



Research We Fund



Project:

Salpingectomy with delayed oophorectomy as alternative to salpingo-oophorectomy to prevent ovarian cancer (TUBA WISP II)

Research team:

Prof Martha Hickey (CIA), Dr Antonia Jones, Dr David Wrede, Dr Frances Petry, Professor

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Institution: University of Melbourne & Royal Women’s Hospital

Cancer type: Ovarian cancer

Years funded: 2023 - 2025

What is the project?

It is well established that risk-reducing salpingo-oophorectomy (RRSO) prevents ovarian cancer. However, research has shown that removing the ovaries prior to natural menopause may affect physical and mental health and increase long-term health risks for conditions such as CVD and dementia.

This research will enable Australia’s participation in an international study to determine whether removing the fallopian tubes alone with delayed oophorectomy is as effective as RRSO in preventing ovarian cancer.

This project builds on two previous studies conducted by this research team: TUBA and WISP, which looked at whether the removal of the fallopian tubes only and delaying the removal of the ovaries could improve sexual functional and menopausal systems in patients compared with RRSO.

The findings from this project will directly change global practice in ovarian cancer prevention.

What is the need?

To prevent ovarian cancer, many people with a BRCA1/2 pathogenic variant undergo a risk-reducing salpingo-oophorectomy (RRSO). While this procedure is effective in preventing ovarian cancer, it causes infertility and surgical menopause with potential short- and long-term health impacts.

Project timeline

Timeline	2023	2024	2025
Execute a clinical trial, apply for ethics approval, appoint staff, develop patient information tools and commence recruitment.			
Continue recruitment, perform follow up with participants, collect data and manage regular meetings with the coordinating centre.			
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“I am very acutely aware of the impact that surgical menopause has on patients undergoing RRSO. If salpingectomy alone is effective in reducing ovarian cancer risk, this would have a profound impact on the short and long-term health of these patients, who could then avoid surgical menopause.”

- Prof Martha Hickey

