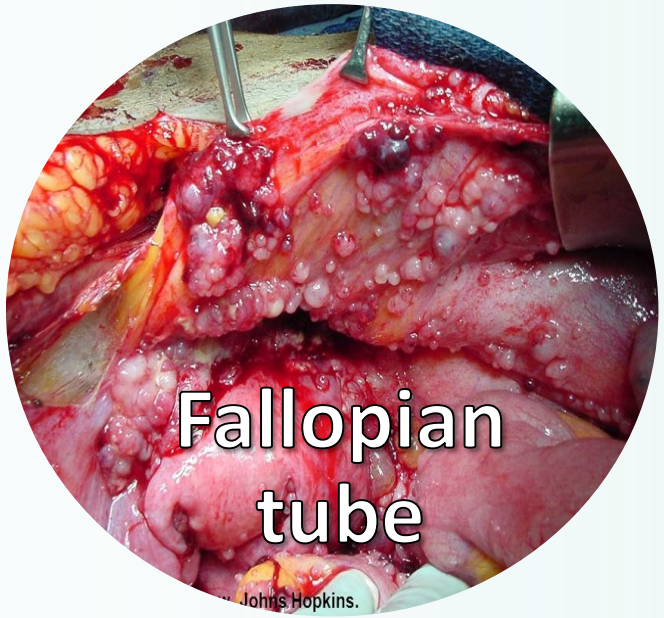
Encounter for prophylactic removal of fallopian tube(s) for persons with no known genetic/familial risk factors

Rebecca Stone, MD
Associate Professor and Director of Gynecologic Oncology
Department of Gynecology and Obstetrics
Johns Hopkins School of Medicine

Ovarian Cancer: The Numbers

- 80%
  - High Grade Serous Histology
  - Widely Metastatic at Diagnosis
  - No Identifiable Risk Factors

