Ovarian Cyst Management

This practice algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson’s specific patient population; MD Anderson’s services and structure; and MD Anderson’s clinical information. Moreover, this algorithm is not intended to replace the independent medical or professional judgment of physicians or other health care providers.

CLINICAL PRESENTATION

INITIAL EVALUATION

Benign-appearing cyst1

Less than or equal to 3 cm

Greater than 3 cm

Ultrasound follow-up at 6-12 weeks

Less than or equal to 5 cm

Greater than 5 cm

Ultrasound and disposition as clinically indicated

Early post-menopausal4

Greater than 3 cm but less than or equal to 5 cm

Greater than 5 cm

Ultrasound and disposition as clinically indicated

Late post-menopausal4

Less than or equal to 3 cm

Greater than 3 cm

Ultrasound and disposition as clinically indicated

Other imaging features3

Features not specific

Late post-menopausal4

Greater than 3 cm

Ultrasound and disposition as clinically indicated

Less than or equal to 1 cm

Ultrasound and disposition as clinically indicated

Probable diagnostic features

Manage as appropriate for diagnosis

Benign, no follow-up

Intraluminal fluid

Ultrasound and disposition as clinically indicated

Features not specific

Late post-menopausal4

Greater than 3 cm

Ultrasound and disposition as clinically indicated

Less than or equal to 1 cm

Ultrasound and disposition as clinically indicated

Other imaging features3

Features not specific

Late post-menopausal4

Greater than 3 cm

Ultrasound and disposition as clinically indicated

Less than or equal to 1 cm

Ultrasound and disposition as clinically indicated

Probable diagnostic features

Manage as appropriate for diagnosis

Benign, no follow-up

1 Should have all of the following features:
   (a) oval or round; (b) unilocular, with uniform fluid attenuation or signal (layering hemorrhage acceptable if premenopausal); (c) regular or imperceptible wall; (d) no solid area, mural nodule; and (e) 10 cm in maximum diameter.

2 Refers to an adnexal cyst that would otherwise meet the criteria for a benign-appearing cyst except for one or more of the following specific observations: (a) angulated margins, (b) not round or oval in shape, (c) a portion of the cyst is poorly imaged (eg, a portion of the cyst may be obscured by metal streak artifact on CT of the pelvis), and (d) the image has reduced signal-to-noise ratio, usually because of technical parameters or in some cases because the study was performed without intravenous contrast.

3 Features of masses in this category include:
   (a) solid component, (b) mural nodule, (c) septations, (d) higher than fluid attenuation, and (e) layering hemorrhage if postmenopausal.

4 Pre-menopausal (includes the perimenopausal) – patient less than 50 years of age
   Post-menopausal – patient greater than or equal to 50 years of age
   Early post-menopausal:
      ● Within 5 years of the final menstrual period or
      ● Ages 50-55 years, when the last menstrual period is unknown.
   Late post-menopausal:
      ● Greater than 5 years from the final menstrual period or
      ● Age greater than 55 years, if the last menstrual period is unknown.

Department of Clinical Effectiveness V1

Approved by the Executive Committee of the Medical Staff on 12/13/2016
SUGGESTED READINGS

Ovarian Cyst Management

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

- Tharakeswara Bathala, MD
- Deepak Bedi, MD
- Therese Bevers, MD
- Priya Bhosale, MD
- Yoliette Goodman, MBA
- Aurelio Matamoros, MD
- Denise Nebgen, MD
- Ott Le, MD
- Christina Perez
- Gaiane Rauch, MD, PhD
- Gloria Trowbridge, RN

DEVELOPMENT CREDITS

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

- Tharakeswara Bathala, MD
- Deepak Bedi, MD
- Therese Bevers, MD
- Priya Bhosale, MD
- Yoliette Goodman, MBA
- Aurelio Matamoros, MD
- Denise Nebgen, MD
- Ott Le, MD
- Christina Perez
- Gaiane Rauch, MD, PhD
- Gloria Trowbridge, RN

† Core Development Team

* Clinical Effectiveness Development Team

This practice algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson’s specific patient population; MD Anderson’s services and structure; and MD Anderson’s clinical information. Moreover, this algorithm is not intended to replace the independent medical or professional judgment of physicians or other health care providers.

Approved by the Executive Committee of the Medical Staff on 12/13/2016