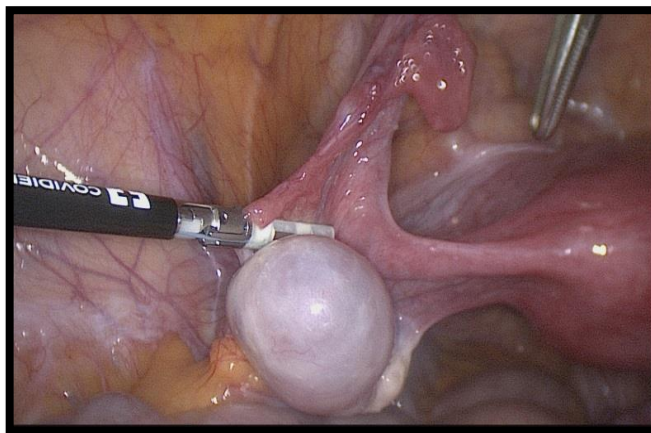
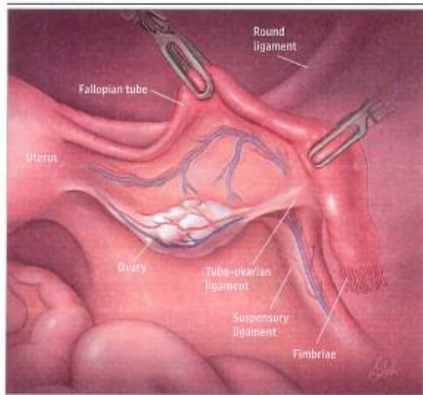
FIGURE 2 Forest plot showing the number of patients who underwent bilateral opportunistic salpingectomy out of the total number of patients undergoing planned vaginal hysterectomy with opportunistic salpingectomy.

Received: 19 November 2023 | Revised: 3 January 2024 | Accepted: 7 January 2024 | Published online: 21 January 2024

DOI: 10.1002/ijgo.15386

Salpingectomy: une risque pour la vascularisation ovarienne?

Figure 1. Fallopian Tube Lifted With Graspers Exposing the Tubo-Ovarian Ligament and Mesosalpinx With Its Vasculature



Primary outcomes measures.

Parameters	TLH plus salpingectomy Group A (n.79)	Standard TLH Group B (N.79)	p
Δ AMH (ng/mL)	-0.06 ± 0.1	-0.08 ± 0.1	0.35
Δ FSH (mIU/ml)	1.3 ± 1.1	1.0 ± 0.8	0.73
Δ AFC (n)	-0.27 ± 0.6	-0.14 ± 0.3	0.09
Δ Mean ovarian diameters (mm)	-0.25 ± 0.8	-0.19 ± 0.6	0.57
Δ PSV (cm/s)	-0.31 ± 1.9	-0.19 ± 1.0	0.61

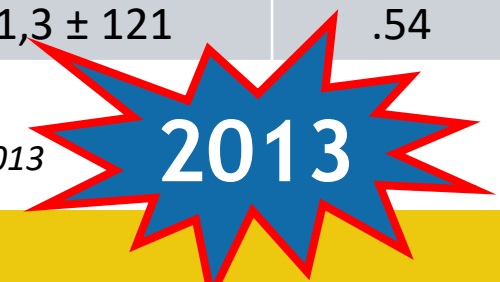
Outcome	Salpingectomy	No salpingectomy	P value
AMH (ng/mL)			
Baseline	2,26 ± 2,72	2,25 ± 2,57	.99
4-6 weeks after surgery	1,03 ± 1,04	1,25 ± 2,09	.76
3 months after surgery	1,86 ± 1,99	1,82 ± 3,12	.97
Δ AMH (baseline-3months)	-0,07 ± .90	-0,08 ± 1,45	.98
Operative time (min)	115,7 ± 33	115,2 ± 44	.97
Estimated blood loss (mL)	70,3 ± 50	91,3 ± 121	.54

