Angelina Jolie’s decision to remove ovaries and fallopian tubes was the right one for her

By ACSH Staff — March 25, 2015

In May of 2013, Angelina Jolie went public with her decision to undergo a prophylactic (preventive) double mastectomy, reducing her risk of breast cancer from 87 percent to just 5 percent. As ACSH’s Dr. Gil Ross said in response to her decision, Angelina Jolie’s decision was based on sound advice. Evidence shows that women with her BRCA1 mutation have a substantially higher risk of developing breast cancer and her very personal decision to have prophylactic bilateral mastectomies was, in our opinion at ACSH, a wise and correct decision.

Most recently, Jolie announced publicly (via a NYTimes op-ed) that she had made the decision to remove both her ovaries and fallopian tubes, a preventive surgery known as a bilateral salpingo-oophorectomy, once again sparking conversation surrounding this sensitive topic. Women who have the BRCA1 mutation are at an increased risk of both breast and ovarian cancers. Compared to those women who do not have the mutation who have just a 1.5 percent risk of developing ovarian cancer, risk of developing ovarian cancer in women with the mutation is 35-45 percent. According to a previous study, those who had prophylactic oophorectomy by age 35 reduced their risk of cancers of those organs by 80 percent, and their risk of dying of any cause by age 70 was reduced by 77 percent.

However, this surgery does not come without risks. As Dr. Anand Veeravagu, Senior Neurosurgery Resident at Stanford University School of Medicine points out, the surgery involves major blood vessels, urinary structures and neural elements and can result in severe complications. Following the surgery, one can no longer have children and surgical menopause abruptly ensues. Patients may also develop osteoporosis or changes in sexual health.

However, there are other alternatives such as frequent monitoring via physical examinations and especially imaging studies in hopes of early detection, or using hormonal birth control as a method
of chemoprevention.

The main takeaway is this. Dr. Veeravagu sums it up very well: The decision-making algorithm is not straightforward. Every single patient must be evaluated on an individual basis, to discuss her wishes, concerns and risks. Angelina’s very public discourse is valuable, potentially initiating a higher level of preventative care and concern in America’s women. One of the best things we can do for American medicine is educate, get the discussion going, and get people thinking.

ACSH’s Ariel Savransky adds, When a celebrity with Angelina Jolie’s status comes out with this kind of decision, women eager to emulate her every move or who view her understanding of the science as being on par with that of a medical professional, may be very quick to make a life-changing decision that isn’t necessarily in their best interest. Although this decision was absolutely the right decision for Jolie - she also says that several close relatives had died of cancer - it’s imperative that a woman has a very serious discussion with her doctor before deciding to undergo this surgery.

ACSH’s Dr. Ross added this: While agreeing completely with our Ariel Savransky’s points, I’d like to add that Ms. Jolie’s decision to seek counsel from eastern medicine practitioners and from a naturopath is to be deplored, as far as advising the general public caught in such a fraught situation.

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