



OVARY REMOVAL FACT SHEET

Did you know?

- The ovaries and testes are endocrine glands, as well as reproductive organs. Men's and women's gonads play the same role in the HPG (hypothalamic-pituitary-gonadal) axis, one of three major endocrine axes within the body's endocrine system. This interconnected system affects every cell in the body. ¹¹¹
- The ovaries shrink down at menopause to focus on their endocrine function and produce an increasing mix of steroid hormones that contributes to strong muscle, bone, heart, and neurochemical well-being. That hormone production continues through old age. ^{28-32, 49-51, 54, 89, 107, 108, 116, 118, 119, 124, 149, 150, 194, 232}
- Removal of the ovaries is called oophorectomy, or "bilateral salpingo-oophorectomy" (BSO) – removal of both ovaries and fallopian tubes.
- Oophorectomy is a separate operation from hysterectomy, which is only removal of the uterus (and possibly the cervix). ³¹⁵
- Despite the fact that the surgeries are unrelated, ovary removal accompanies 55% of all elective hysterectomies after the OBGYN surgeon proposes the additional surgery, ostensibly to prevent ovarian cancer. ³⁷
- There are 665,000 elective inpatient & outpatient hysterectomies in the U.S. every year. ^{242, 243}
- According to the Dept. of Health & Human Services, 40% of women 45-54 years old have had a hysterectomy. ³⁹
- Women who retain their ovaries at hysterectomy may still be twice as likely to lose their function. ²⁵⁵
- The average cost of a hysterectomy is \$33,180, resulting in a \$22,064,700,000 elective surgery industry. (source: AHRQ)
- Despite the fact that it is a multi-billion dollar industry accounting for the vast majority of surgeries performed on women, no regulatory body oversees the practices of this country's OBGYNs.
- If even half of the women who have their ovaries removed at hysterectomy each year take estrogen for the average of five years afterward, at \$100/month, their medication will cost over \$1 billion.



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- Only 1.3% of all women have a risk of ovarian cancer. ²²¹
- Only 2% of all women have a genetic history that makes them candidates for true prophylactic (cancer preventative) ovary removal. ¹⁰¹
- A prophylactic (preventative) medical procedure is described as “having a net benefit with minimal risk in a patient at high risk of developing disease in absence of the procedure.” ²²⁴ With only 1.3% of the population at risk, this surgery could be said to have the opposite effect. The increased mortality rate from ovarian cancer prevented by ovary removal is less than ½ of 1%. ⁸⁴ Women are 8.5% less likely to live to age 80 if they remove their ovaries at hysterectomy even at ages 50-54 than if they retain them. ²²⁷
- Physicians have known about the endocrine role of the ovaries and have advised against their removal since at least the 1910s. ^{225, 228}
- Yet, 1,000 women’s healthy ovaries are removed every single day in the U.S. ^{37, 242, 243} At least 14 million women in the U.S. are currently in this condition, without a functioning HPG axis, because of this surgery.
- Up to an additional 300,000 women a year may also lose their ovaries during surgery for benign ovarian cysts. ⁴
- Women without ovaries produce 40-50% less of the chief post-menopausal steroid hormone product, testosterone, than a post-menopausal woman. This testosterone converts to the most common estrogen in post-menopausal women, called estrone, through the conversion of testosterone in fat and skin. ^{28-32, 49-51, 54, 89, 107, 108, 116, 118, 119, 124, 149, 150, 194, 227, 232}
- When the body’s HPG axis is disrupted, women die prematurely. ²⁸⁷
- When the HPG axis is broken entirely, through removal of the gonads, women die significantly prematurely, and the ripple effect throughout the endocrine system ¹¹⁵, results in premature death ^{4, 5, 6, 7, 11, 14, 17, 36, 50, 58, 84, 226, 287}, Parkinson’s ^{5, 35, 48, 137, 139}, Alzheimer’s ^{53, 142, 155, 164, 282}, dementia ^{5, 48, 104, 126, 127, 164, 190, 302}, cognitive impairment ^{5, 8, 9, 17, 21, 104, 108, 126, 127, 135, 136, 190, 225, 265, 280}, memory impairment ^{6, 9, 114, 126, 136, 142, 265, 280}, osteoporotic fracture ^{5, 6, 11, 15, 17, 23, 25, 49, 51, 103, 108, 109, 151, 218, 225, 233, 255, 276}, cardiovascular disease ^{1, 4, 6, 7, 14, 19, 27, 33, 34, 36, 58, 107, 218, 225, 289, 307}, stroke ^{7, 15, 36,}



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arteriosclerosis^{26, 45, 128, 149, 237,} sexual dysfunction^{5, 6, 8, 12, 17, 18, 21, 49, 51, 73, 89,}
108, 119, 120-122, 271, lung cancer^{14, 36, 43, 45,} type II diabetes and metabolic
disorder^{20, 26, 46, 47, 72, 107, 129, 130, 132, 149, 211, 262,} depression^{6, 16, 48, 51, 110, 114, 155,}
^{265,} and glaucoma.^{22, 44}

