# Hold Off Oophorectomy During Hysterectomy?

## *Analysis of studies suggests it may increase the risk of death, CVD, osteoporosis, even lung cancer.*

BY MICHELE G. SULLIVAN

Bilateral oophorectomy at the time of hysterectomy may do more harm than good, increasing the risk of death, cardiovascular disease, osteoporosis, and even lung cancer for a minimal trade-off in preventing ovarian cancer, according to an examination of available data.

An analysis of observational studies suggests that physicians and patients should fully discuss the issue before making a decision about which way to go at the time of hysterectomy. "Prudence suggests that a detailed informed consent process covering the risks and benefits of oophorectomy and ovarian conservation should be conducted with women faced with this important decision," Dr. William H. Parker wrote (J. Min. Invas. Gyn. 2010;17:161-6).

Dr. Parker of the John Wayne Cancer Institute at Saint John's Health Center, Santa Monica, Calif., plumbed numerous studies to examine the long-term health implications of premenopausal bilateral oophorectomy. The surgery is usually recommended at the time of hysterectomy because it eliminates any later risk of ovarian cancer, which kills approximately 15,000 women every year in the United States.

**'Given that the data do not support widespread oophorectomy at the time of hysterectomy, it is problematic that so many patients have oophorectomy.'**

However, Dr. Parker said, less than 1% of women who have a hysterectomy with ovarian conservation go on to develop ovarian cancer. On the other hand, the Nurses' Health Study (NHS) and a recent Canadian study found that bilateral oophorectomy is associated with a 26% increased risk of lung cancer; the risk is even higher when patients don't take postsurgical estrogen. "Further studies are needed to confirm these unexpected findings," he wrote.

The NHS also provided information about all-cause mortality in women who had both ovaries removed. Over a 24-year follow-up period, oophorectomy was associated with a 12% increase in all-cause mortality and significant increases in the risk of death from coronary artery disease (28%), lung cancer (31%), and all cancers (17%). The risk of death was highest for women who had the surgery before they turned 50; they had a 40% increase in the risk of all-cause mortality.

The NHS also found that women who had oophorectomy without estrogen replacement had twice the risk of myocardial infarction compared with age-matched premenopausal women. The surgery was associated with an 85% increase in the risk of stroke in women who didn't use hormones after menopause.

Whether women used estrogens or not, oophorectomy was associated with a 28% increased risk of death from coronary artery disease in all women.

Dr. Parker found several studies that explored the relationship between oophorectomy and osteoporosis and hip fracture. One study of 340 postmenopausal women who had the surgery (median age, 62 years) found that these women had 54% more osteoporotic fractures than women with intact ovaries. Two other studies, however, found no such association.

The Mayo Clinic Cohort Study of Oophorectomy and Aging, which followed more than 3,400 women for 25 years, found significant relationships between bilateral oophorectomy and Parkinson's disease (80% increased risk in women who had the surgery compared with women with intact ovaries), anxiety (greater than 200% increased risk) depression (54% increased risk), and cognitive impairment or dementia (70% increased risk).

Other studies suggest that bilateral oophorectomy throws women into a sudden, unnatural menopause that negatively affects mood, thought, memory, energy, libido, and sexual response.

Dr. Parker noted that a randomized trial is underway to examine the short-term associations of bilateral oophorectomy with cardiovascular, bone, and sexual health, as well as health-related quality of life. "Until these and other data are available, removing the ovaries at the time of hysterectomy should be approached with caution," he said.

In an accompanying editorial, Dr. G. David Adamson of Palo Alto, Calif., agreed with Dr. Parker's assessment. "Oophorectomy is not necessarily the wrong decision for many women, but assessment of these data leads to the conclusion that more women are undergoing oophorectomy than should be the case."

