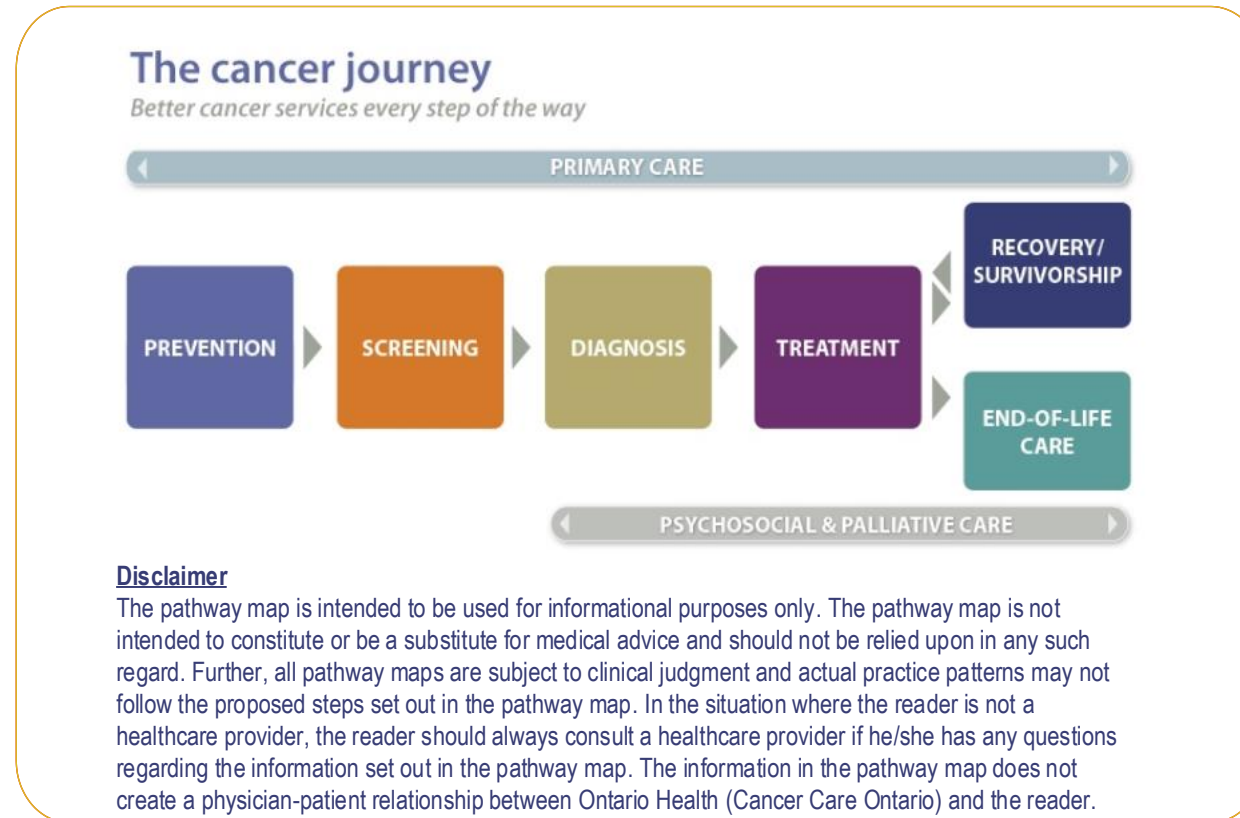


# Ovarian Cancer Diagnosis Pathway Map

Version 2020.01



**Ontario Health**  
Cancer Care Ontario

### Target Population

- The pathway map reflects the clinical management of women with signs or symptoms suspicious for epithelial ovarian cancer
- These women are in need of diagnostic work-up










### Pathway Map Considerations

- For additional information about the optimal organization of gynecologic oncology services in Ontario refer to [EBS #4-11](#)
- The term 'healthcare provider', used throughout the pathway map, includes primary care providers and specialists, e.g. family doctors, nurse practitioners, gynecologists, midwives and emergency physicians.
- Primary care providers play an important role in the cancer journey and should be informed of relevant tests and consultations. Ongoing care with a primary care provider is assumed to be part of the pathway map. For patients who do not have a primary care provider, [Health Care Connect](#), is a government resource that helps patients find a doctor or nurse practitioner.
- Throughout the pathway map, a shared decision-making model should be implemented to enable and encourage patients to play an active role in the management of their care. For more information see [Person-Centered Care Guideline](#) and [EBS #19-2 Provider-Patient Communication\\*](#)
- Hyperlinks are used throughout the pathway map to provide information about relevant Ontario Health (Cancer Care Ontario) tools, resources and guidance documents.
- Psychosocial oncology (PSO) is the interprofessional specialty concerned with understanding and treating the social, practical, psychological, emotional, spiritual and functional needs and quality-of-life impact that cancer has on patients and their families. Psychosocial care should be considered an integral and standardized part of cancer care for patients and their families at all stages of the illness trajectory. For more information, visit [EBS #19-3\\*](#)










\* **Note.** [EBS #19-2](#) and [EBS #19-3](#) are older than 3 years and are currently listed as 'For Education and Information Purposes'. This means that the recommendations will no longer be maintained but may still be useful for academic or other information purposes.

