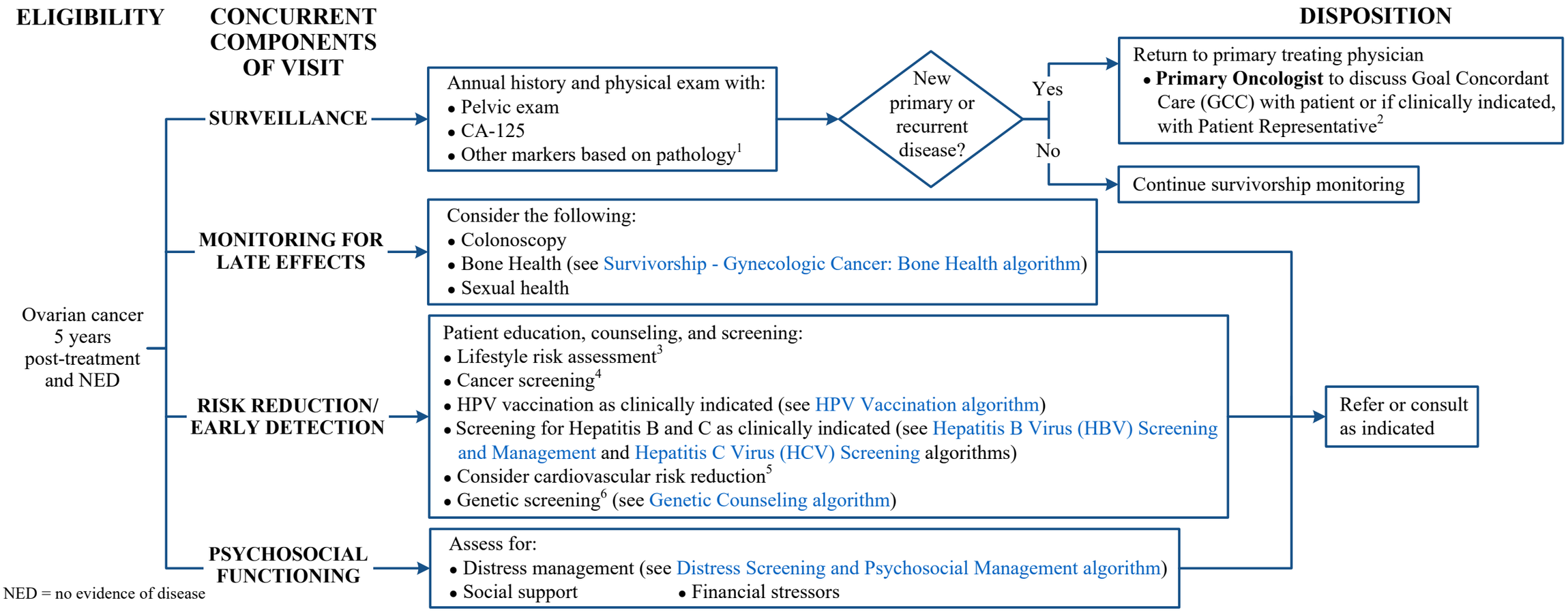
Survivorship – Ovarian Cancer (Includes Fallopian Tube and Peritoneal Primary)

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.*



NED = no evidence of disease

[1] • Choriocarcinoma (ovarian) and Gestational trophoblastic disease – BHCG • Granulosa cell tumor (ovarian) – Inhibin A and B • Sertoli-Leydig cell tumor – BHCG, AFP, and testosterone
• Mucinous type (ovarian) – CEA • Dysgerminoma – AFP, BHCG, and LDH

[2] GCC should be initiated by the **Primary Oncologist**. If Primary Oncologist is unavailable, Primary Team/Attending Physician to initiate GCC discussion and notify Primary Oncologist. Patients, or if clinically indicated, the Patient Representative should be informed of therapeutic and/or palliative options. GCC discussion should be consistent, timely, and re-evaluated as clinically indicated. The Advance Care Planning (ACP) note should be used to document GCC discussion. Refer to GCC home page (for internal use only).

[3] See Physical Activity, Nutrition, and Tobacco Cessation Treatment algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

[4] Includes breast, cervical (if appropriate), colorectal, liver, lung, pancreatic, and skin cancer screening

[5] Consider use of Vanderbilt's ABCDE's approach to cardiovascular health

[6] 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

Department of Clinical Effectiveness V10
Approved by the Executive Committee of the Medical Staff on 02/20/2024

SUGGESTED READINGS

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DEVELOPMENT CREDITS

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