Survivorship – Ovarian Cancer (Includes Fallopian Tube and Peritoneal Primary)

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Annual history and physical exam with:
- Pelvic exam
- CA-125
- Other markers based on pathology

New primary or recurrent disease?

Yes
Return to primary treating physician

No
Continue survivorship monitoring

Refer or consult as indicated

SURVEILLANCE

Consider the following:
- Colonoscopy
- Bone Health (see Gynecologic Cancer Survivorship: Bone Health algorithm)
- Sexual health

Consider the following:

PATIENT EDUCATION, COUNSELING, AND SCREENING:
- Lifestyle risk assessment
- Cancer screening
- HPV vaccination as clinically indicated (see HPV Vaccination algorithm)
- Screening for Hepatitis B and C as clinically indicated (see Hepatitis Screening and Management – HBV and HCV algorithm)
- Consider cardiovascular risk reduction
- Genetic screening (see Genetic Counseling algorithm)

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RISK REDUCTION/EARLY DETECTION

Consider for:
- Distress management (see Distress Screening and Psychosocial Management algorithm)
- Social support
- Financial stressors

PSYCHOSOCIAL FUNCTIONING

Ovarian cancer 5 years post-treatment and NED

CONCURRENT COMPONENTS OF VISIT

ELIGIBILITY

NED = no evidence of disease

1 Choriocarcinoma (ovarian) and Gestational trophoblastic disease – BHCG
- Granulosa cell tumor (ovarian) – Inhibin A and B
- Sertoli-Leydig cell tumor – BHCG, AFP, and testosterone

2 Mucinous type (ovarian) – CEA
- Dysgerminoma – AFP, BHCG, and LDH

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

Refer or consult as indicated

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SUGGESTED READINGS


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 (Gynecologic Oncology & Reproductive Medicine)
- Robin Coyne, MSN, RN, FNP (Cancer Prevention)
- Molly S. Daniels, MS, CGC (Clinical Cancer Genetics)
- Terri Earles, DNP, APRN, WHNP-BC (Gynecologic Oncology & Reproductive Medicine)
- David M. Gershenson, MD (Gynecologic Oncology & Reproductive Medicine)
- Katherine Gilmore, MPH (Cancer Survivorship)
- Harjeet Kaur, MSN, RN, CNL*
- Marita Lazzaro, RN, MS, ANP (Cancer Prevention)

* Clinical Effectiveness Development Team

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