

Prophylactic Surgery Beneficial in Lynch Syndrome

BY JEFF EVANS
Senior Writer

Prophylactic surgery may help to prevent gynecologic cancers in women with hereditary nonpolyposis colorectal cancer, reported Dr. Kathleen M. Schmeler of the University of Texas M.D. Anderson Cancer Center, Houston, and her associates.

In a retrospective study of a cohort of patients who had germ-line mutations as-

sociated with hereditary nonpolyposis colorectal cancer (Lynch syndrome), significantly fewer endometrial cancers occurred in women who had a prophylactic hysterectomy (0 of 61) than in those who did not (69 of 210).

None of the 47 women who had undergone a bilateral salpingo-oophorectomy for cancer prevention or benign conditions at the same time as their hysterectomy developed ovarian cancer, but this was not significantly different

from the number of women in the control group who developed ovarian cancer (12 of 223).

The women underwent hysterectomy or bilateral salpingo-oophorectomy at a median age of 41 years, whereas the median age at diagnosis was 46 years for endometrial cancer and 42 years for ovarian cancer.

All but four of the endometrial and two of the ovarian cancers occurred in women older than 35 years, according to

the investigators (N. Engl. J. Med. 2006;354:261-9).

"These findings support consideration of prophylactic hysterectomy and bilateral salpingo-oophorectomy in women with the Lynch syndrome after the age of 35, or once childbearing has been completed," Dr. Schmeler and her colleagues wrote. Only one complication (ureteral injury and repair) occurred in the 61 women patients who underwent prophylactic surgery.


Of the 107 women in the cohort who had colorectal cancer, endometrial or ovarian cancer occurred synchronously with colorectal cancer in 3 patients and at different times in 38 patients.

In 21 of those patients, gynecologic cancer was diagnosed a median of 5 years after they were diagnosed with and underwent surgery for colorectal cancer.

The gynecologic cancer that occurred in that subgroup of 21 women "could have been prevented if prophylactic hysterectomy and

bilateral salpingo-oophorectomy had been performed at the time of surgery for colorectal cancer," the investigators noted.

"Preoperative counseling should address the trade-offs between the reduction in the risk of cancer and the risks and side effects of surgery, as well as the uncertainties regarding surveillance of gynecologic cancer as an alternative management approach," the researchers concluded. ■



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Watch from page 1

Hoskins' talk. "Clearly, the ovary is still dynamic and still changes" in postmenopausal women, and small, simple ovarian cysts should not be removed but followed every 3 months for changes. "If it's getting bigger or if we've had a lot of diastolic flow on Doppler on that cyst, then we worry about it," said Dr. Pretorius, professor of radiology and director of imaging at the University of California, San Diego.

In premenopausal women, an unsuspected ovarian mass larger than 8 cm calls for cystectomy. If the mass is found during surgery for other indications, get the consent of the patient's spouse or a relative before cystectomy, Dr. Hoskins said. An incidental ovarian mass smaller than 8 cm in a premenopausal woman may be managed with observation unless it is suspicious for cancer.

In 2004, an estimated 25,580 women developed ovarian cancer and 16,090 women died of the disease. ■