

AVOIDABLE BILATERAL SALPINGO-OOPHORECTOMY (BSO) AT HYSTERECTOMY: A LARGE RETROSPECTIVE STUDY

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OVARIAN PRESERVATION BENEFITS IN PRE-MENOPAUSAL PATIENTS:

- NON-GYNECOLOGIC CANCER
- CARDIOVASCULAR HEALTH
- ALL-CAUSE MORTALITY

How many BSOs are **avoidable** at the time of hysterectomy?

CRITERIA FOR AVOIDABLE BSO

- 1 **PREOPERATIVE CHARACTERISTICS**
Preoperative diagnosis
Age < 51
- 2 **INTRAOPERATIVE FINDINGS**
Absence of endometriosis and/or adhesions
- 3 **PATHOLOGIC DIAGNOSIS (Dx)**
Pathology other than endometriosis or a (pre)malignant diagnosis (except for cervical dysplasia)

RESULTS

7 hospitals in Ontario, Canada from 2016-2019



most BSOs (1035, 72.8%) were justified by PATHOLOGIC Dx
most common dx: ENDOMETRIAL CANCER (439, 30.9%)

COMPARED TO BSOs WITH ≥1 CRITERION, AVOIDABLE BSOs WERE MORE OFTEN:

- 1 done by GENERALISTS (OR 1.80, 95% CI 1.10 to 2.99, p=0.021)
- 2 for ABNORMAL UTERINE BLEEDING (OR 3.82, 95% CI 2.35 to 6.30, p<0.001)
- 3 for FIBROIDS (OR 4.25, 95% CI 2.63 to 6.92, p<0.001)

CONCLUSION

PATHOLOGIC DIAGNOSIS JUSTIFIED MOST BSOs AT HYSTERECTOMY. BSO WAS AVOIDABLE IN **5.6%** OF PATIENTS, WHICH UNDERSCORES THE NEED TO STANDARDIZE THE PRACTICE OF BSO.



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AVOIDABLE BSOs