The reason for this remains unclear, Dr. Adamson wrote (J. Min. Invas. Gyn. 2010;17:141-2). "Given that the data do not support widespread oophorectomy at the time of hysterectomy, it is problematic that so many patients have oophorectomy. This implies that the data don't support ovarian conservation in most situations, which is not true, or that physicians are not giving patients a balanced rendition of the literature evidence, for whatever reason, or that women are choosing on their own to have oophorectomy, which does not seem likely." ■

***Disclosures:*** *Neither Dr. Parker nor Dr Adamson reported any conflicts of interest.*

# *RA Incidence Rises in First Two Years Post Partum*

BY AMY ROTHMAN SCHONFELD

By linking two Norwegian national data registries, investigators confirmed previous findings that the incidence of rheumatoid arthritis is increased in women in the 2 years following delivery, compared with the subsequent 2 years post partum.

The results also showed an elevated incidence of other chronic arthritides in the first 2 postpartum years, said Dr. Marianne Wallenius of the department of rheumatology at St. Olav's Hospital in Trondheim, Norway, and her colleagues.

The impact of studies like that of Dr. Wallenius and her colleagues "goes beyond the field of rheumatologists interested in female health issues, but these studies may contribute to a better understanding of the fundamental question why one person gets RA and another does not," noted Dr. Radboud J.E.M. Dolhain of Erasmus University Medical Centre, Rotterdam, the Netherlands, in an accompanying editorial (Ann. Rheum. Dis. 2010;69:317-8).

One hypothesis is that pregnancy exerts a protective effect on RA and other arthritides, which then disappears after delivery, allowing disease to flare. But this study did not look at incidence during pregnancy. More epidemiologic data are needed "to determine whether this is a true increased incidence or whether rather the incidence of RA and other forms of arthritis is postponed to after delivery," Dr. Dolhain said.

The investigators linked data from a registry of people with inflammatory arthropathies who were taking disease-modifying antirheumatic drugs (the NOR-DMARD Registry) with the Medical Birth Registry of Norway that has recorded all births in Norway since 1967. They were able to locate 293 women with arthritis whose disease was first diagnosed after delivery. Of these, 183 were diagnosed with RA and 110 with other chronic arthritides (OCA), including 51 with psoriatic arthritis, 14 with ankylosing spondylitides and 45 with unspecified arthritis.

Of those with RA, 38% (69 women) were diagnosed in the first 2 years post partum, compared with 28% (31 women) who were diagnosed with OCA. The incidence of disease peaked in the first 2 years after pregnancy, compared with the subsequent 2 years for those who were diagnosed solely with RA (incident rate ratio, 1.73) or for the entire RA-plus-OCA group (IRR, 1.44) after all pregnancies were considered, but not for those who were diagnosed only with OCA (IRR, 1.05) (Ann. Rheum. Dis. 2010;69:332-6). ■

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## FYI

### Diabetes Pocket Guide

The National Diabetes Education Program is offering a pocket guide that summarizes current recommendations for the diagnosis and management of prediabetes and diabetes, as well as a list of evidence-based treatment goals.

It can be downloaded from the Web site at www.yourdiabetesinfo.org. For more information, contact the NDEP by calling 1-888-693-6337.

### NAMS Exam

The North American Menopause Society's 2010 competency exam for certification as a NAMS Certified Menopause Practitioner (NCMP) has dates available.

For the June 27 exam in Phoenix, immediately following the American Academy of Nurse Practitioners 2010 Conference, the application deadlines are May 3 and May 24 (late). For the Oct. 6 exam in Chicago, immediately prior to the NAMS 21st annual meeting, the application deadlines are Aug. 1 and Sept. 1 (late).

For complete information about the exam, see the 2010 Candidate Handbook.

For questions about the exam, please contact Mary Nance at 440-442-7845 or mary@menopause.org.

### Updated Breast-Health Guide

The National Cancer Institute has updated its free booklet which is entitled "Understanding Breast Changes: A Health Guide for Women."

To download the booklet, contact the NCI by visiting its Web site at www.cancer.gov/cancertopics/understanding-breast-changes.

### Video on Drug Interactions

The Food and Drug Administration has posted a consumer update video, "Avoiding Drug Interactions" (including those between drugs and supplements, food, beverages, and other drugs) on its Web site.

For more information, visit the FDA at www.fda.gov/ForConsumers/ConsumerUpdates/ucm182745.htm.