Surgical decision making in premenopausal *BRCA* carriers considering risk reducing early-salpingectomy or salpingo-oophorectomy: a Qualitative Study

Faiza Gaba, Dalya Marks, Ertan Saridogan, W Glenn McCluggage, Helen Hanson, Naveena Singh, D. Rosa Legood, Gareth Evans, Usha Menon, Ranjit Manchanda
On behalf of PROTECTOR team

Introduction/Background
Acceptance of the role of fallopian tubes in ovarian carcinogenesis and the detrimental sequelae of surgical menopause in pre-menopausal women following risk reducing salpingo-oophorectomy (RRSO), has resulted in risk reducing early salpingectomy with delayed oophorectomy (RRESDO) being proposed as an attractive alternative risk reducing strategy in women who decline/delay oophorectomy. We present the results of a qualitative study evaluating the decision making process amongst *BRCA* carriers considering prophylactic surgeries (RRSO/RRESDO) as part of the multicentre PROTECTOR trial (ISRCTN:25173360).

Methodology
In depth semi-structured 1:1 interviews conducted using a pre-developed topic guide (development informed by literature review and expert consultation) until informational saturation reached. Wording and sequencing of questions were left open with probes used to elicit additional information. All interviews were audio recorded, transcribed verbatim, transcripts analysed using an inductive theoretical framework and data managed using NVIVO v12.

Results
Informational saturation was reached following twenty four interviews. Seven interconnected themes integral to surgical decision making were identified: fertility, menopause, cancer risk reduction, surgical choices, surgical complications, sequence of ovarian and breast prophylactic surgeries, support, satisfaction. Women for whom maximising ovarian cancer (OC) risk reduction was relatively more important than early menopause/quality of life preferred RRSO, whereas those more concerned about detrimental impact of menopause chose RRESDO. Women preferred educational support groups to online support groups to help with decision-making. Women engage concurrently in both OC and breast cancer (BC) prevention decision-making and we identified a demand for combined OC and BC prevention-surgery. While preventative surgery reduced anxiety, interviewees wished to be routinely offered an 'optional' (not compulsory) consultation with a psychologist. Women managed in specialist familial cancer clinic (FCC) settings compared to non-specialist settings received better quality care, improved HRT access and were more satisfied.

Conclusion
Medical, physical, psychological, social contextual factors influence timing of risk reducing surgeries. RRESDO offers women delaying/declining premenopausal oophorectomy, particularly those concerned about menopausal effects, a degree of ovarian cancer risk reduction whilst avoiding premature menopause. Care of high risk women should be centralised to centres with specialist familial gynaecological cancer risk management services to provide a better quality, streamlined, holistic multidisciplinary approach.

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