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

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.

ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

SURVEILLANCE

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

New primary or recurrent disease?

MONITORING FOR LATE EFFECTS

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

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)

RISK REDUCTION/EARLY DETECTION

PSYCHOSOCIAL FUNCTIONING

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

Ovarian cancer 5 years post-treatment and NED

Yes

No

See appropriate cancer treatment algorithm

Continue survivorship monitoring

Refer or consult as indicated

NED = no evidence of disease

1. Choriocarcinoma (ovarian) and GTDs – Beta HCG
2. Granulosa cell tumor (ovarian) – Inhibin A and B
3. Sertoli-Leydig cell tumor – Beta HCG, AFP, and testosterone
4. Mucinous type (ovarian) – CEA
5. Dysgerminoma – AFP, beta HCG, and LDH

Granulosa cell tumor (ovarian) – Inhibin A and B
Sertoli-Leydig cell tumor – Beta HCG, AFP, and testosterone

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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
SUGGESTED READINGS


NCCN Clinical Practice Guidelines in Oncology. *Ovarian Cancer*. V2.2013


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:

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