Michele Morelli, Roberta Venturella *, Rita Mocchiari, Annalisa Di Cello,

Erika Rania, Daniela Lico, Pietro D'Alessandro, Fulvio Zullo

Gynecologic Oncology 129 (2013) 448-451

Austin D. Findley and al. Fertility and Sterility. Vol 100. N°6, December 2013



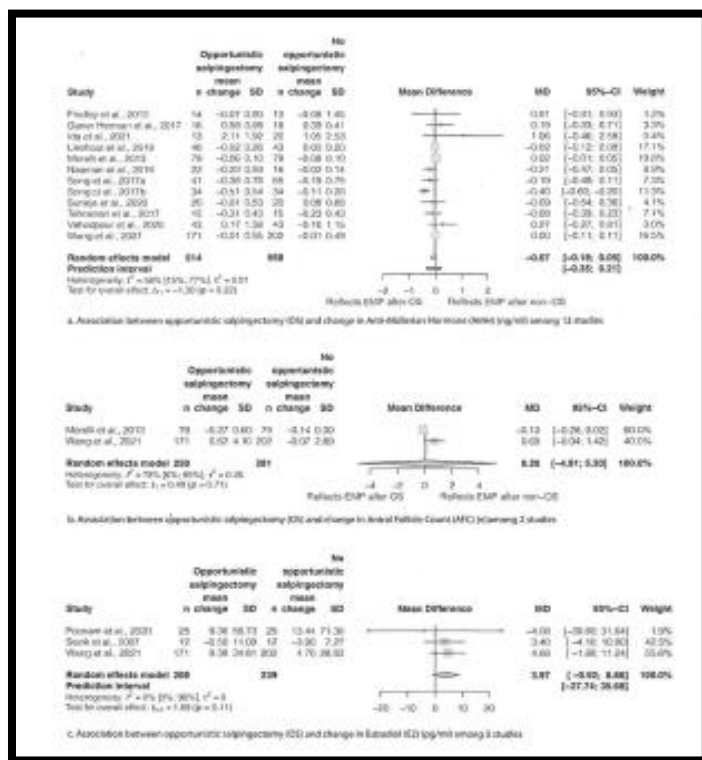
The effect of opportunistic salpingectomy for primary prevention of ovarian cancer on ovarian reserve: a systematic review and meta-analysis

Background: opportunistic salpingectomy (OS) is an attractive method for primary prevention of ovarian cancer. Although OS has not been associated with higher complication rate, **it may be associated with earlier onset of menopause.**

Objective: To provide a systematic review and meta-analysis of the effect of OS on both age at menopause and ovarian reserve.

Results: no studies were found investigating the effect of OS on age of menopause. Meta-analyses did not result in statistically significant differences in mean change in AMH, E2, FSH and LH.

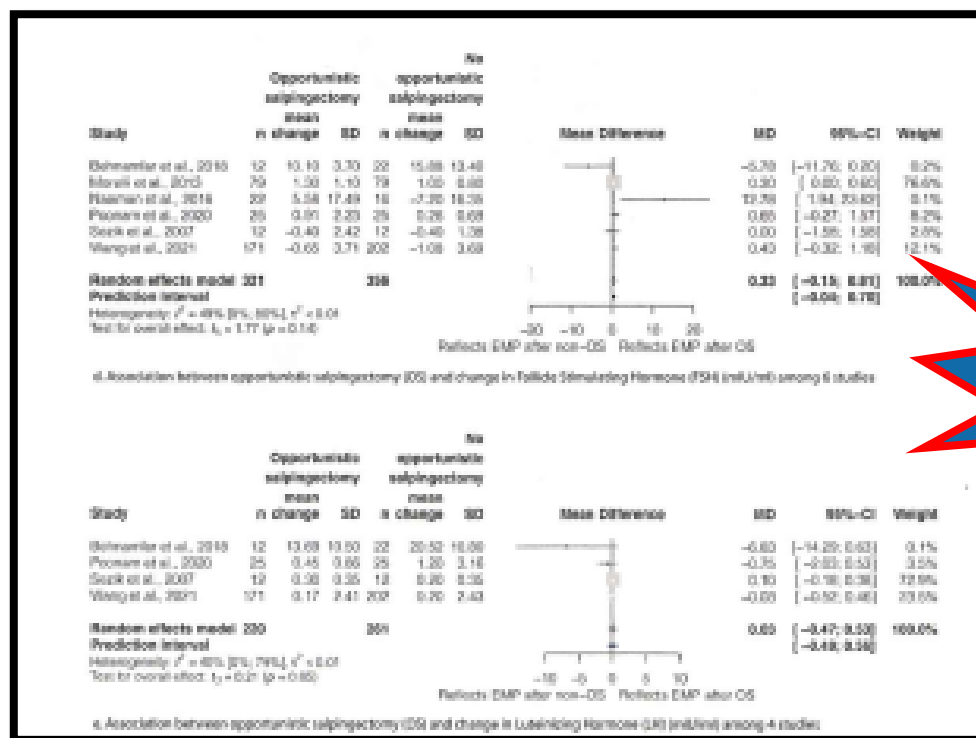
Conclusions: our study shows that OS does not result in a significant reduction of ovarian reserve in the short term.



