Cost and Benefits of Opportunistic Salpingectomy as an Ovarian Cancer Prevention Strategy

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1. In your institution, is opportunistic salpingectomy routinely performed? Why or why not? Is the performance of salpingectomy at the time of hysterectomy dependent on the approach to hysterectomy (vaginal or abdominal) at your institution?

2. In your practice, at what age do you recommend bilateral salpingo-oophorectomy? Discuss the risks and benefits of oophorectomy at 50 years, 60 years, and 70 years of age. What hormones does the postmenopausal ovary make?

3. For the cost-effectiveness evaluation, multiple assumptions were made. List 10 assumptions and rank them in order of the strength of the data on which they are based. Which assumptions are based on weak data?

4. What is a sensitivity analysis? Discuss how the authors performed a sensitivity analysis on various assumptions in the model and how they strengthened or weakened the conclusions of the analyses.

5. What is a Monte Carlo simulation? Discuss its use in this investigation.

6. The authors state that the age at hysterectomy had to be greater than 50.87 years for hysterectomy with bilateral salpingo-oophorectomy to be the dominant strategy. What does dominant strategy mean? Which strategies were cost-effective?

7. In the discussion, the authors suggest that the benefits of opportunistic salpingectomy may be expanded if the procedure is performed during other abdominal surgeries. Discuss how the underlying assumptions of the current analysis may or may not be applicable to opportunistic salpingectomy at the time of nongynecologic procedures.

8. The authors suggest that the assumptions in this cost analysis should be substantiated with a population-based cohort study. Is this the best study design for determining which exposures place individuals at risk for a rare disease? What other study designs might be employed?

9. Discuss how you would counsel a woman requesting sterilization given the findings in this analysis, including salpingectomy, tubal occlusion methods, and intrauterine sterilization procedures. What would you quote as the risks and benefits of the various procedures?