### Pathway Map Legend



#### Colour Guide

-  Primary Care
-  Palliative Care
-  Pathology
-  Gynecologic Oncology
-  Radiation Oncology
-  Medical Oncology
-  Radiology
-  Gynecology
-  Multidisciplinary Cancer Conference (MCC)

#### Shape Guide

-  Intervention
-  Decision or assessment point
-  Patient (disease) characteristics
-  Consultation with specialist
-  Exit pathway
-  Off-page reference
-  Patient/Provider interaction
-  Referral
-  Wait time indicator time point

#### Line Guide

-  Required
-  Possible

### Pathway Map Disclaimer

This pathway map is a resource that provides an overview of the treatment that an individual in the Ontario cancer system may receive.

The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map. In the situation where the reader is not a healthcare provider, the reader should always consult a healthcare provider if he/she has any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Ontario Health (Cancer Care Ontario) and the reader.

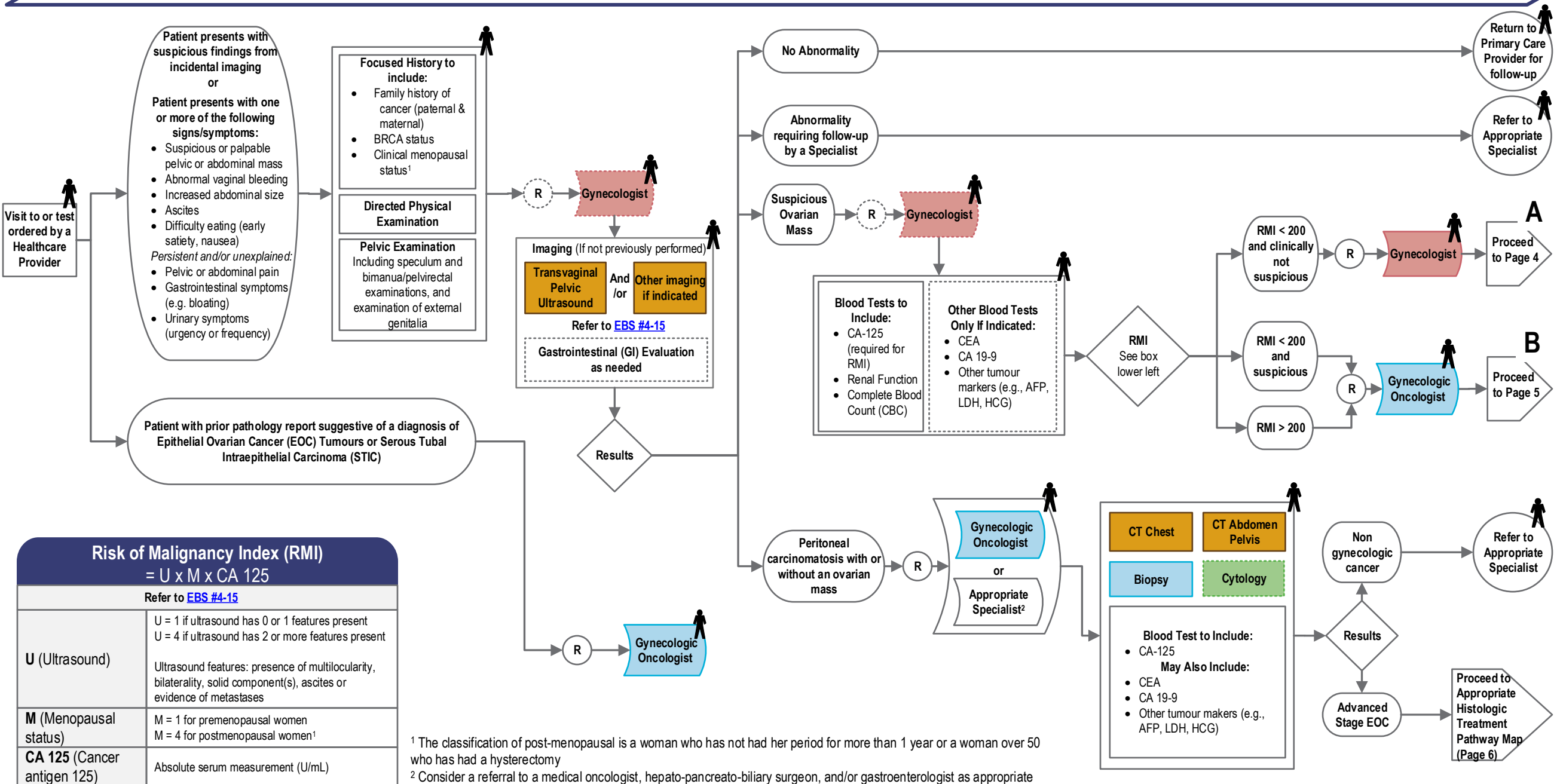
While care has been taken in the preparation of the information contained in the pathway map, such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability.

