

Correspondence



OPEN ACCESS

Received: Jul 6, 2019

Accepted: Jul 7, 2019

Correspondence to

Chun-Che Huang

Department of Medical Research, Taichung Veterans General Hospital, 1650 Taiwan Boulevard, Sect. 4, Taichung 40705, Taiwan.
E-mail: huangaj7@gmail.com

Copyright © 2019. Asian Society of Gynecologic Oncology, Korean Society of Gynecologic Oncology
This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<https://creativecommons.org/licenses/by-nc/4.0/>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ORCID iDs

Chun-Che Huang <https://orcid.org/0000-0001-5661-9548>
Ching-Heng Lin <https://orcid.org/0000-0002-2450-6108>

Conflict of Interest

No potential conflict of interest relevant to this article was reported.

Author Contributions

Conceptualization: H.C.C.; Writing - original draft: H.C.C.; Writing - review & editing: L.C.H.

Response to comment on: prior uterine myoma and risk of ovarian cancer: a population-based case-control study

Chun-Che Huang ,¹ Ching-Heng Lin ^{1,2,3}

¹Department of Medical Research, Taichung Veterans General Hospital, Taichung, Taiwan

²Department of Public Health, Fu-Jen Catholic University, New Taipei, Taiwan

³Department of Health Care Management, National Taipei University of Nursing and Health Sciences, Taipei, Taiwan

- ▶ See the article “Prior uterine myoma and risk of ovarian cancer: a population-based case-control study” in volume 30, e72.
- ▶ See the letter “Letter to editor in response to: prior uterine myoma and risk of ovarian cancer: a population-based case-control study” in volume 30, e106.

To the Editor,

We appreciate and thank Dr. Oxley et al. [1] for their interest in our work [2] and comments. Their involvement in this field makes them placed to contribute to these discussions. While we understand their concerns, we respectfully disagree with their interpretation of our analytic approach and conclusions.

One major concern was that the confidence of the findings was affected by inclusion criteria for uterine myoma and unmeasured confounders. However, a definitive diagnosis with International Classification of Diseases, 9th revision, clinical modification (ICD-9-CM) codes in the administrative data has important implications for the treatment of women with prior uterine myoma; thus, our patient selection criteria must be as precise as possible to weed out potential errors and increase diagnostic accuracy. In addition, to minimize selection bias, frequency matching can ensure that cases and controls have the same frequencies of exposure to potentially confounding factors for comparison [3]. Although other unmeasured factors may influence the results, these findings have important implications for understanding the impact of prior uterine myoma on the development of subsequent ovarian cancer.

Another concern was criticism of the results for ovarian cancer patients with prior uterine myoma and those who underwent myomectomy and their use of medical care services. However, this may be an over-interpretation of our results. In fact, Melin et al. [4] reported that women who underwent radical surgical extirpation of endometriosis had a lower risk of ovarian cancer. It is possible that removing endometriotic tissue would reduce inflammation in the pelvic cavity and then lower risk of developing ovarian malignant.

Their last concern was that exposure to negative information about uterine myoma risk may increase women's anxiety. Even if we cannot draw definitive conclusions, we believe that women with prior uterine myoma should be made aware of the potential conditions that result in an increased risk of ovarian cancer development. In addition, identification

of patients at increased risk is essential and further studies are needed to clarify the mechanisms underlying the effects of uterine myoma on the pathogenesis of ovarian cancer.

REFERENCES

1. Oxley SG, Sirkeci F, Odejinmi F. Letter to editor in response to: prior uterine myoma and risk of ovarian cancer: a population-based case-control study. *J Gynecol Oncol* 2019;30:e106.
[CROSSREF](#)
2. Tseng JJ, Huang CC, Chiang HY, Chen YH, Lin CH. Prior uterine myoma and risk of ovarian cancer: a population-based case-control study. *J Gynecol Oncol* 2019;30:e72.
[CROSSREF](#)
3. James MT. Longitudinal studies 4: matching strategies to evaluate risk. In: Parfrey PS, Barrett BJ, editors. *Clinical epidemiology. Part of the Methods in Molecular Biology book series (MIMB, volume 1281)*. New York, NY: Humana Press; 2015. p.133-43.
4. Melin AS, Lundholm C, Malki N, Swahn ML, Sparèn P, Bergqvist A. Hormonal and surgical treatments for endometriosis and risk of epithelial ovarian cancer. *Acta Obstet Gynecol Scand* 2013;92:546-54.
[PUBMED](#) | [CROSSREF](#)