

There isn't much controversy regarding the safety of the Salpingectomy procedure itself. There are minimal risks to the surgery itself. The effectiveness of Salpingectomy in preventing ovarian cancer in women with average risk is also known. The preventive effect against ovarian cancer is reported with an odds ratio (OR) of 0.35-0.58. (However, since the studies focused on indicated salpingectomy, it might not be the same situation with opportunistic salpingectomy.)

In this patient group, oophorectomy is not considered after salpingectomy. The salpingectomy with preventive purposes is more useful in patients at high risk for ovarian cancer. However, numerous factors need consideration, such as ovarian cancer incidence and mortality rates, all-cause mortality, and quality of life. Moreover, while opportunistic salpingectomy can be performed in indicated surgeries without additional surgical risks and costs, risk-reducing surgery could entail risks associated with surgery and anesthesia.

Furthermore, the consideration of performing both salpingectomy and delayed oophorectomy warrants additional surgical risks and costs associated with two preventive surgeries. From this perspective, opportunistic salpingectomy seems to be a more safe and necessary procedure to reduce ovarian cancer risk.

**Are there potential risks and precautions to be considered in performing opportunistic salpingectomy?**

- **Are there patient groups other than those with BRCA1/2 mutations at high risk of ovarian cancer that might require risk-reducing surgery?**

Amy P.M. Finch et al. showed that all-cause mortality to age 70 years is reduced by 77% by oophorectomy. On the other side, age-adjusted mortality is reduced by 2% with each increasing year of age at menopause. In particular, ischemic heart disease mortality is 2% lower. Although the risk of death from uterine or ovarian cancer is increased by 5%, the net effect of later menopause is an increased lifespan. Finding the appropriate timing of oophorectomy may be the most challenging question before we find a way to detect precancerous lesions without adnexal surgery.

Suppose a high-risk ovarian cancer patient undergoes salpingectomy + delayed oophorectomy instead of the standard treatment of RRSO. What is the **most appropriate timing for salpingectomy and delayed oophorectomy for ovarian cancer prevention? What clinical factors should you consider when determining the timing of the surgery?**