



Opportunistic Salpingectomy (OS)

“...identify health care services for which there are substantial variation in practice patterns or high utilization trends in Washington state, without producing better care outcomes for patients, that are indicators of poor quality and potential waste in the health care system.”

PROBLEM STATEMENT:

Ovarian cancer is the most lethal gynecologic malignancy. Approximately 75% of patients are diagnosed with advanced-stage disease, when 5-year survival is about 35%.ⁱ Most ovarian cancers are high-grade serous type and originate in the fallopian tubes, making *surgical removal of the fallopian tubes*, or opportunistic salpingectomy (OS), a practical ovarian cancer prevention strategy. A large population-based, observational cohort study found that when performed at the time of hysterectomy or in lieu of tubal ligation, OS is associated with a 78% reduction in the risk of serous ovarian cancer.ⁱⁱ OS is routinely offered to eligible women undergoing gynecologic surgery.

Expanding OS to other abdominal or pelvic operations could increase access to this potentially life-saving preventive intervention. Modeling studies project gains in quality-adjusted life-years and a greater than 90% likelihood of being cost-effective when OS is performed during cholecystectomy, bariatric surgery, nephrectomy for renal cell carcinoma, and colectomy for colorectal cancer.^{iii,j} National and international guidelines support this prevention strategy, but uptake beyond gynecologic surgery is low. Washington-specific best practice protocols, operational recommendations, reimbursement and coverage policy, and data infrastructures for evaluation are needed to expand this life-saving prevention strategy to all eligible Washingtonians.

DOES THE TOPIC HAVE (CHECK ALL THAT APPLY):

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| ☒ VARIATION IN CARE | ☒ SAFETY CONCERNS |
| ☒ HIGH COST AND POOR OUTCOMES | ☒ EQUITY CONCERNS |

PROPOSED SCOPE:

In scope:

- Clarify statewide eligibility criteria for opportunistic salpingectomy (OS) at the time of non-gynecologic abdominal and pelvic surgery.
- Develop consensus guidelines and implementation roadmap to support patient education, informed consent, and shared decision-making conversations for OS in the context of abdominal and pelvic surgery.
- Clarify reimbursement pathways and address financial barriers to support adoption of OS.
- Address OS knowledge gaps among non-gynecological surgeons who perform abdominal and pelvic operations and identify strategies to strengthen collaboration between gynecologic and non-gynecologic surgeons.
- Develop a framework for data collection, outcomes monitoring, and evaluation of cost, safety and effectiveness.
- Identify and address systems level clinical, operational, financial, regulatory, and policy barriers to implementation.

Outside of scope: OS during gynecologic procedures (e.g., hysterectomy, in lieu of tubal ligation)

EVIDENCE-BASED IMPACT STRATEGY:

Clinicians/Care Teams: 1) Raise awareness and understanding of OS among clinicians and patients; 2) Recommend training materials and guidance to support competency and credentialing for non-gynecologic

surgeons performing OS; 3) Establish consensus eligibility criteria for offering OS; and 4) standardize approaches for counseling and informed consent procedures. <i>Delivery Systems:</i> Develop care pathways and partnerships that support collaboration between gynecologic and non-gynecologic surgical teams. Advocate to implement processes for data collection, outcomes monitoring, and evaluation of effectiveness <i>Plans:</i> Clarify coding, coverage, and reimbursement pathways for OS. <i>Purchasers:</i> Support adoption of evidence-based coverage and reimbursement approaches that promote access to OS as a preventive strategy; Employee education and awareness of ovarian cancer and risk mitigation strategies.
AVAILABLE DATA FOR MONITORING AND EVALUATION:
All-payors claims database (APCD); HICOR Data Repository
POTENTIAL PARTNERS:
HICOR; SCOAP; ACS; Providence-Swedish; OutSmart Ovarian Cancer Initiative; Michigan Surgical Quality Collaborative (MSQC); Michigan Multi-Specialty Action For Gynecologic Innovation & Care (MI-MAGIC)
HOW COULD THE BREE UNIQUELY IMPACT THE HEALTH OF WASHINGTONIANS
About 700 women are diagnosed with ovarian cancer in Washington each year. A substantial proportion of these cases may be preventable through opportunistic salpingectomy (OS), an approach endorsed by ACOG and Society of Gynecologic Oncology (SGO). The Bree Collaborative is uniquely positioned to convene interest holders across the health care ecosystem to change clinical practice and accelerate OS adoption by addressing knowledge gaps and developing statewide implementation recommendations. This work will promote consistent, equitable uptake of OS and ensure that all potentially eligible individuals have the opportunity to consider OS during appropriate surgery, thereby reducing ovarian cancer risk and mortality for Washingtonians.

ⁱ Caruso G, Werooha SJ, Cliby W. Ovarian Cancer: A Review. JAMA. 2025;334(14):1278–1291. doi:10.1001/jama.2025.9495

ⁱⁱ Hanley GE, Pearce CL, Talhouk A, et al. *Outcomes From Opportunistic Salpingectomy for Ovarian Cancer Prevention*. JAMA Network Open. 2022;5(2):e2147343. doi:10.1001/jamanetworkopen.2021.47343. PMID: 35138400.

ⁱⁱⁱ Schauwaert, J., Bosman, S. J. E., Fisch, C., Piek, J. M. J., de Reuver, P. R., Somford, D. M., de Hullu, J. A., Kievit, W., & Hermens, R. P. M. G. (2026). Cost-effectiveness of opportunistic salpingectomy during various non-gynecological abdominal surgeries for the prevention of tubo-ovarian carcinoma: Results from a Markov modelling study. Value in Health. Advance online publication. <https://doi.org/10.1016/j.jval.2026.07.011>