

## CORRESPONDENCE

# Re: The Association Between Hysterectomy and Ovarian Cancer Risk: A Population-Based Record-Linkage Study

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It is with interest that we read the paper of Dixon-Suen et al. (1) in the Journal. In their large cohort study, no effect of hysterectomy on the incidence of ovarian carcinoma in the western Australian population was observed.

Fairly recently, a paradigm shift has occurred in view of the aetiology of ovarian carcinoma. The most common subtype of "ovarian" carcinoma, high-grade serous carcinoma, is now believed to arise from (exfoliated) Fallopian tube epithelium (2,3). This is because dysplastic (Serous Tubal Intra Epithelial) lesions are invariably found in the Fallopian tube and not in or on the ovary itself (4). Furthermore, the phenotypes of high-grade serous carcinoma of the ovary, peritoneum, and the Fallopian tube are indistinguishable; it is therefore only by convention that a diagnosis of Fallopian tube cancer is made. Additionally, two large cohort studies showed a statistically significant decrease in incidence of ovarian carcinoma after salpingectomy (42%, odds ratios = 0.58, 95% confidence interval = 0.36 to 0.95 (5); and 50%, hazard ratio = 0.35, 95% confidence interval = 0.17 to 0.73) (6).

These observations have led to the practise of "opportunistic" salpingectomy in women undergoing hysterectomy for benign gynecological conditions (7) and during sterilization procedures. In light of the above, it is therefore understandable that "hysterectomy" not stratified for hysterectomy alone, hysterectomy with only ovariectomy, salpingectomy, or hysterectomy with full adnexectomy does not account for a change in incidence of ovarian carcinoma in the study by Dixon et al.

## Notes

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The authors declare no conflict of interest.

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