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

**Incidental Adnexal Cystic Mass on CT or MRI (greater than or equal to 1 cm) Post-Menarchal, Non-Pregnant**

- **Benign-appearing cyst**
  - Less than or equal to 3 cm: Ultrasound follow-up at 6-12 weeks
  - Greater than 3 cm but less than or equal to 5 cm: Ultrasound and disposition as clinically indicated
  - Greater than 5 cm: Ultrasound and disposition as clinically indicated

- **Probable benign cyst**
  - Less than or equal to 3 cm: Ultrasound follow-up at 6-12 weeks
  - Greater than 3 cm but less than or equal to 5 cm: Ultrasound and disposition as clinically indicated
  - Greater than 5 cm: Ultrasound and disposition as clinically indicated

- **Other imaging features**
  - Less than or equal to 3 cm: Ultrasound follow-up at 6-12 weeks
  - Greater than 3 cm but less than or equal to 5 cm: Ultrasound and disposition as clinically indicated
  - Greater than 5 cm: Ultrasound and disposition as clinically indicated

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.

Benign, no follow-up

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Department of Clinical Effectiveness  V1
Approved by the Executive Committee of the Medical Staff on 12/13/2016
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SUGGESTED READINGS

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:

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