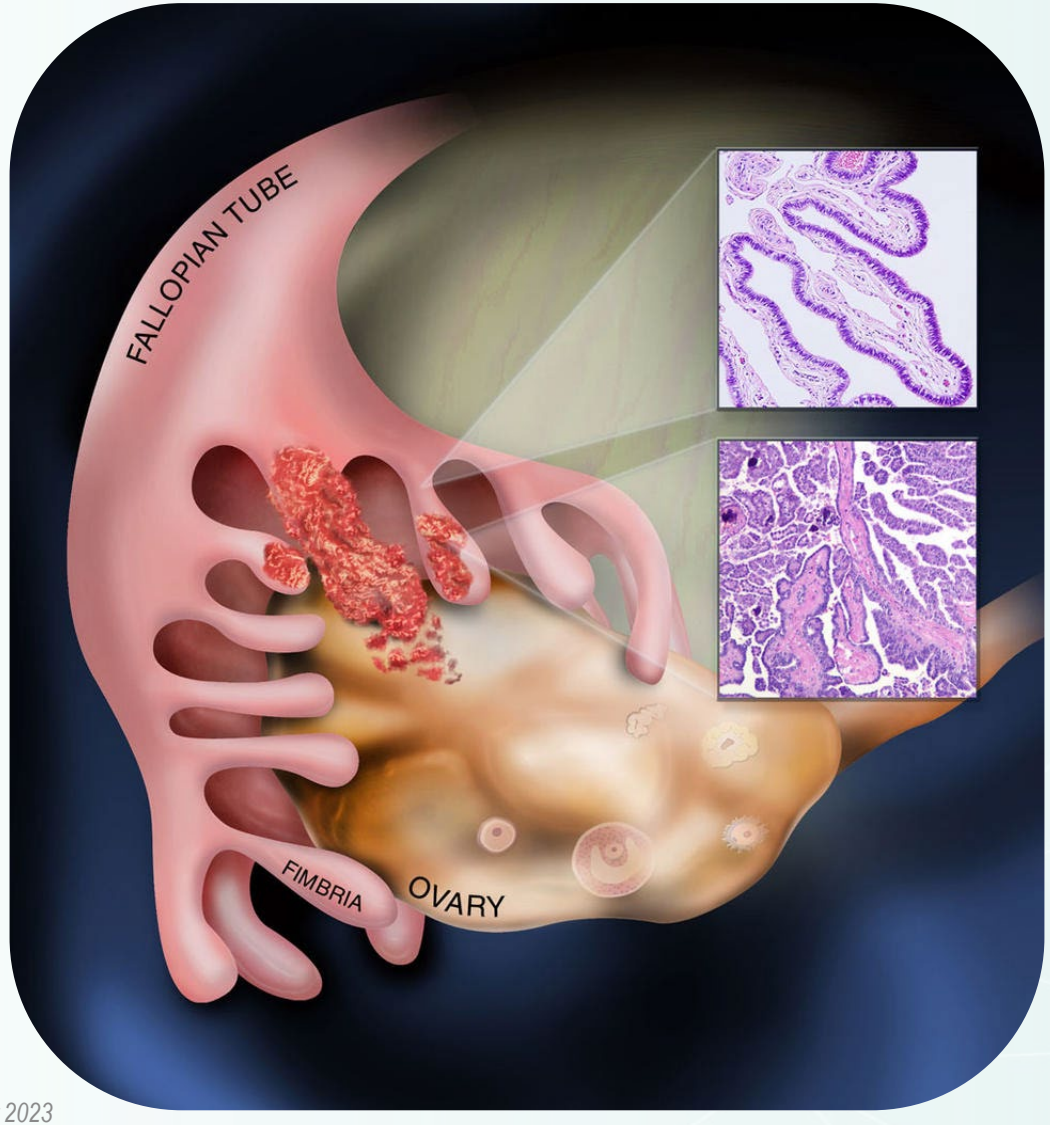


- 0%
  - Reduction in Deaths with Screening

UKCTOCS

United Kingdom Collaborative Trial of Ovarian Cancer Screening

Discovery of the Fallopian Tube Origin of High Grade Serous Ovarian Cancer



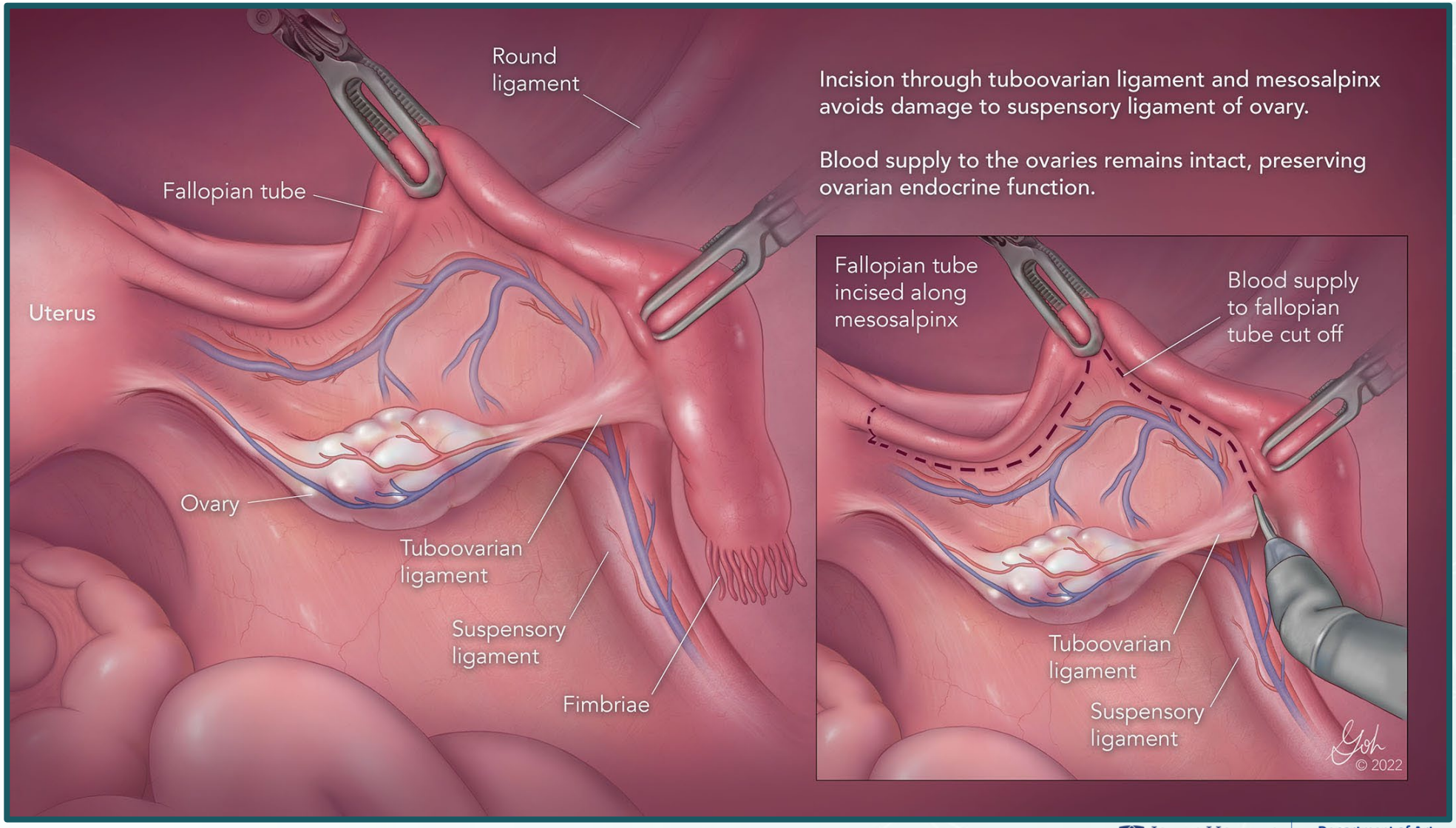
- Serous Tubal Intraepithelial Carcinoma (STIC)

Credit: F1000 Med Rep. 2011. doi:10.3410/M3-22. CC BY-NC

20 Years of Science Behind the Disease Theory of the Fallopian Tube Origin of High Grade Serous Ovarian Cancer

- Identification of pre-cursor lesion in fallopian tubes: serous tubal intraepithelial carcinoma (STIC)
- TP53 mutations present in fallopian tubes
- Molecular profile of high grade serous cancer linked to fallopian tube epithelium
- Clonal progression of STIC lesions to high grade serous cancer
- Genetically engineered mouse models show that mice without ovaries can develop HGSC, but mice without fallopian tubes cannot
- Large epidemiologic studies show decreased incidence of ovarian cancer in cohorts of women who have had salpingectomy (fallopian tube removal)

