

One Surgery Could Prevent Most Ovarian Cancers, Surgeons Say

Fallopian tube removal during planned abdominal surgeries for post-reproductive women could save thousands of lives every year.

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CHICAGO — Known as ‘the silent killer’ due to its lack of symptoms and reliable screening tests, ovarian cancer remains one of the deadliest gynecologic cancers, claiming [more than 12,000 lives](#) annually. Experts with the [American College of Surgeons](#) (ACS) say that performing a single preventive procedure within general surgery could stop many ovarian cancers from ever developing.

“Ovarian cancer is frequently detected late, with devastating outcomes,” said Joseph V. Sakran, MD, MPH, MPA, FACS, executive vice chair of surgery at Johns Hopkins Medicine in Baltimore, Maryland. “Although ovarian cancer might initially seem like a challenge best left to gynecologic oncologists, exploring other opportunities to prevent ovarian cancer with general surgeons is critical.”

Once believed to begin in the ovaries, many common and aggressive forms of ovarian cancer are now thought to start in the fallopian tubes — two slender structures near the ovaries that provide the pathway for fertilization but have no essential function once a woman no longer desires future fertility. A [growing body of research](#) shows that removing the fallopian tubes can prevent many ovarian cancers, yet women are often not counseled on this option.

At the [ACS Clinical Congress 2025](#) in Chicago, Dr. Sakran moderated a session on integrating fallopian tube removal into general surgery practice. The panel urged greater awareness of offering the procedure, after informed consent, to post-reproductive women undergoing elective abdominal or pelvic surgeries, such as hernia repair or gallbladder removal.

Experts estimate that incorporating the procedure, called opportunistic salpingectomy, into [60% of eligible surgeries](#) could prevent nearly 6,000 ovarian cancer deaths every year. Surgeons said women aged 45 or older — when natural conception is unlikely — and who are at average risk of ovarian cancer are the best candidates to consider the procedure with a non-gynecologic surgeon. Average-risk refers to a woman without a genetic or familial history of ovarian cancer.

Preventing Ovarian Cancer Before It Starts

No reliable screening method exists to detect ovarian cancer early, and [symptoms](#), such as bloating or abdominal pain, may only be recognizable once the cancer has spread. Emerging research indicates that removing the fallopian tubes could [prevent nearly 80%](#) of the most common and lethal ovarian cancers.

“For those of us caring for patients with ovarian cancer, this isn’t just a statistic, but is less pain and suffering in our clinics and fewer lives lost,” said Kara Long, MD, MSc, member of the section for ovarian cancer surgery in the Department of Surgery at Memorial Sloan Kettering in New York. “Our goal is to help patients understand that this procedure may be an option for them during a planned pelvic or abdominal surgery. We want patients to have a choice.”

The procedure also preserves the ovaries, which produce key hormones throughout a woman’s life.

Recognition of the surgery’s preventive potential is growing. In September, the [American Cancer Society](#) partnered with the [Break Through Cancer Foundation](#) to broaden awareness among clinicians and the public about the benefits of offering opportunistic salpingectomy during other planned surgeries. The [American College of Obstetricians and Gynecologists](#) also recognizes the surgery’s value in preventing ovarian cancer.

Redefining General Surgeons’ Role in Prevention

Opportunistic salpingectomy adds about 5 to 13 minutes to another planned abdominal surgery. In most cases, general surgeons can perform it during select non-emergency operations, such as gallbladder removal, bariatric surgery, or hernia repair. Expanding education and access is especially important in rural areas with limited surgical care.

Despite its promise, more training and guidance on reimbursement are needed. A new [ICD-10-CM code](#) (Z40.82) codifies opportunistic salpingectomy as preventive for ovarian cancer; however, broad insurance coverage remains a barrier. Experts also stressed the need for thorough patient counseling about risks and benefits. While low risk, the procedure permanently prevents natural conception, although pregnancy remains possible through IVF.

“We want to bring opportunistic salpingectomy into everyday dialogue — both inside and outside the clinic,” said Rebecca Stone, MD, MS, director of gynecological oncology at Johns Hopkins Medicine.

She noted that fallopian tube removal mirrors other preventive interventions, such as colectomy or polypectomy, done to prevent colon cancer.

“I have spent my entire career caring for women and their families affected by ovarian cancer, most of whom have advanced disease. While we can save some lives, far too many still suffer,” Dr. Stone said. “Opportunistic salpingectomy gives us the power to change that by preventing ovarian cancer from ever developing. Expanding access to this procedure is one of the greatest challenges

in medicine today.”

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