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Screen for psychosocial needs, and assessment and management of symptoms. [Click here for more information about symptom assessment and management tools](#)



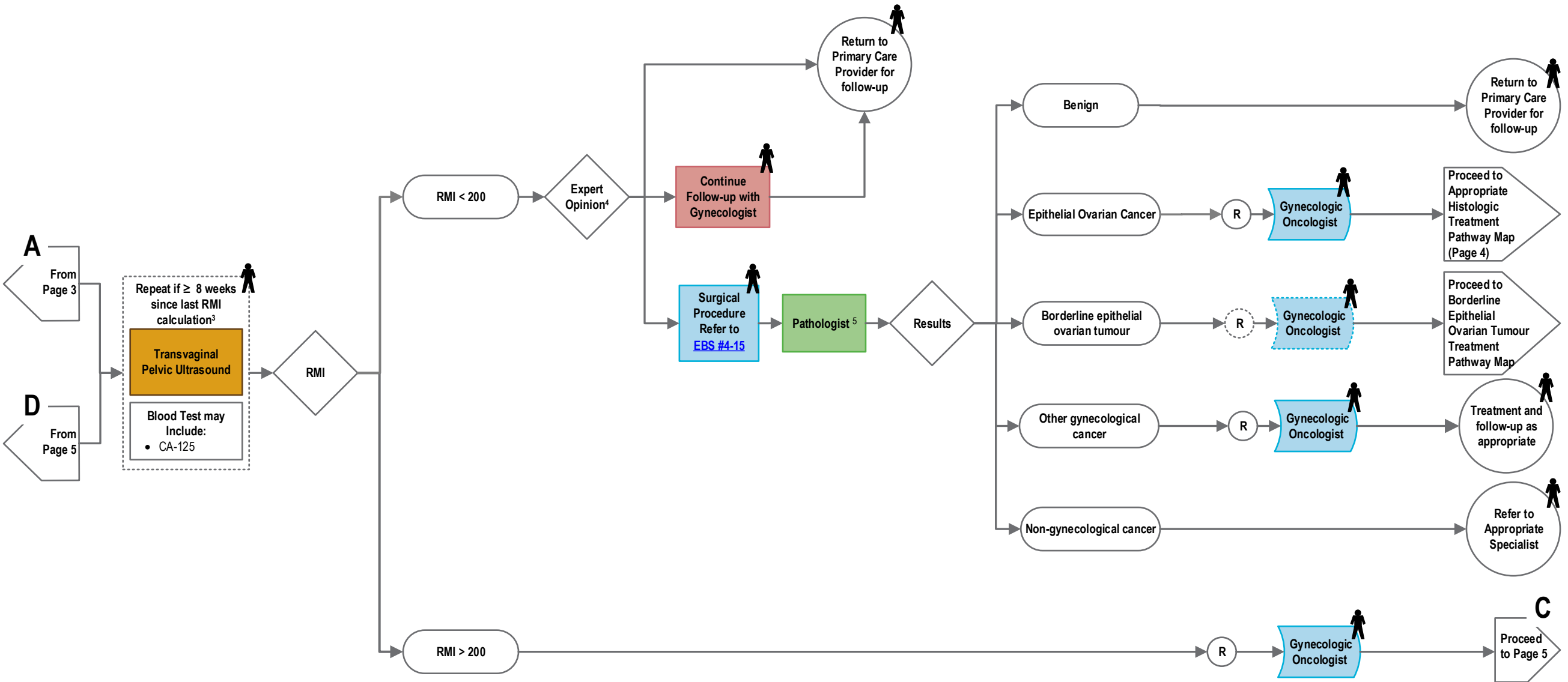
Risk of Malignancy Index (RMI)	
= U x M x CA 125	
Refer to <a href="#">EBS #4-15</a>	
<b>U (Ultrasound)</b>	U = 1 if ultrasound has 0 or 1 features present U = 4 if ultrasound has 2 or more features present  Ultrasound features: presence of multilocularity, bilaterality, solid component(s), ascites or evidence of metastases
<b>M (Menopausal status)</b>	M = 1 for premenopausal women M = 4 for postmenopausal women <sup>1</sup>
<b>CA 125 (Cancer antigen 125)</b>	Absolute serum measurement (U/mL)

<sup>1</sup> The classification of post-menopausal is a woman who has not had her period for more than 1 year or a woman over 50 who has had a hysterectomy

<sup>2</sup> Consider a referral to a medical oncologist, hepato-pancreato-biliary surgeon, and/or gastroenterologist as appropriate

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<sup>3</sup> There is a lack of guidance indicating the appropriate time interval as to when ultrasound and RMI assessment should be repeated

<sup>4</sup> If appropriate, seek a second opinion from a gynecological oncologist

<sup>5</sup> BRCA reflex testing should be performed on tumours from all newly diagnosed patients with high grade serous ovarian, fallopian tube or primary peritoneal cancer, to determine eligibility for the drug olaparib

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