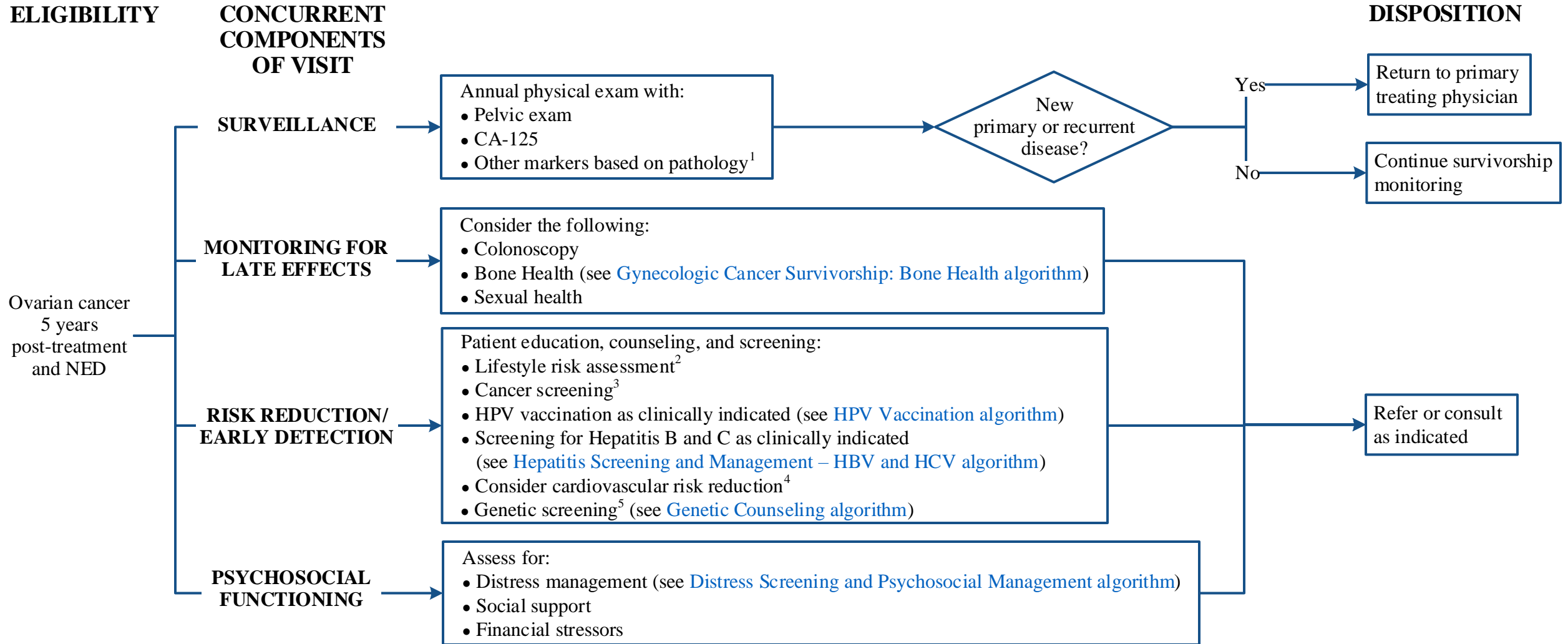


Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional 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.



NED = no evidence of disease

¹ • Choriocarcinoma (ovarian) and Gestational trophoblastic disease – BHCG
 • Mucinous type (ovarian) – CEA

• Granulosa cell tumor (ovarian) – Inhibin A and B
 • Dysgerminoma – AFP, BHCG, and LDH

• Sertoli-Leydig cell tumor – BHCG, AFP, and testosterone

² See [Physical Activity](#), [Nutrition](#), and [Tobacco Cessation](#) algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

³ Includes [breast](#), [cervical](#) (if appropriate), [colorectal](#), [liver](#), [lung](#), [pancreatic](#), and [skin cancer screening](#)

⁴ Consider use of Vanderbilt's [ABCDE's approach to cardiovascular health](#)

⁵ Consider genetic counseling if there has been a significant family history change since the last genetic consult, or if the patient has not previously had BRCA1/BRCA2 genetic testing and ovarian cancer histology is high grade non-mucinous epithelial

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.

