

**For Immediate Release
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New Study Questions Benefits of Elective Removal of Ovaries During Hysterectomy Evidence Suggests Procedure May Do More Harm Than Good

The Journal of Minimally Invasive Gynecology

Philadelphia, PA — Removal of the ovaries (bilateral oophorectomy) while performing a hysterectomy is common practice to prevent the subsequent development of ovarian cancer. This prophylactic procedure is performed in 55% of all U.S. women having a hysterectomy, or approximately 300,000 times each year. An article in the March/April issue of *The Journal of Minimally Invasive Gynecology* suggests that this procedure may do more harm than good.

William H. Parker, MD, John Wayne Cancer Institute at Saint John's Health Center, Santa Monica, CA, provides a comprehensive analysis of the medical literature relating to the benefit of oophorectomy at the time of hysterectomy. His investigation includes studies of post-hysterectomy cancer incidence, all cause mortality, cardiovascular disease, osteoporosis and hip fractures, coronary artery disease, and a number of other conditions. He concludes that, on balance, removal of the ovaries is not generally warranted for all women undergoing hysterectomy. In women not at high risk for development of ovarian or breast cancer, removing the ovaries at the time of hysterectomy should be approached with caution.

Dr. Parker states, "Presently, observational studies suggest that bilateral oophorectomy may do more harm than good. Given that 300,000 U.S. women a year undergo elective oophorectomy, the findings of increased long-term risks have important public health implications...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."

Premenopausal oophorectomy causes a rapid decline in circulating ovarian estrogens and androgens. Postmenopausal ovaries continue to produce significant amounts of the androgens testosterone and androstenedione, which are converted to estrogen. Estrogen deficiency has been associated with higher risks of coronary artery disease and hip fracture, and neurologic conditions. Although approximately 15,000 U.S. women die each year of ovarian cancer, 350,000 women die of coronary artery disease. Therefore reducing a woman's risk of ovarian cancer with oophorectomy may be outweighed by increased risks of coronary artery disease and neurologic conditions.

In an accompanying editorial, G. David Adamson, MD, FRCSC, FACOG, FACS, Director of Fertility Physicians of Northern California, Palo Alto and San Jose, CA, and past-president of both the American Society for Reproductive Medicine and the American Association of Gynecologic Laparoscopists, comments, "Dr. Parker has performed a valuable service to his fellow gynecologists and to women everywhere who have to make the difficult decision regarding ovarian conservation or removal at the time of hysterectomy. 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."

The article is "Bilateral Oophorectomy versus Ovarian Conservation: Effects on Long-term Women's Health," by William H. Parker, JD. The editorial is "Ovarian Conservation" by G. David Adamson, MD. Both appear in *The Journal of Minimally Invasive Gynecology*, Volume 17, Number 2 (March/April 2010) published by Elsevier.

Notes for Editors

Full text of the article is available upon request. Contact Andrea Boccelli at 215.239.3713 or jmigmedia@elsevier.com to obtain a copy. To speak with William H. Parker, MD, please contact 310.451.8144 or wparker@ucla.edu. To speak with G. David Adamson, please contact Jan Hayslip, Executive, Assistant, at 408.647.9809 or jhayslip@arcfertility.com.

About *The Journal of Minimally Invasive Gynecology*

The Journal of Minimally Invasive Gynecology (www.jmig.org), the official journal of the American Association of Gynecologic Laparoscopists (AAGL), is an international clinical forum for the exchange and dissemination of ideas, findings and techniques relevant to gynecologic endoscopy and other minimally invasive procedures. The Journal, which presents research, clinical opinions and case

reports from the brightest minds in gynecologic surgery, is an authoritative source informing practicing physicians of the latest, cutting-edge developments occurring in this dynamic field.

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The AAGL vision is to serve women by advancing the safest and most efficacious diagnostic and therapeutic techniques that provide less invasive treatments for gynecologic conditions through integration of clinical practice, research, innovation, and dialogue. The AAGL is the first and largest organization in the world dedicated to gynecologic endoscopic surgery. Founded in 1971, AAGL works to advance the safest and most efficacious diagnostic and therapeutic techniques that afford less invasive treatments for gynecologic conditions through the integration of clinical practice, research, innovation, and dialogue. For the past 36 years, the organization has educated the world's finest surgeons while improving the lives of women everywhere. This global commitment to women's health care is embodied in their continuing medical education of physicians and professionals to further promote the well-documented high standards of minimally invasive gynecologic surgery. For more information visit www.aagl.org.

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