AMH

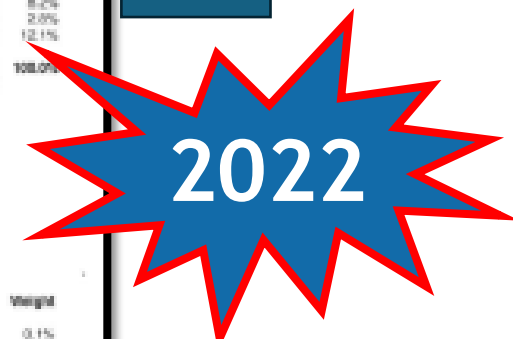
AFC

E2



FSH

LH

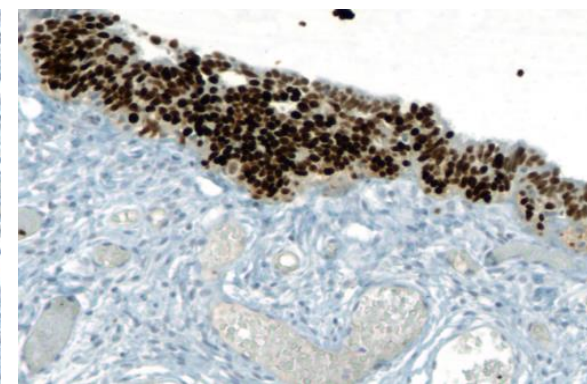
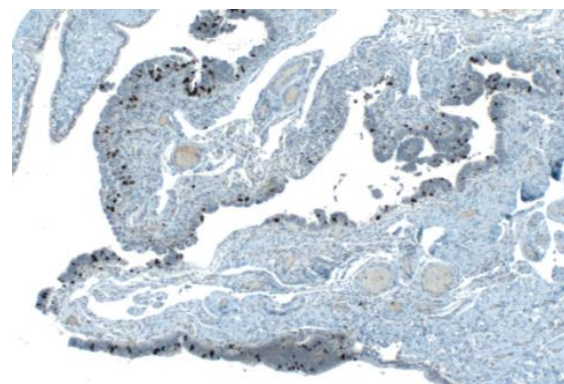
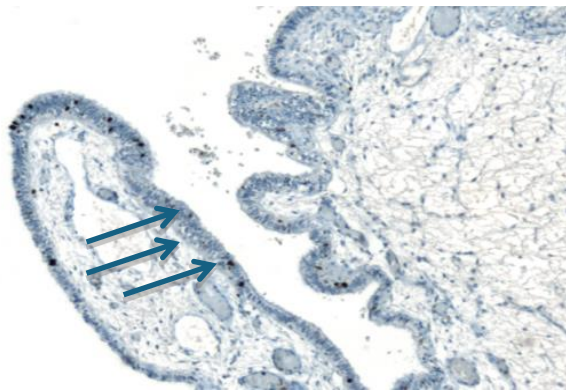


