Clear Cell Epithelial Ovarian Cancer Treatment and Follow-up Pathway Map

Version 2020.01

Disclaimer

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.

Ontario Health
Cancer Care Ontario

Target Population

- Women presenting with epithelial ovarian cancer

Pathway Map Considerations

- For more information about the optimal organization of gynecologic oncology services in Ontario refer to **EBS #4-11**
- The staging system used throughout the Ovarian Cancer Treatment Pathway Map is the 2014 FIGO staging system.
- 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.
- 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.
- For more information on Multidisciplinary Cancer Conferences visit **MCC Tools**
- For more information on wait time prioritization, visit: **Surgery**
- Clinical trials should be considered for all phases of the pathway map.
- 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***
- The following should be considered when weighing the treatment options described in this pathway map for patients with potentially life-limiting illness:
  - Palliative care may be of benefit at any stage of the cancer journey, and may enhance other types of care – including restorative or rehabilitative care – or may become the total focus of care
  - Ongoing discussions regarding goals of care is central to palliative care, and is an important part of the decision-making process. Goals of care discussions include the type, extent and goal of a treatment or care plan, where care will be provided, which health care providers will provide the care, and the patient's overall approach to care

* **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
- Genetics
- Multidisciplinary Cancer Conference (MCC)

Shape Guide

- Intervention
- Decision or assessment point
- Patient (disease) characteristics
- Consultation with specialist
- Exit pathway
- or Off-page reference
- Patient/Provider interaction
- R Referral
- W 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.

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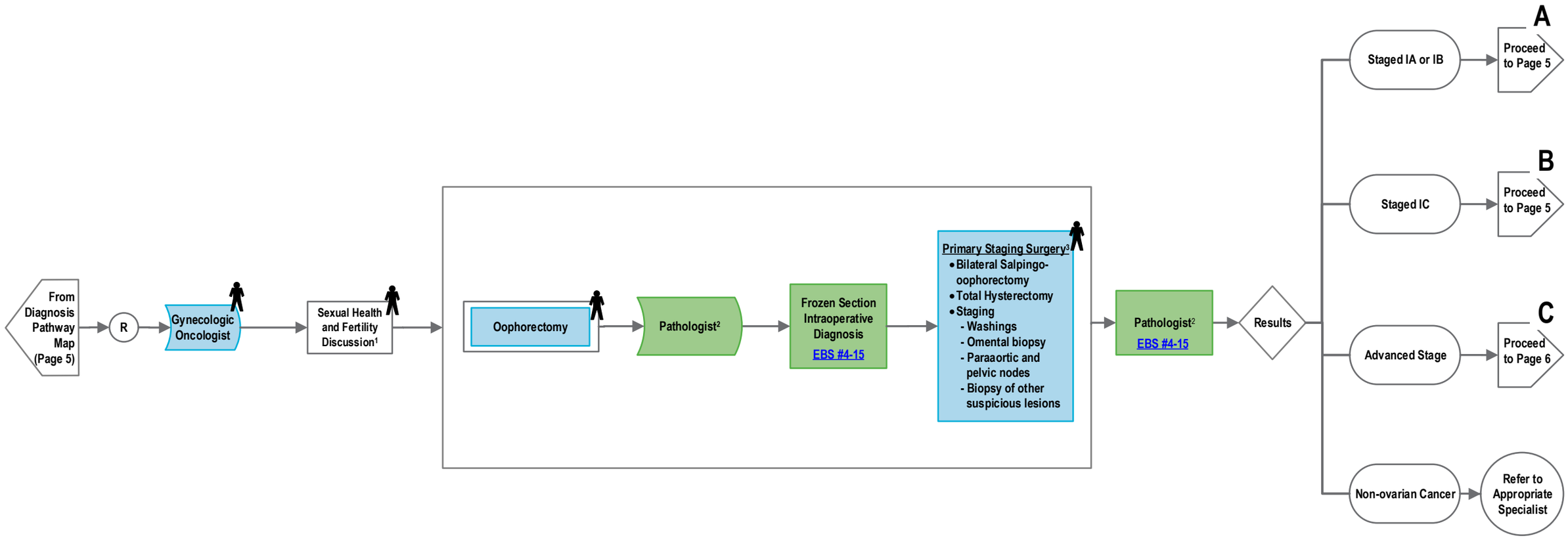
Screen for psychosocial needs, and assessment and management of symptoms. Click here for more information about symptom assessment and management tools

Consider the introduction of palliative care, early and across the cancer journey Click here for more information about palliative care



[1] Discussion to be individualized for each patient; however, may include the following: age, fertility preservation, hormone replacement therapy, referral for infertility consultation, etc.
[2] Pathologists with a specialty or special interest in gynecologic pathology.
[3] If appropriate, the option of fertility sparing surgery should be discussed with the patient.