- As recently as 2011, the American Congress of Obstetricians & Gynecologists (ACOG), the member organization that the country's 58,000 OBGYNs belong to, created women's health brochures that instructed women that their ovaries "cease functioning at menopause," which is not true.³⁰⁸
- In 2013, the ACOG told the American Board of Internal Medicine that they were not going to screen for ovarian cancer in women at average risk (essentially all women) at all because "ovarian cancer is so rare," yet they advised members in a January 2015 Committee Opinion not to alter their approach to hysterectomy because ovarian cancer is so deadly.^{277, 344}
- Whereas, for example, a plastic surgeon trains for 5 years in general surgery and then in their specialty, OBGYNs do not train in general surgery at all.³⁵⁸
- OBGYNs' accreditation involves performing a specified number of surgeries removing the entire uterus, but the training does not include the approach more typical in general surgery – that of removing just the illness. In the majority of cases the women lose entire organs rather than just the source of their pain.⁹⁴ ACGME surgical accreditation minimums only include: vaginal deliveries, c-sections, ultrasounds, 3 forms of hysterectomy, pelvic floor procedures, 3 scoping procedure types, abortions, transvaginal ultrasounds, and surgery for invasive cancers.³⁵⁶ No myomectomies (removal of just the fibroids that account for 40% of all elective hysterectomies), embolizations, ablations, prolapse repairs, or organ-sparing removals of endometriosis - the surgeries that treat the illnesses that make up the three most common reasons, fibroids, heavy bleeding, and endometriosis, alongside prolapse, for hysterectomies. The training naturally leads to the over-treatment.



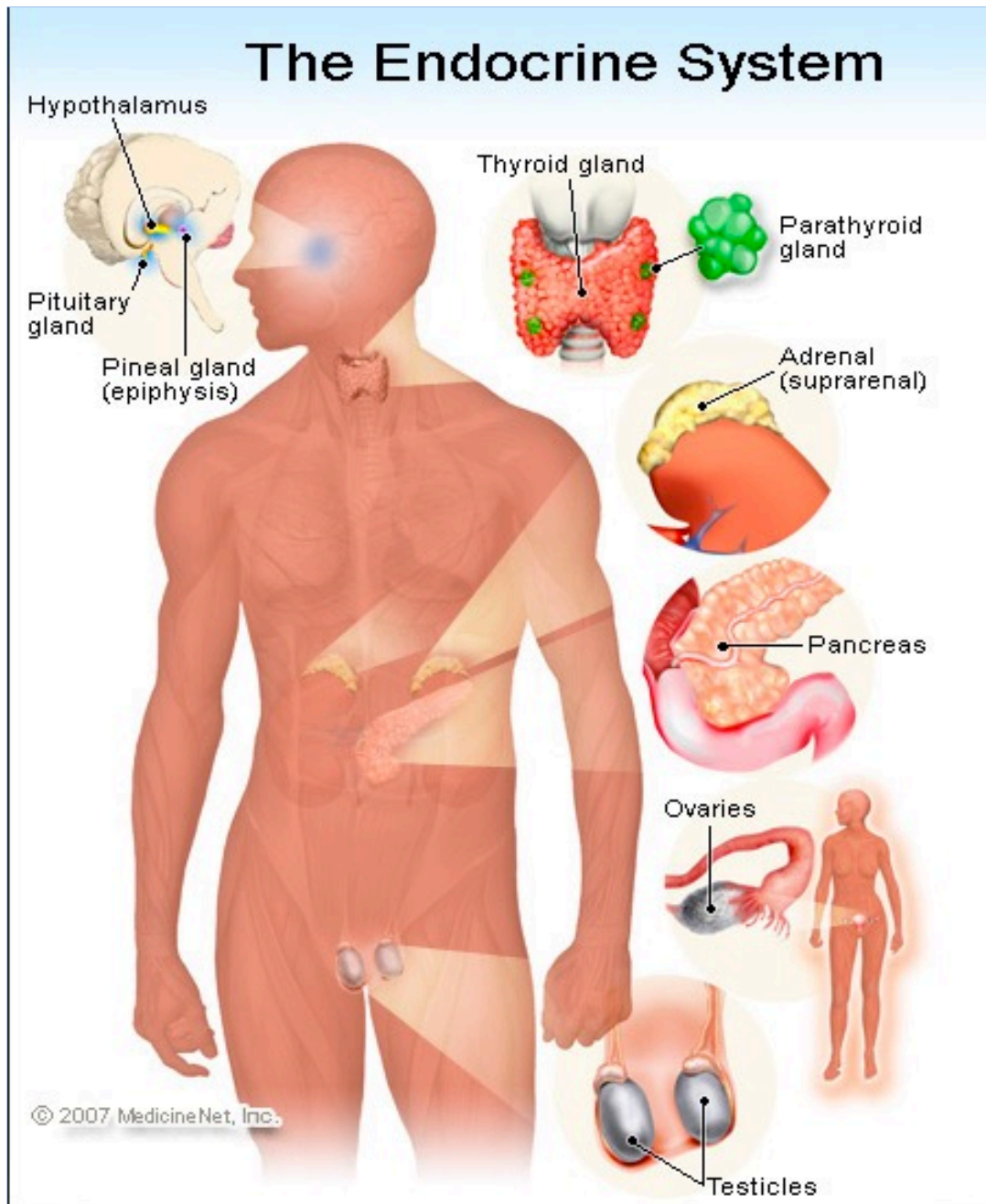
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- Today, the ACOG's Practice Bulletin No. 89 advises that healthy ovaries should not be removed until around age 50 (menopause).⁵⁷ Other physicians have suggest age 65. We will not be satisfied with either answer. At no point should healthy ovaries ever be removed in women not at known genetic or diagnosed risk. This risk should be assessed outside of the OBGYN's practice by a genetic counselor.
- If this surgery were truly of value, statistically, prophylactic removal of the gonads in men would have twice the cancer prevention benefit of the removal of ovaries. Prostate cancer requires gonadal testosterone to grow.²²⁶ Twice as many men die per year of prostate cancer as women who die of ovarian cancer, yet the equivalent surgery is never performed. (source: SEER data) It is for this reason that we believe that this entire class of women has been treated as a profit center, and requires a congressional hearing and a civil rights investigation under Section 1557 of the Patient Protection and Affordable Care Act (42 U.S.C. 18116).
- ACOG physicians argue that, as with morcellation of uterine sarcoma, it doesn't matter what quality of choice is offered women, no matter how harmful, the choice should still be offered. To the announcement that the risk of cancer in fibroids that were being chopped up with a morcellator was much higher than the ACOG had reported, they had this to say: *"I don't care what number you pick. Let's say the risk of cancer is 1 in 10 instead of 1 in 8,000,"* he said. *"I still think the patient should be involved in the decision-making process after a discussion of the benefits vs. the risks."* -Dr. Keith Isaacson, FACOG, May 2015 ACOG Annual Meeting.³⁵⁷
- Our position at www.overy.org is that certain surgeries currently referred to as choices are not choices, but harmful suggestions and interventions. As with all other areas of medicine, the direction should be away from harm and over-treatment. **Removing healthy body parts to prevent cancer when there is no diagnosis of cancer or known grave risk is NEVER DONE elsewhere in medicine. If it were, where would it end?**

