THE OPRAH MAGAZINE

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Keeping All Your Eggs in One Basket

More and more, science is discovering that removing perfectly healthy ovaries during a hysterectomy is a medical mistake. **BARBARA SEAMAN**, a longtime rabble-rouser for women's health, makes a plea for challenging knife-happy surgeons.

IF YOU'RE A woman who stands up for your rights and doesn't believe that the doctor always knows best, I wish you could have met my friend Rose Kushner. Rose was a formidable breast cancer activist—one of the first, and one of the best. I watched in awe as she persuaded President Jimmy Carter and the National Institutes of Health through her writings and personal appearances to get behind massive clinical trials that could show us if radical mastectomy, the debilitating automatic treatment at the time, saved more lives than a less invasive option, lumpectomy. Rose won. Lumpectomy won. Even old-fashioned breast doctors took off their hats to Rose and agreed that the Halsted radical mastectomy was "the greatest standardized surgical error of the 20th century."

We may have to amend that now. Yes, the Halsted was the greatest error above the waist, but what about below? What about our ovaries, if you please?

"Federal data from the late 1990s show that 78 percent of women between ages 45 and 64 who underwent a

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hysterectomy also had their healthy ovaries taken out, even though most were not at a particular risk for ovarian cancer," says William Parker, MD, lead author of a study that roiled the gynecological community when it was published in the August 2005 issue of the journal *Obstetrics & Gynecology.* A clinical professor at the David Geffen School of Medicine at UCLA, Parker at one time believed it was "good prevention" for women 45 and older to relinquish their ovaries when they went in for a hysterectomy. He has changed his mind. The results of his study show that for women who do not have a family history of ovarian cancer, keeping the ovaries until at least age 65 significantly saves lives by reducing the risk of dying from heart disease and complications of osteoporosis. In fact, at no age is there a clear benefit from taking them out.

OVARY POWER

It's no secret that, if you still menstruate, should you and your ovaries part ways, you might as well brace yourself for a wretched premature menopause and rapidly thinning bones. Less well understood is the fact that after menopause, your ovaries continue to make small amounts of estrogen for years, as well as testosterone and other androgens that help stimulate lust and desire—and that oophorectomy is another way of saying female castration.

The issue patients and doctors alike have been more concerned about is the specter of ovarian cancer, which is extremely difficult to detect, especially in its early stages, when five-year survival rate is a high 94 percent. The overall five-year survival rate—only 45 percent—is a testament to how rarely the disease is caught in time.

PARKER'S AHA!

What changed Parker's mind was a layperson who, much like Rose Kushner, had her own thoughts about women's health. In 1984 Janine O'Leary Cobb, a Canadian mother of five and professor of humanities and sociology at Vanier College in Montreal, started *A Friend Indeed,* which would become the grandmother of menopause newsletters. Parker says it was her review of his book, *A Gynecologist's Second Opinion,* originally published in 1996, that got him thinking. She'd liked it, except for his position on oophorectomy during hysterectomy (the old "take 'em out while you're in there" theory). She'd heard from too many newsletter readers who complained about loss of energy, concentration, interest in sex, and even interest in living after having their ovaries removed. "I never forgot your comments," he wrote her years later. "I want to thank you for putting some doubt in my mind that what I had been taught may not have been well thought out or true."

Parker got in touch with a former colleague, Michael Broder, MD, a gynecologist and expert on health outcomes research, who remembered from his medical school days "a youngish woman being wheeled into the operating room. She cried out to her surgeon, 'I don't want my ovaries out.' The doctor scolded her, 'What if you get ovarian cancer someday, and I would have been the one who left the ovaries in? That could be malpractice.'" As a student, Broder felt he couldn't say anything, "but I wanted to tell the woman to get off the operating table and run," he says.

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Parker and Broder—working with Donna Shoupe, MD, Cindy Farquhar, MD, Zhimei Liu, PhD, and Jonathan Berek, MD—decided to take data from dozens of published studies and use a mathematical model to estimate the survival impact of leaving the ovaries in versus taking them out.

THE RESULTS

The findings were far more dramatic than any of the researchers had expected. Based on their model, if 10,000 women between the ages of 50 and 54 undergo a hysterectomy with oophorectomy, they will have 47 fewer cases of ovarian cancer by the time they reach 80 than a similar group who keep their ovaries. The oophorectomy group, however, will suffer 838 additional deaths from coronary heart disease as well as 158 more deaths from hip fractures. (These numbers reflect women who do not have estrogen therapy; with estrogen there's smaller survival benefit to keeping the ovaries, but that assumes staying on the drug forever.) "Forty-seven women are spared ovarian cancer but at a cost of more than 900 women's lives whose hearts and bones failed without the normal hormone support," says Parker. Unless a woman is at high risk of developing ovarian cancer based on genetic testing or family history, the study showed, there is no real advantage in removing the ovaries.

Berek is concerned that most patients do not know the symptoms of early ovarian cancer: unexplained change in bowel or bladder habits, including urinary urgency and incontinence; persistent indigestion or nausea; unexplained weight gain particularly in the abdominal area; constant pelvic and/or abdominal pain, discomfort, bloating, or feeling of fullness and fatigue. As terrible as ovarian cancer is, however, the lifetime risk is only one in 69—lower if you don't have a genetic pedigree. Compare that with heart disease and stroke, which kill nearly one out of two women.

Parker's research bears further study, but in the meantime, these numbers are important to keep in mind. And, as his story reflects once again, we should not be intimidated by a doctor headed for excavation. As the book *Women Talk About Gynecological Surgery* reminds us, you're "hiring a surgeon, not crawling to Lourdes." ●

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