Surgical implications of potential new tubal pathway for ovarian carcinogenesis

Probable tubal origin of occult cancers discovered in specimens from

PROPHYLACTIC SALPINGO-OOPHORECTOMY FOR BRCA MUTATION

	Number of cases of prophylactic salpingo-oophorectomies	Number of cancers identified in the prophylactic salpingo-oophorectomies	Tubal origin: presence of STICs
Powell et al [3]	67	7 (10%)	4 (57%)
Finch et al [4]	159	7 (4%)	6 (86%)
Callahan et al [5]	100	7 (7%)	7 (100%)
Leeper et al [6]	30	5 (17%)	3 (60%)
Medeiros et al [7]	13	5 (38%)	5 (100%)
Hirst et al [8]	45	5 (11%)	4 (80%)



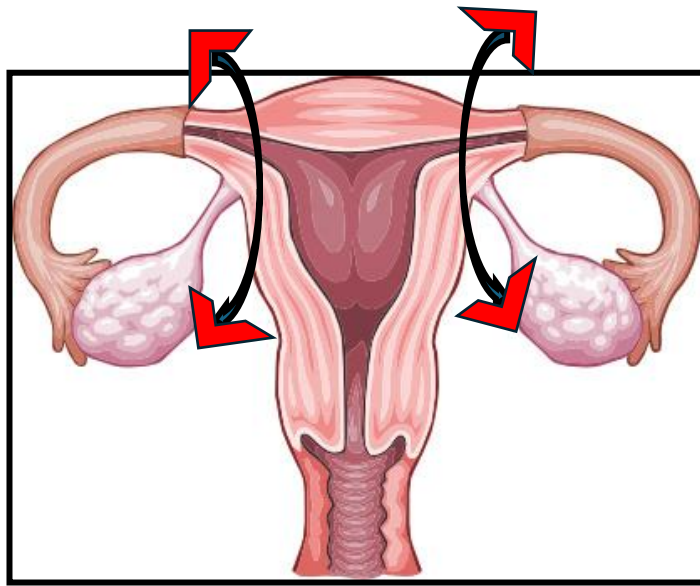
Gautier Chene, MD*, Kouros Rahimi, MD, Ann-Marie Mes-Masson, MD, and Diane Provencher, MD

Journal of Minimally Invasive Gynecology, Vol 20, No 2, March/April 2013

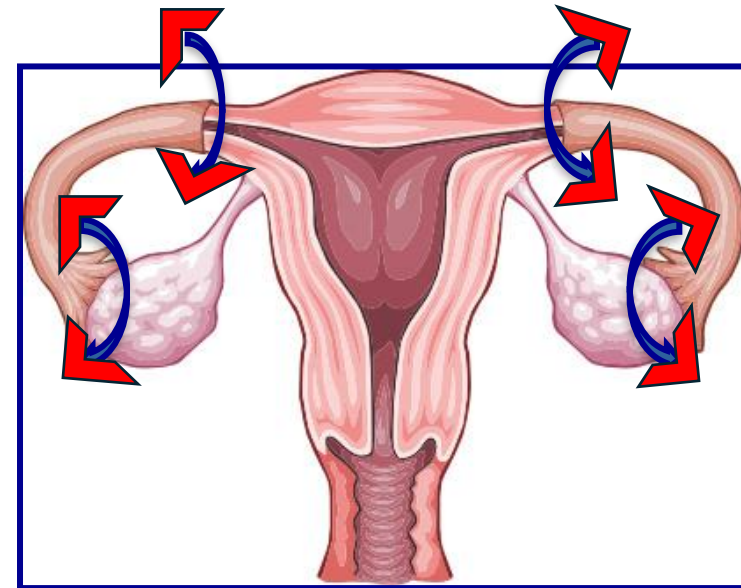
Salpingectomie prophylactique: Proposition de prise en charge pour les populations à risque génétique

- 3 STRATEGIES POSSIBLES

- Annexectomie: meilleure réduction cancer sein et ovaire
- Salpingectomie puis ovariectomie: meilleure qualité de vie
- Salpingectomie simple?