All citations can be found at www.gynreform.com/citations.html

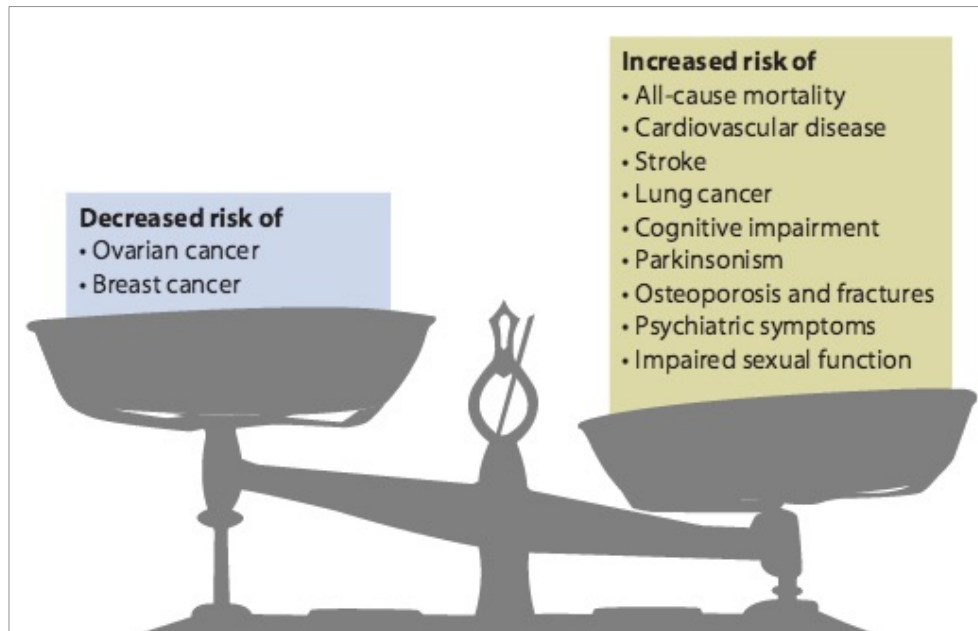


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Response so far:

Aug. 6, Sen. Warner emailed and said he'd sent the issue to the FDA for a thorough and detailed response.

Aug. 27, met with Carly Rush and Melanie Rainer of the Senate Committee on HELP in Sen. Murray's office.

Aug. 28, Brian Reagan at Gov. McAuliffe's office emailed to say that the governor had read the issue and had referred it to the VA health department for a response.

Sept. 1, Congressman Connolly's office wrote to share that the issue is with the head of Women's Health within the Department of Health & Human Services.

Women's personal experiences: <http://obgynreform.weebly.com/risks--history/personal-stories>