IS-17
Role of Prophylactic Oophorectomy in the High Risk Population for Epithelial Ovarian Cancer
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Objective: To Describe Techniques and Outcomes of Prophylactic Oophorectomy Offered to Women at High Risk of Developing Ovarian Cancer
Methods: Patient are identified as increased risk of developing epithelial ovarian cancer by virtue of a family history of ovarian and breast cancer and have their risk assessed by a clinical geneticist. They are then counselled as to management options comprising 1. No treatment 2. Screening 3. Prophylactic Oophorectomy. We describe methods of surgery including a technique utilising laparoscopic surgery to minimise morbidity.
Results: Of the 130 women counselled, 28 opted for prophylactic oophorectomy. Sixteen women had laparoscopic surgery.
Conclusion: Laparoscopic oophorectomy is an effective intervention in decreasing the risk of epithelial ovarian cancer in high risk groups. Laparoscopic surgery using techniques as described is effective in reducing morbidity and minimises inpatient and recovery time.

IS-18 Comparing Frequencies of Sub-clinical metastasis from Random Peritoneal Biopsy, Lymph Node Dissection, Peritoneal Fluid Cytology, and Omentectomy in Intraoperative Early Stage Ovarian Malignancy: Observations from the first Twenty Cases

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Objectives: To know the percentage of subclinical metastasis by doing random peritoneal biopsy in an apparent early stage ovarian malignancy. To know the accuracy of random peritoneal biopsy in detecting subclinical metastasis in apparent early stage ovarian malignancy. To show that random peritoneal biopsy is an integral part of staging laparotomy in ovarian malignancy.
Subjects: All patients who underwent exploratory laparotomy for ovarian malignancy from May to September, 2002.
Methodology: The frequency of detecting subclinical metastasis is compared among histopathologic results of peritoneal fluid samples (PFS), infracolic omentectomy specimens (IO), random peritoneal biopsies (RPB) and lymph nodes. Using IO specimens as reference standards in detecting subclinical metastasis, the histopathologic results of the of the PFS, RPB and lymph node taken are tabulated and compared for accuracy, sensitivity, specificity, positive predictive value, negative predictive value using a 2x2 table.
Results: The frequency of subclinical metastasis in RPB specimen was 25%, while subclinical metastasis was detected in 20% of IO specimens and 10% of PFS. There were no subclinical metastasis detected in the 13 cases that underwent lymph node dissection. The accuracy of performing RPB in identifying subclinical metastasis was 95%. The accuracy of PFS in identifying subclinical metastasis was 85%.
Conclusion: The frequency of subclinical metastasis using RPB is higher at 25% compared to 20% for IO and 10% for PFS. The accuracy of RPB in detecting subclinical metastasis is higher at 95% compared to 85% for PFS. Therefore, in addition to IO, PFS, and lymph node dissection in detection of subclinical metastasis, performance of RPB should also be done on all cases of apparent early stage ovarian cancer. It is a very simple procedure, yet it can give a lot of information regarding the search for the elusive micrometastasis.
Key words: Random peritoneal biopsy, subclinical metastasis, ovarian malignancy