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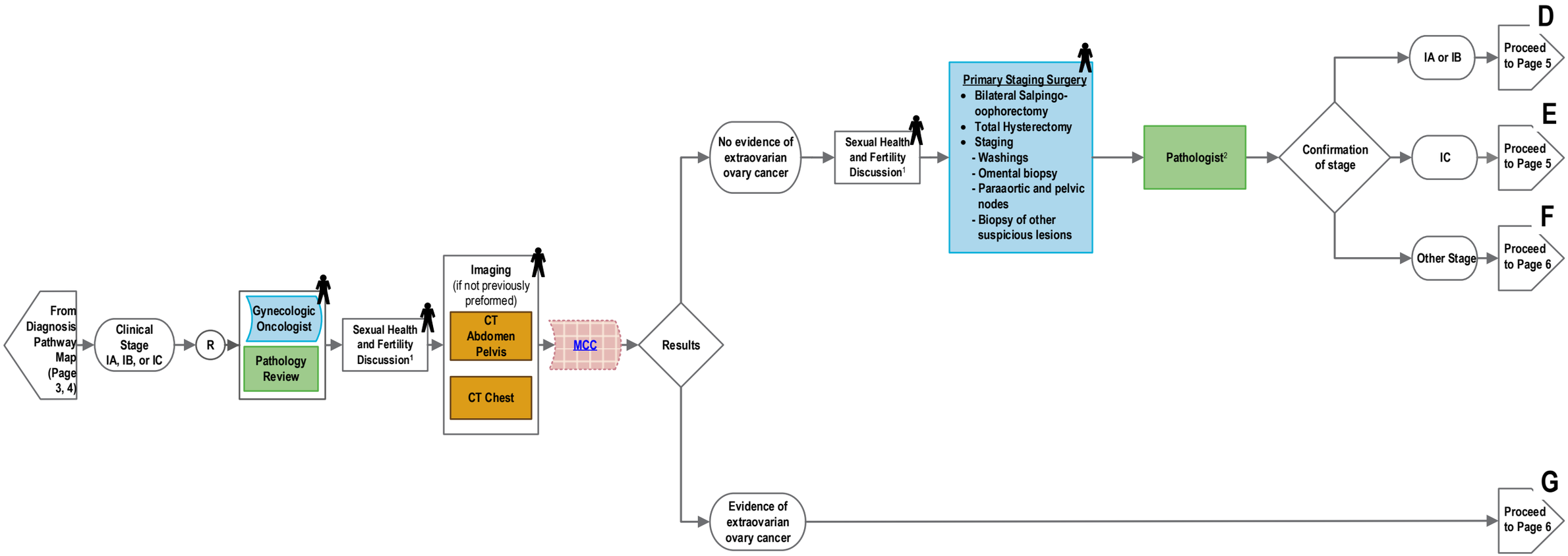

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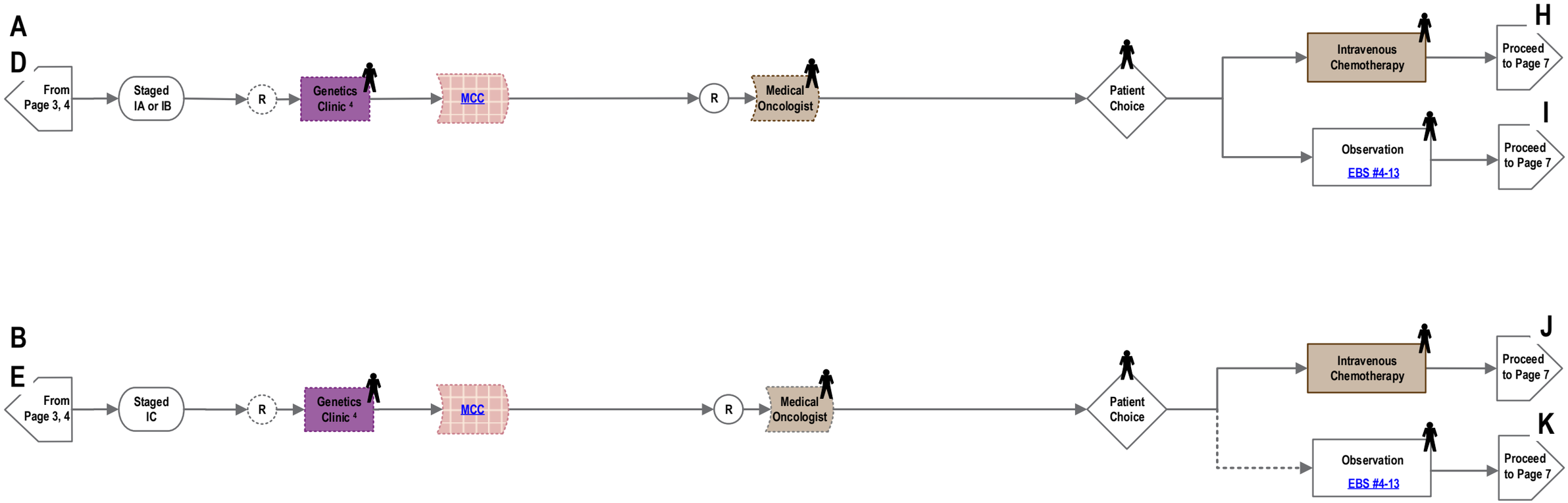

