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

This cancer 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.

**Ovarian cancer 5 years post-treatment and NED**

**An annual physical exam with:**
- Pelvic exam
- CA-125
- Other markers based on pathology

**New primary or recurrent disease?**
- Yes → See appropriate cancer treatment algorithm
- No → Continue survivorship monitoring

**Consider the following:**
- Breast screening (see Breast Cancer Screening Algorithm)
- Colorectal screening (See Colorectal Cancer Screening Algorithm)
- Diet/weight management (See Adult Nutrition Algorithm)
- Exercise/activity (See Physical Activity Algorithm)
- Genetic counseling
- Lung cancer screening for current or former smoker (See Lung Cancer Screening Algorithm)
- Tobacco cessation if current smoker or recent quitter (See Tobacco Cessation Algorithm)
- Sun exposure/skin cancer screening (See Skin Cancer Screening Algorithm)

**Ovarian cancer 5 years post-treatment and NED**

**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.**

**Refer or consult as indicated**

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NED = no evidence of disease

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


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


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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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