MDAnderson Ovarian Cancer Screening

Making Cancer History®

THE UNIVERSITY OF TEXAS

Cancer Center

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.

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. This algorithm is not intended for patients with a personal history of ovarian cancer¹. For transgender men assigned female at birth, determine if ovarian tissue remains intact.



¹See the Epithelial Ovarian Cancer or Survivorship - Ovarian Cancer algorithms for the management of women with a personal history of ovarian cancer

- ² Signs and symptoms include:
- Pelvic or abdominal pain
- Increased abdominal size/bloating
- Difficulty eating/feeling full
- Fatigue
- Changes in bowel/bladder habits

³ If moderate to severe anxiety related to screening results is identified, refer to Social Work for psychiatric evaluation and/or counseling

Copyright 2024 The University of Texas MD Anderson Cancer Center

Page 1 of 3



DAnderson Ovarian Cancer Screening

Making Cancer History®

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.

SUGGESTED READINGS

- Goff, B. A., Mandel, L. S., Drescher, C. W., Urban, N., Gough, S., Schurman, K. M., . . . Andersen, M. R. (2007). Development of an ovarian cancer symptom index: Possibilities for earlier detection. *Cancer*, 109(2), 221-227. https://doi.org/10.1002/cncr.22371
- Kauff, N. D., Satagopan, J. M., Robson, M. E., Scheuer, L., Hensley, M., Hudis, C. A., . . . Offit, K. (2002). Risk-reducing salpingo-oophorectomy in women with a BRCA1 or BRCA2 mutation. *The New England Journal of Medicine*, *346*(21), 1609-1615. https://doi.org/10.1056/NEJMoa020119
- Lindor, N. M., Petersen, G. M., Hadley, D. W., Kinney, A. Y., Miesfeldt, S., Lu, K. H., . . . Press, N. (2006). Recommendations for the care of individuals with an inherited predisposition to Lynch syndrome: A systematic review. *Journal of the American Medical Association, 296*(12), 1507-1517. https://doi.org/10.1001/jama.296.12.1507
- National Comprehensive Cancer Network. (2024). *Genetic/Familial High-Risk Assessment: Breast, Ovarian, and Pancreatic* (NCCN Guideline Version 3.2024). Retrieved from https://www.nccn.org/professionals/physician_gls/pdf/genetics_bop.pdf
- Rebbeck, T. R., Lynch, H. T., Neuhausen, S. L., Narod, S. A., van't Veer, L., Garber, J. E., . . . Weber, B. L. (2002). Prophylactic oophorectomy in carriers of BRCA1 or BRCA2 mutations. *The New England Journal of Medicine*, *346*(21), 1616-1622. https://doi.org/10.1056/NEJMoa012158
- Schorge, J. O., Modesitt, S. C., Coleman, R. L., Cohn, D. E., Kauff, N. D., Duska, L. R., . . . Herzog, T. J. (2010). SGO white paper on ovarian cancer: Etiology, screening and surveillance. *Gynecologic Oncology*, *119*(1), 7-17. https://doi.org/10.1016/j.ygyno.2010.06.003

Page 2 of 3



DAnderson Ovarian Cancer Screening

Making Cancer History*

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.

DEVELOPMENT CREDITS

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

Therese Bevers, MD (Cancer Prevention) Ana Nelson, DNP, APRN, FNP-BC (Cancer Prevention) Shannon Westin, MD (Gynecologic Oncology & Reproductive Medicine)

Workgroup Members

Heather Alexander Dahl, PgDip, BA (Cause Alliances) Joyce Dains, DrPH, JD, RN, FNP-BC, FNAP, FAANP (Nursing) Molly Daniels, MS, CGC (Cancer Genetics) Wendy Garcia, BS[•] Ernest Hawk, MD (Cancer Prevention) Denise Nebgen, MD, PhD (Gynecologic Oncology & Reproductive Medicine) Lois Ramondetta, MD (Gynecologic Oncology & Reproductive Medicine) Eduardo Vilar Sanchez, MD, PhD (Cancer Prevention) Hannah Warr, MSN, RN, CPHON[•]

*Clinical Effectiveness Development Team

Page 3 of 3