[4] Referral to genetics if patient meets MOH criteria for genetic testing for Lynch syndrome

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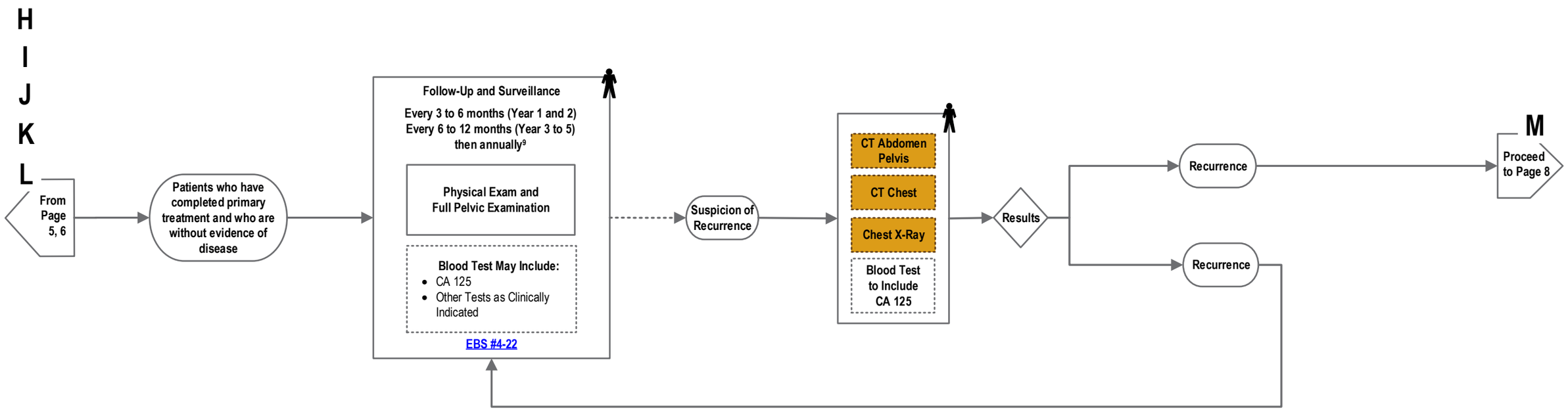

[9] Annual follow-up by gynecologist, family doctor or gynecologic oncologist.