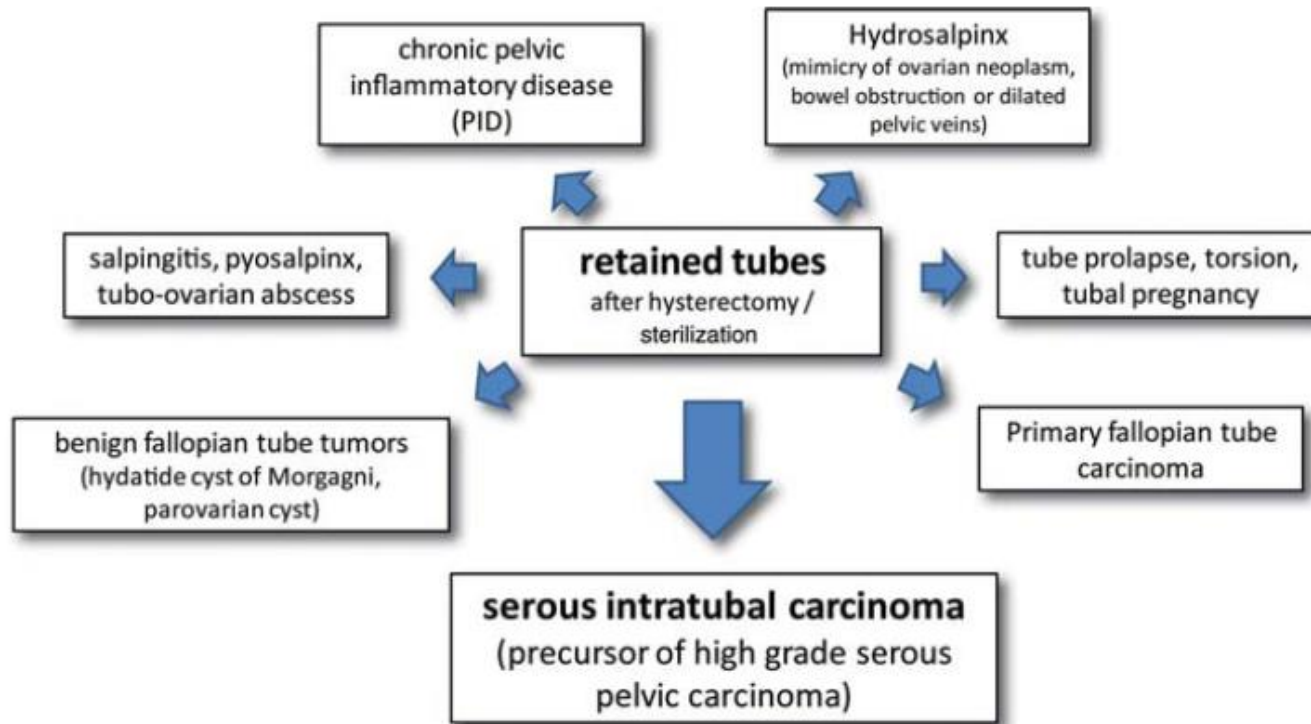
Bilateral Adnexectomy



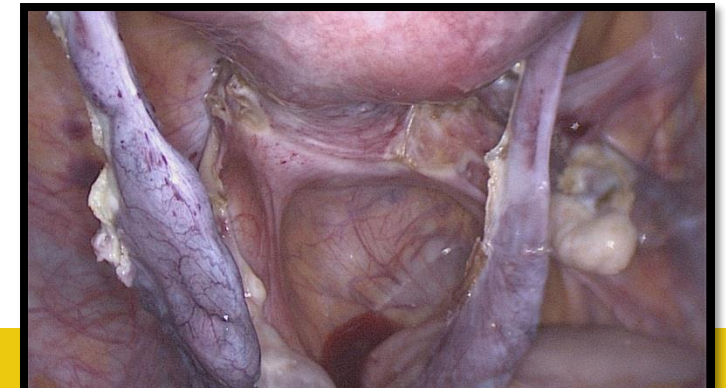
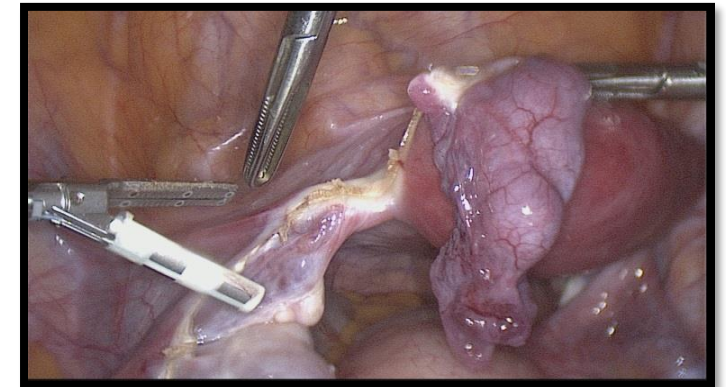
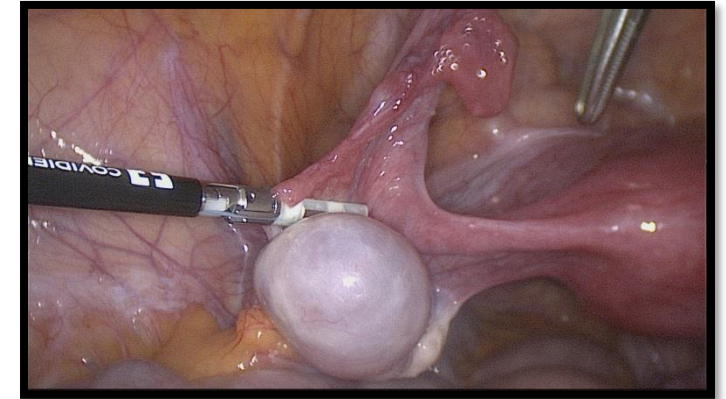
Bilateral Radical Fimbriectomy

Salpingo-hystérectomie totale : nouveau standard clinique ?

- The post-reproductive Fallopian tube: better removed?



Overview depicting the various pathologies that may emerge from retained Fallopian tubes in women.



Salpingectomie prophylactique

Propositions de prise en charge en population générale

Associer systématiquement la salpingectomie à l'hystérectomie.

Proposer **la salpingectomie d'opportunité** en période post conceptionnelle (kystectomie ovarienne, cholécystectomie, appendicectomie....).

Stérilisation: faut-il préférer la salpingectomie à la section tubaire.

Adoption of Complete Bilateral Salpingectomy for Permanent Contraception at Time of Cesarean Delivery in Rhode Island

JESSICA B. DISILVESTRO, MD;

JUNE 2023 RHODE ISLAND MEDICAL JOURNAL

Salpingectomy for STERilisation (SALSTER): study protocol for a Swedish multicentre register- based randomised controlled trial

Leonidas Magarakis ,

BMJ Open 2023;13:e071246. doi:10.1136/bmjopen-2022-071246

Bilateral salpingectomy as an option of permanent contraception at time of caesarean section: A survey of practice

Nargis Noori^{1,2} ,

Aust N Z J Obstet Gynaecol 2024; 64: 72–76

-
- RESERVE

The effect of opportunistic salpingectomy for primary prevention of ovarian cancer on ovarian reserve: a systematic review and meta-analysis

Background: opportunistic salpingectomy (OS) is an attractive method for primary prevention of ovarian cancer. Although OS has not been associated with higher complication rate, it may be associated with earlier onset of menopause.

Results: no studies were found investigating the effect of OS on age of menopause.

Conclusions: our study shows that **OS does not result in a significant reduction of ovarian reserve in the short term.** Further research is essential to confirm the absence of major effects of OS on menopausal onset since clear evidence on this subject is lacking.