Bilateral Salpingectomy for the Primary Prevention of Ovarian Cancer



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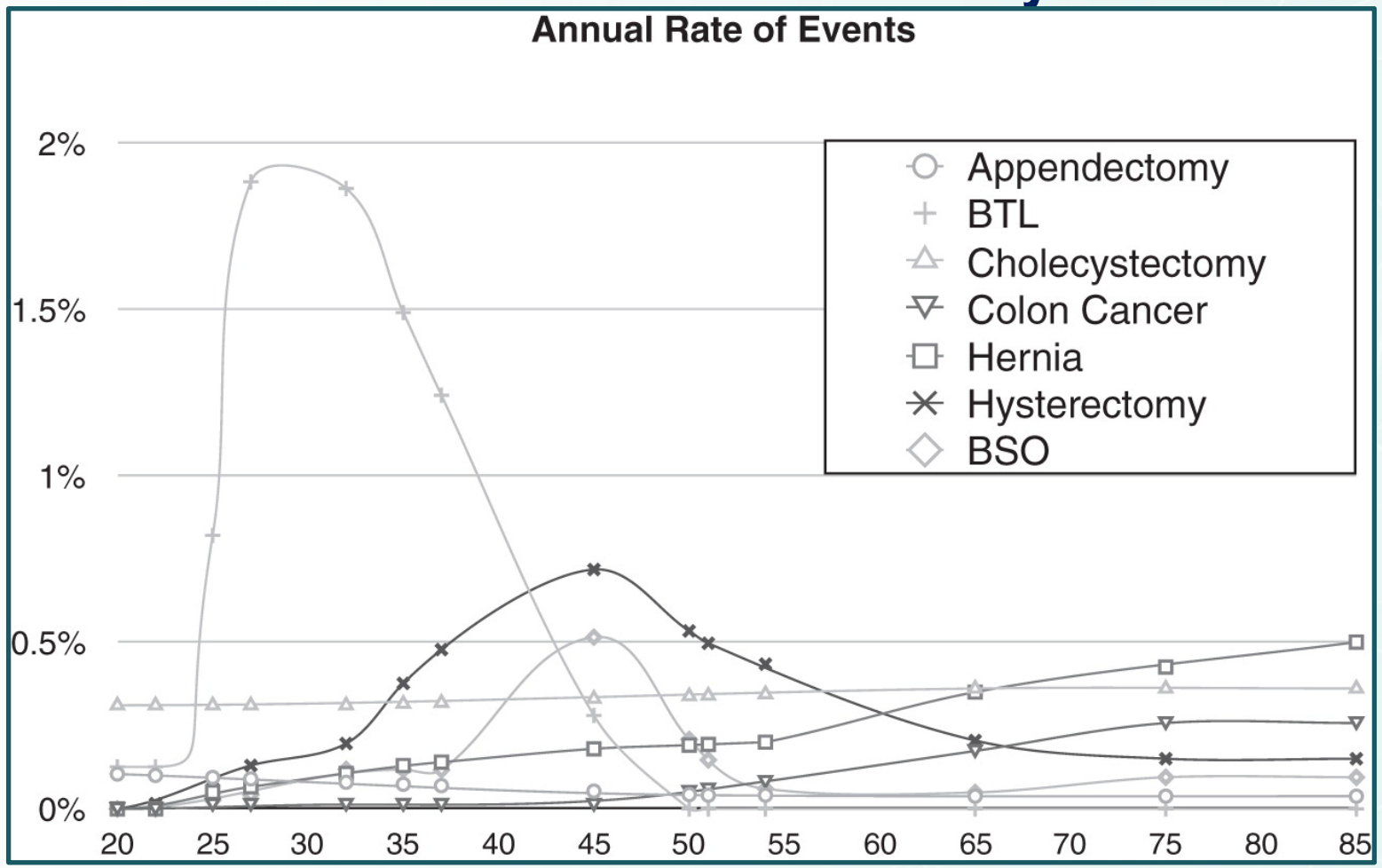
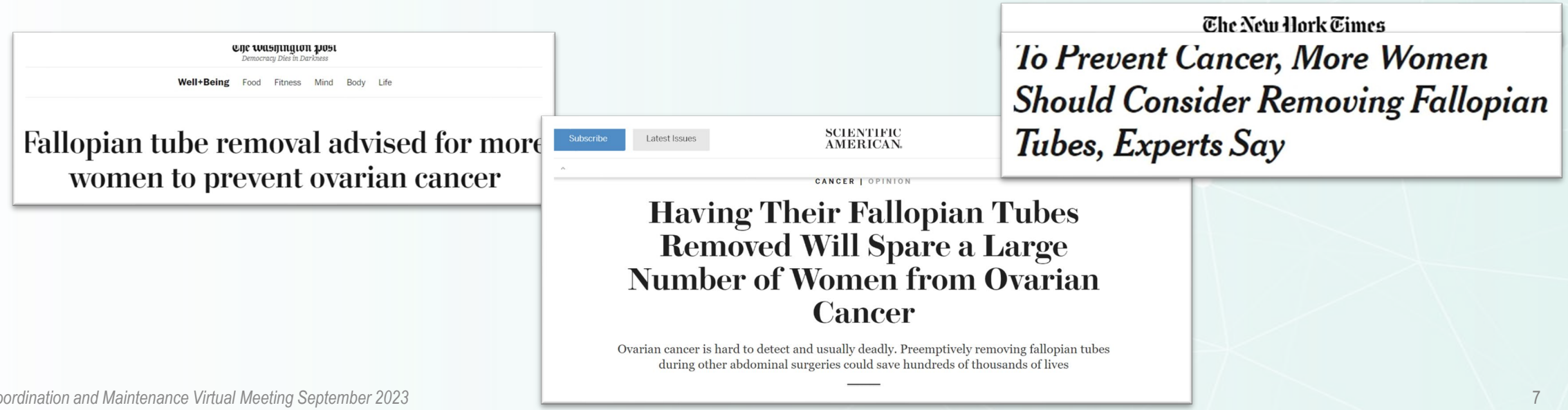
Projected Impact of Opportunistic Salpingectomy on Ovarian Cancer Mortality

