

Supplementary table 1. Risk-Reducing Salpingo-Oophorectomy Protocol from NCCN guideline.

No.	Details of the surgical steps
1	Information on when risk-reducing salpingo-oophorectomy is indicated (BRCA1, recommend risk-reducing salpingo-oophorectomy at age 35-40y; BRCA2, recommend risk-reducing salpingo-oophorectomy at age 40-45y; RAD51C, RAD51D, and BRIP1, recommend risk-reducing salpingo-oophorectomy at age 45-50y).
2	Perform minimally invasive laparoscopic surgery.
3	Survey upper abdomen, bowel surfaces, omentum, appendix (if present), and pelvic organs.
4	Biopsy any abnormal peritoneal findings.
5	Obtain pelvic washing for cytology (50 cc normal saline instilled and aspirated immediately).
6	Perform total bilateral salpingo-oophorectomy, removing 2 cm of proximal ovarian vasculature/IP ligament, all tube up to the cornua, and all peritoneum surrounding the ovaries and tubes, especially peritoneum underlying areas of adhesion between tube and/or ovary and the pelvic sidewall.
7	Engage in minimal instrument handling of the tubes and ovaries to avoid traumatic exfoliation of cells.
8	Both ovaries and tubes should be placed in an endobag for retrieval from the pelvis.
9	Both ovaries and tubes should be processed by sectioning and extensively examining the fimbriated end (SEE-FIM) protocol.
10	If occult malignancy or serous tubal intraepithelial carcinoma (STIC) is identified, provide referral to a gynecologic oncologist.

Supplementary table 2. Specific material needed for carrying out the procedure

No.	Items
1	In the present study, risk-reducing salpingo-oophorectomy was performed using advanced energies, including Ultrasound knife and LigaSure. Also, this type of surgery could be performed using bipolar and monopolar energies without the use of advanced energies which is not presented in the present study.

Supplementary table 3. A summary of the key steps of risk-reducing salpingo-oophorectomy

No.	Details of the surgical steps
Step 1	Survey the upper abdomen, undersurfaces of the diaphragm, bowel surfaces, omentum, appendix, paracolic gutters, and the pelvis.
Step 2	Collect pelvic washing for cytology.
Step 3	Resect the lateral peritoneum surrounding the fallopian tube and ovary.
Step 4	Perform ureterolysis. (Optional)
Step 5	Remove 2cm of proximal infundibulo-pelvic ligament.
Step 6	Resect the dorsal peritoneum surrounding the fallopian tube and ovary.
Step 7	Cut the fallopian tube at the level of the cornua.
Step 8	Divide the utero-ovarian ligament.
Step 9	Remove the resected adnexa with the surrounding peritoneum in a disposable pocket.