Ovarian Cancer Screening

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. 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?

- Yes
  - Proceed to diagnostic evaluation
- No

### RISK

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

### 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 (RRSO) 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

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


This screening algorithm is based on majority expert opinion of the Ovarian Cancer Screening 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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