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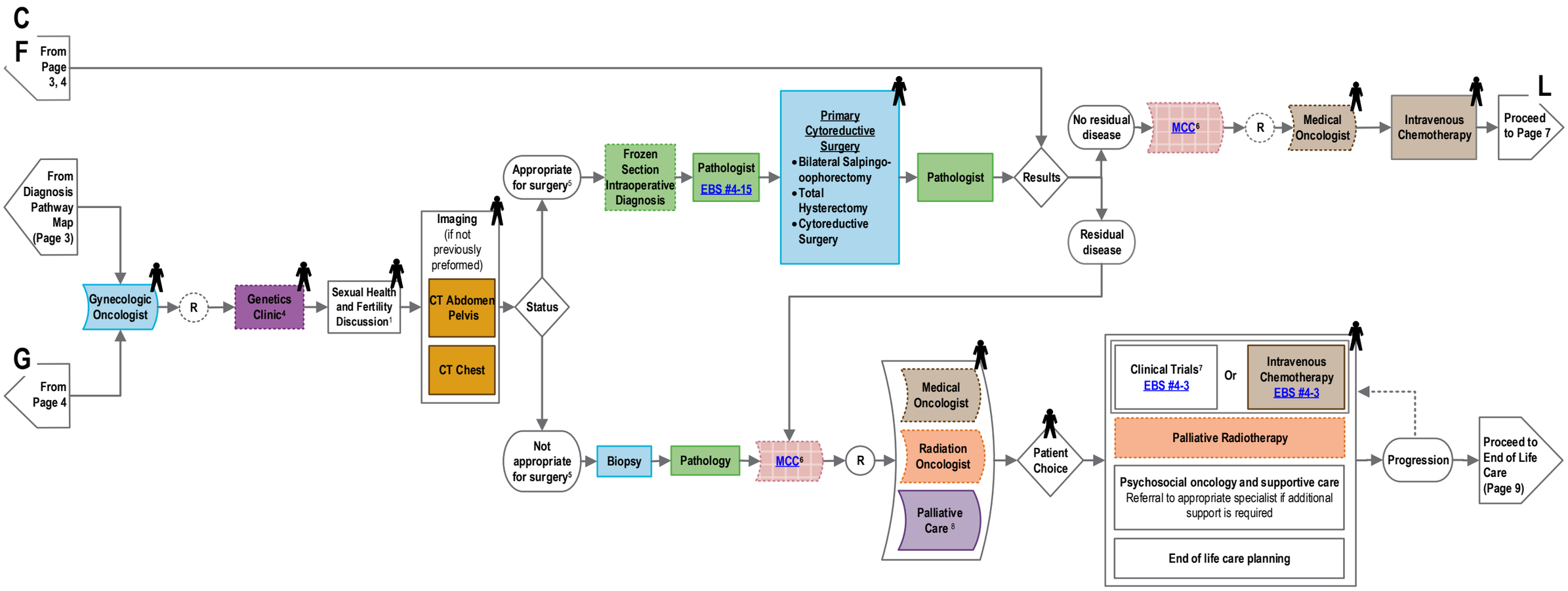

[1] Discussion to be individualized for each patient; however, may include the following: age, fertility preservation, hormone replacement therapy, referral for infertility consultation, etc.
[4] Referral to genetics if patient meets MOH criteria for genetic testing for Lynch syndrome
[5] To determine the appropriateness for surgery, the following should be taken into consideration: performance status, response to chemotherapy, surgical resectability, and patient comorbidities
[6] The potential role of radiotherapy should be discussed at the MCC
[7] When available, clinical trials are to be a priority in this patient population.
[8] For more information about early palliative care for advanced cancer refer to Zimmermann et al., (2014) Early palliative care for patients with advanced cancer: a cluster-randomized controlled trial. Lancet, 383(9930), 1721-30.

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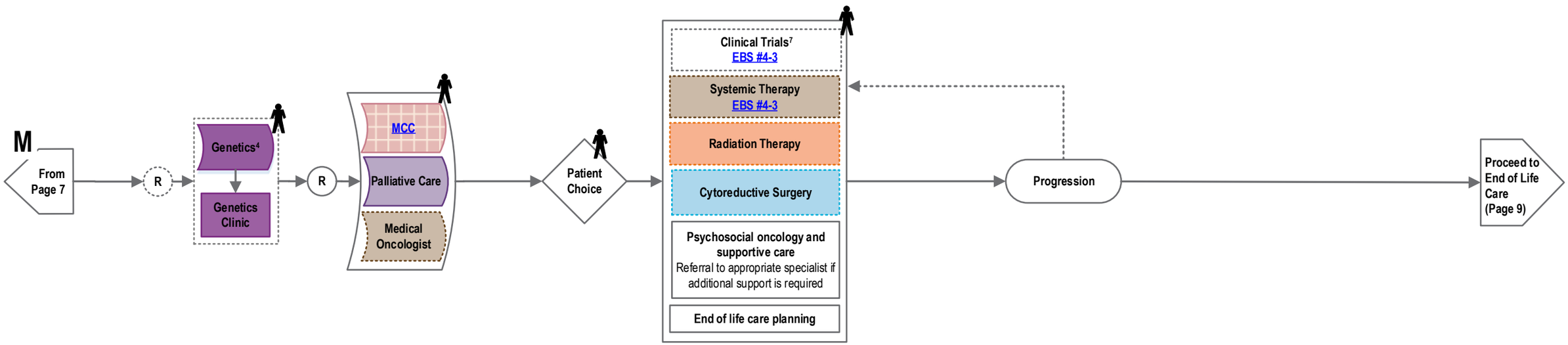

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