SUGGESTED READINGS

- De Vos, F. Y., Nuver, J., Willemse, P. H., van der Zee, A. G., Messerschmidt, J., Burgerhof, J. G. M., ... Gietema, J. A. (2004). Long-term survivors of ovarian malignancies after cisplatin-based chemotherapy: Cardiovascular risk factors and signs of vascular damage. *European Journal of Cancer*, 40(5), 696-700. doi:10.1016/j.ejca.2003.11.026
- Gaffan, J., Holden, L., Newlands, E. S., Short, D., Fuller, S., Begent, R. H. J., ... Seckl, M. J. (2003). Infertility rates following POMB/ACE chemotherapy for male and female germ cell tumours—a retrospective long-term follow-up study. *British Journal of Cancer*, 89(10), 1849-1854. doi:10.1038/sj.bjc.6601383
- Gershenson, D. M., Miller, A. M., Champion, V. L., Monahan, P. O., Zhao, Q., Cella, D., & Williams, S. D. (2007). Reproductive and sexual function after platinum-based chemotherapy in long-term ovarian germ cell tumor survivors: A Gynecologic Oncology Group Study. *Journal of Clinical Oncology*, 25(19), 2792-2797. doi:10.1200/JCO.2006.08.4590
- Guidozzi, F., & Daponte, A. (1999). Estrogen replacement therapy for ovarian carcinoma survivors. *Cancer*, 86(6), 1013-1018. doi:10.1002/(SICI)1097-0142(19990915)86:6<1013::AID-CNCR17>3.0.CO;2-1
- Heflin, L. H., Meyerowitz, B. E., Hall, P., Lichtenstein, P., Johansson, B., Pedersen, N. L., & Gatz, M. (2005). Cancer as a risk factor for long-term cognitive deficits and dementia. *Journal of the National Cancer Institute*, 97(11), 854-856. doi:10.1093/jnci/dji137
- Kaldor, J. M., Day, N. E., Band, P., Choi, N. W., Clarke, E. A., Coleman, M. P., ... Storm, H. H. (1987). Second malignancies following testicular cancer, ovarian cancer and Hodgkin's disease: An international collaborative study among cancer registries. *International Journal of Cancer*, 39(5), 571-585. doi:10.1002/ijc.2910390506
- Laurell, G., Beskow, C., Frankendal, B., & Borg, E. (1996). Cisplatin administration to gynecologic cancer patients: long term effects on hearing. *Cancer*, 78(8), 1798-1804. doi:10.1002/(SICI)1097-0142(19961015)78:8<1798::AID-CNCR22>3.0.CO;2-S
- Liavaag, A. H., Dørum, A., Bjørø, T., Oksefjell, H., Fosså, S. D., Tropé, C., & Dahl, A. A. (2008). A controlled study of sexual activity and functioning in epithelial ovarian cancer survivors. A therapeutic approach. *Gynecologic Oncology*, 108(2), 348-354. doi:10.1016/j.ygyno.2007.10.009
- Markman, M., Rothman, R., Hakes, T., Reichman, B., Lewis, J. L., Rubin, S., ... Hoskins, W. (1991). Late effects of cisplatin-based chemotherapy on renal function in patients with ovarian carcinoma. *Gynecologic Oncology*, 41(3), 217-219. https://doi.org/10.1016/0090-8258(91)90311-R
- Mehnert, W. H., Haas, J. F., Kittelmann, B., Staneczek, W., Möhner, M., Kaldor, J. M., & Day, N. E. (1986). A case-control study of leukaemia as a second primary malignancy following ovarian and breast neoplasms. *IARC Scientific Publications*, (78), 203-221.
- National Comprehensive Cancer Network. (2019). *Ovarian Cancer* (NCCN Guideline Version 1.2019). Retrieved from https://www.nccn.org/professionals/physician_gls/pdf/ovarian.pdf
- Salani, R., Backes, F. J., Fung, M. F. K., Holschneider, C. H., Parker, L. P., Bristow, R. E., & Goff, B. A. (2011). Posttreatment surveillance and diagnosis of recurrence in women with gynecologic malignancies: Society of Gynecologic Oncologists recommendations. *American Journal of Obstetrics and Gynecology*, 204(6), 466-478. doi:10.1016/j.ajog.2011.03.008
- Stava, C., Beck, M., & Vassilopoulou-Sellin, R. (2005). Cataracts among cancer survivors. *American Journal of Clinical Oncology*, 28(6), 603-608. doi:10.1097/01.coc.0000175291.51232.48
- The National Lung Screening Trial Research Team. (2011). Reduced lung-cancer mortality with low-dose computed tomographic screening. *The New England Journal of Medicine*, 365(5), 395-409. doi:10.1056/NEJMoa1102873
- Travis, L. B., Curtis, R. E., Boice, J. D., Platz, C. E., Hankey, B. F., & Fraumeni, J. F. (1996). Second malignant neoplasms among long-term survivors of ovarian cancer. *Cancer Research*, 56(7), 1564-1570. Retrieved from <http://cancerres.aacrjournals.org/content/56/7/1564.full-text.pdf>
- Vanderbilt Cardio-Oncology Program. (2017). *Know Your ABCDE's*. Retrieved from <http://www.cardioonc.org/2017/08/29/know-your-abcs/>

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.*

DEVELOPMENT CREDITS

This survivorship algorithm is based on majority expert opinion of the Gynecologic Survivorship work group at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

Therese Bevers, MD (Cancer Prevention)
Diane C. Bodurka, MD (Education)
Robin Coyne, FNP, RN (Cancer Prevention)
Molly S. Daniels, MS, CGC (Clinical Cancer Genetics)
Terri Earles, WHNP-BC (Gyn Onc & Reproductive Med)
David M. Gershenson, MD (Gyn Onc & Reproductive Med)
Thoa Kazantsev, BSN, RN, OCN♦
Shiney Kurian, WHNP-BC (Gyn Onc & Reproductive Med)
Marita Lazzaro, RN, MS, ANP (Cancer Prevention)
Paula Lewis-Patterson, DNP, RN, NEA-BC (Cancer Survivorship)

♦ Clinical Effectiveness Development Team