

Oral Abstract 10: Prescribing Patterns and Uptake of Hormone Replacement Therapy in Premenopausal Women Following Bilateral Oophorectomy for Borderline Ovarian Tumors

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Topic

Quality of Life/Palliative Care

Objectives

Borderline ovarian tumors (BOT) account for 10–20% of epithelial ovarian neoplasms and often affect premenopausal women, frequently resulting in iatrogenic menopause after surgery. Despite evidence that hormone replacement therapy (HRT) is not contraindicated in most BOT patients, only ~50% receive HRT following bilateral oophorectomy (BO). Our objective was to evaluate prescribing rates and patterns of HRT use in BOT patients after BO.

Methods

A retrospective chart review was conducted of patients with BOT who were treated at UCLA Health between January 2013 and December 2025. Demographics, surgical factors, histology, HRT counseling, prescribing, and use were analyzed.

Results

Among 192 patients under age 50, 47 (24.5%) underwent surgical menopause after BO. Ages at diagnosis were 19–29 (23%), 30–39 (28%), and 40–49 (49%). Patients in the cohort identified as White (65.9%), Hispanic (15.9%), Asian (9.1%), Middle Eastern (6.8%), and Black (2.3%). Of these, 34 (72.3%) initiated HRT and 13 (27.7%) did not; 82.4% of HRT users also had hysterectomy. Microinvasive peritoneal implants were present in 12 patients (35.3%). Overall, 12 patients had a recurrence after initial diagnosis, of which 2 occurred after HRT initiation—both of which had microinvasive implants at the time of initial surgery. Preoperative HRT counseling was documented in 93.6% of cases; the three patients who were not counseled did not receive HRT postoperatively. Gynecologic oncologists were the primary prescribers (70.6%), followed by general OB/GYNs (20.6%). Most patients used transdermal estrogen (70.6%), with smaller proportions using oral (14.7%), vaginal estrogen (26.5%), or testosterone gel (11.8%). HRT duration ranged from < 1 year (8.8%) to >10 years (11.8%), most commonly 6–10 years (38.2%). Before HRT, the most common symptoms reported were vasomotor symptoms (79%), vaginal dryness (38%), mood changes (29%), and low libido (21%); after HRT, 47% reported no symptoms.

Conclusions

HRT uptake was higher in our cohort (72.3%) than prior reports (~50%), suggesting a role for preoperative counseling and gynecologic oncologist-led prescribing. Prospective studies are needed to define optimal regimens and assess safety, particularly in patients with microinvasive implants.