Ovarian cancer 5 years post-treatment and NED

**ELIGIBILITY**

Annual physical exam with:
- CBC, and chemistry profile as clinically indicated
- CA 125 if initially elevated
- Pelvic exam
- CT chest, abdomen and pelvis as clinically indicated

New primary or recurrent disease?

Yes

See appropriate cancer treatment algorithm

No

Continue survivorship monitoring

**CONCURRENTLY**

Consider the following:
- Breast screening (see Breast Cancer Screening Algorithm)
- Colorectal screening (See Colorectal Cancer Screening Algorithm)
- Diet/weight management
- Exercise/activity (See Physical Activity Algorithm)
- Genetic counseling¹
- Lung cancer screening for current or former smoker (See Lung Cancer Screening Algorithm)
- Sun exposure/skin cancer screening (See Skin Cancer Screening Algorithm)

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

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

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¹ 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

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

This survivorship 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. This algorithm is provided for informational purposes only and is not intended to replace the independent medical or professional judgment of physicians or other health care providers. Moreover, this algorithm should not be used to treat pregnant women.

DEVELOPMENT CREDITS

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 core development team:

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