- **Prevent ~3000 deaths from ovarian cancer annually in the U.S.**



Opportunistic Salpingectomy for Ovarian Cancer Prevention: Position Statements and Recent News

Society	Position Statement
American College of Obstetricians and Gynecologists	Based on current understanding of ovarian carcinogenesis and the safety of salpingectomy, salpingectomy at the time of hysterectomy or as a means of tubal sterilization appears safe and does not increase the risk of complications
Society of Gynecologic Oncology	For women at average risk of ovarian cancer, salpingectomy should be discussed and considered with patients at the time of abdominal or pelvic surgery



Current ICD-10-CM Coding for Prophylactic Salpingectomy

- Z40 - Encounter for prophylactic surgery
- Z40.0 - Encounter for prophylactic surgery for risk factors related to malignant neoplasms
  - Z40.00 - Encounter for prophylactic removal of unspecified organ
  - Z40.01 - Encounter for prophylactic removal of breast
  - Z40.02 - Encounter for prophylactic removal of ovary(s)
  - Z40.03 - Encounter for prophylactic removal of fallopian tube(s)
  - Z40.09 - Encounter for prophylactic removal of other organ
- **Z40.03 Risk Factors: gene mutations, family history**
- **But what about the risk factor of just having fallopian tubes?**

The Problem

- We do not have an ICD-10-CM code for prophylactic salpingectomy for average risk people (average risk = 1-2% lifetime risk of ovarian cancer)

- In current practice this results in:
  - Mis-association of salpingectomy with the ICD-10-CM code for the primary procedure (ex. salpingectomy is associated with the ICD-10-CM code for colectomy when it is done opportunistically for ovarian cancer prevention at the time of colectomy)
  - Misuse of the surgical sterilization code for Z30.02 for premenopausal people undergoing salpingectomy for ovarian cancer prevention because there is no alternative code

Recommendation for Tabular Modifications to ICD-10-CM Coding for Prophylactic Salpingectomy

Action	ICD-10-CM Code	Current Definition	Proposed Definition
Keep	Z40.0	Encounter for prophylactic surgery for risk factors related to malignant neoplasms	Same
Revise	Z40.03	Encounter for prophylactic removal of fallopian tube(s)	Encounter for prophylactic removal of fallopian tube(s) for persons with known genetic/familial risk factors
Add New	Z40.04	None	Encounter for prophylactic removal of fallopian tube(s) for persons with no known genetic/familial risk factors

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