Ovarian Cancer Screening

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient’s care. This algorithm should not be used to treat pregnant women.

Note: Screening is only intended for asymptomatic individuals. Patient must be a candidate for and is willing to undergo curative treatment. Ovarian cancer screening may continue as long as a woman has a 10-year life expectancy and no co-morbidities that would limit the diagnostic evaluation or treatment of any identified problem. There is currently no ovarian cancer screening test that has been shown to improve outcomes for women at any level of ovarian cancer risk.

### PRESENTATION

Any signs and symptoms for ovarian cancer appearing within the last 12 months and occurring at least 12 times per month?

No

Yes

Proceed to diagnostic evaluation

### RISK

**High risk:**
- BRCA1 or BRCA2 mutation consistent with hereditary breast and ovarian cancer

**Moderate risk:**
- Pathogenic germline mutation in: BRIP1, EPCAM, MLH1, MSH2, MSH6, PMS2, RAD51C, RAD51D
- Two or more relatives with ovarian cancer on the same side of the family, one of whom is a first degree relative (mother, sister, daughter)

**Low risk:**
- Those patients that do not meet the criteria for high risk

### RECOMMENDATION

- Ovarian cancer screening tests such as CA125 and transvaginal ultrasound can be considered every 6-12 months starting at 30-35 years of age
- Risk reducing bilateral salpingo-oophorectomy (RRBSO) once childbearing complete and recommended by 40 (BRCA1) to 45 (BRCA2) years of age
- Ovarian cancer screening tests such as CA125 and transvaginal ultrasound can be considered every 6-12 months until RRSO, starting at 30-35 years of age
- RRSO can be considered at 45-50 years of age, or in the case of Lynch syndrome, at the time of risk reducing hysterectomy

Screening not recommended

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1 Signs and symptoms include:
- Pelvic or abdominal pain
- Increased abdominal size/bloating
- Difficulty eating/feeling full

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Department of Clinical Effectiveness V5
Approved by the Executive Committee of the Medical Staff on 10/20/2020
SUGGESTED READINGS


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