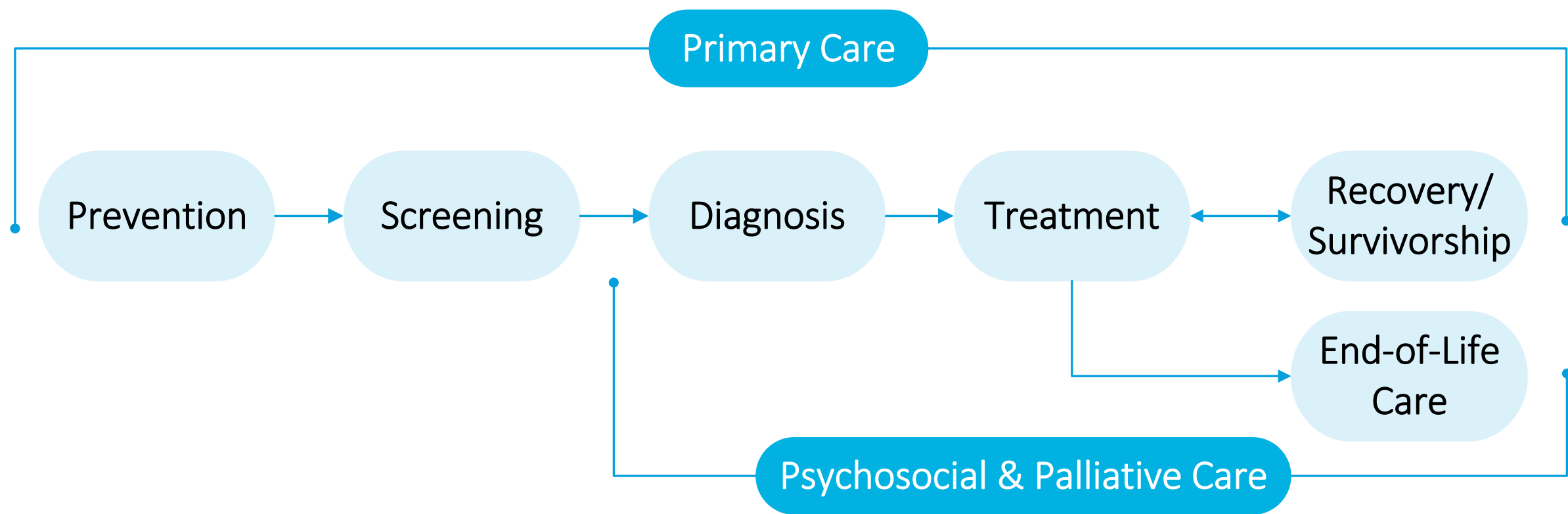


Endometrioid Ovarian Cancer Treatment Pathway Map

Version 2025.04



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Ontario Health
Cancer Care Ontario

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Target Population

- Patients presenting with endometrioid epithelial ovarian cancer.

Pathway Map Considerations

- For additional information about the optimal organization of gynecologic oncology services in Ontario refer to [GL #4-11](#).
- 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, [Health811](#) 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 ‘health care provider’, used throughout the pathway map, includes primary care providers and specialists, e.g. family doctors, nurse practitioners, and emergency physicians.
- Multidisciplinary Cancer Conferences (MCCs) may be considered for all phases of the pathway map. For more information on Multidisciplinary Cancer Conferences, visit
- 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](#).*

Pathway Map Legend

Colour Guide

	Primary Care
	Palliative Care
	Pathology
	Organized Diagnostic Assessment
	Surgery
	Radiation Oncology
	Medical Oncology
	Radiology
	Multidisciplinary Cancer Conference (MCC)
	Genetics
	Psychosocial Oncology (PSO)

Shape Guide

	Intervention
	Decision or assessment point
	Patient (disease) characteristics
	Consultation with specialist
	Exit pathway
	Off page reference
	Referral

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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* **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.

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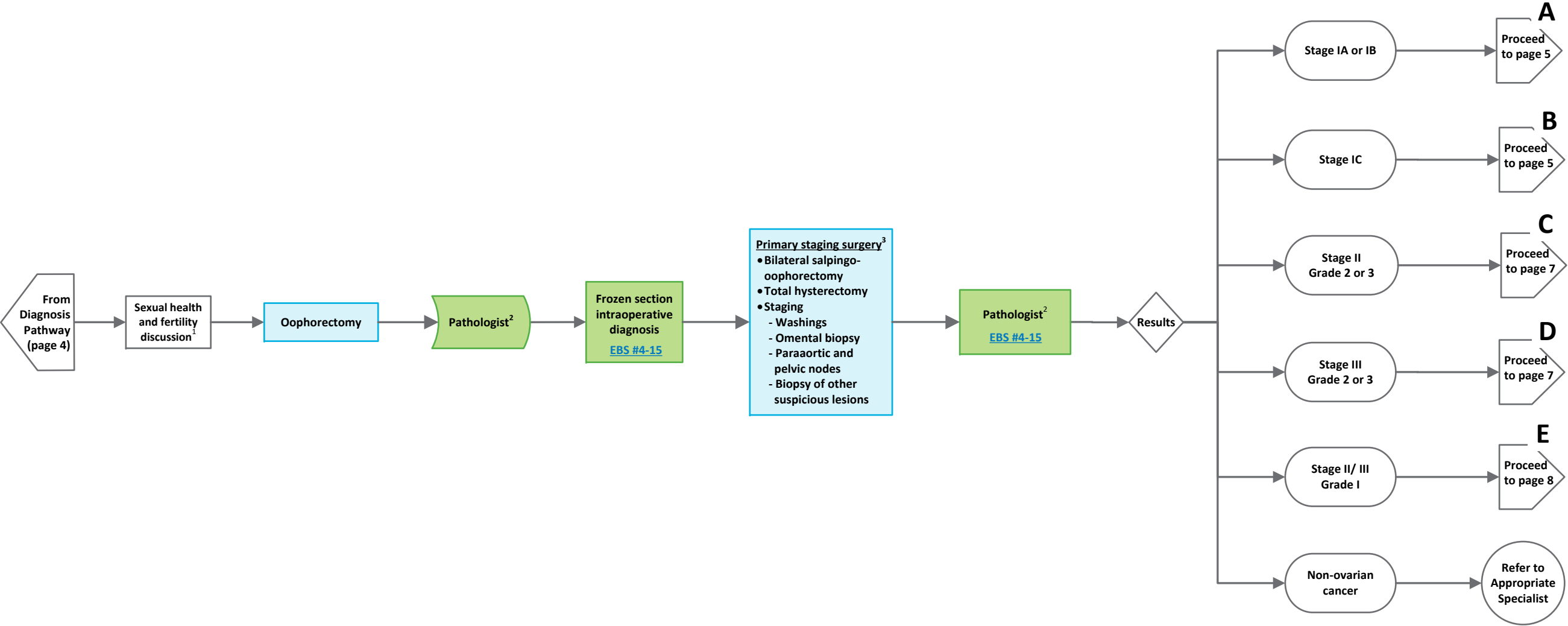
Suspicious Pelvic Mass with No Tissue Diagnosis, Presumed Clinical Early Stage

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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](#)

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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.

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.

Endometrioid Ovarian Cancer Pathway Map

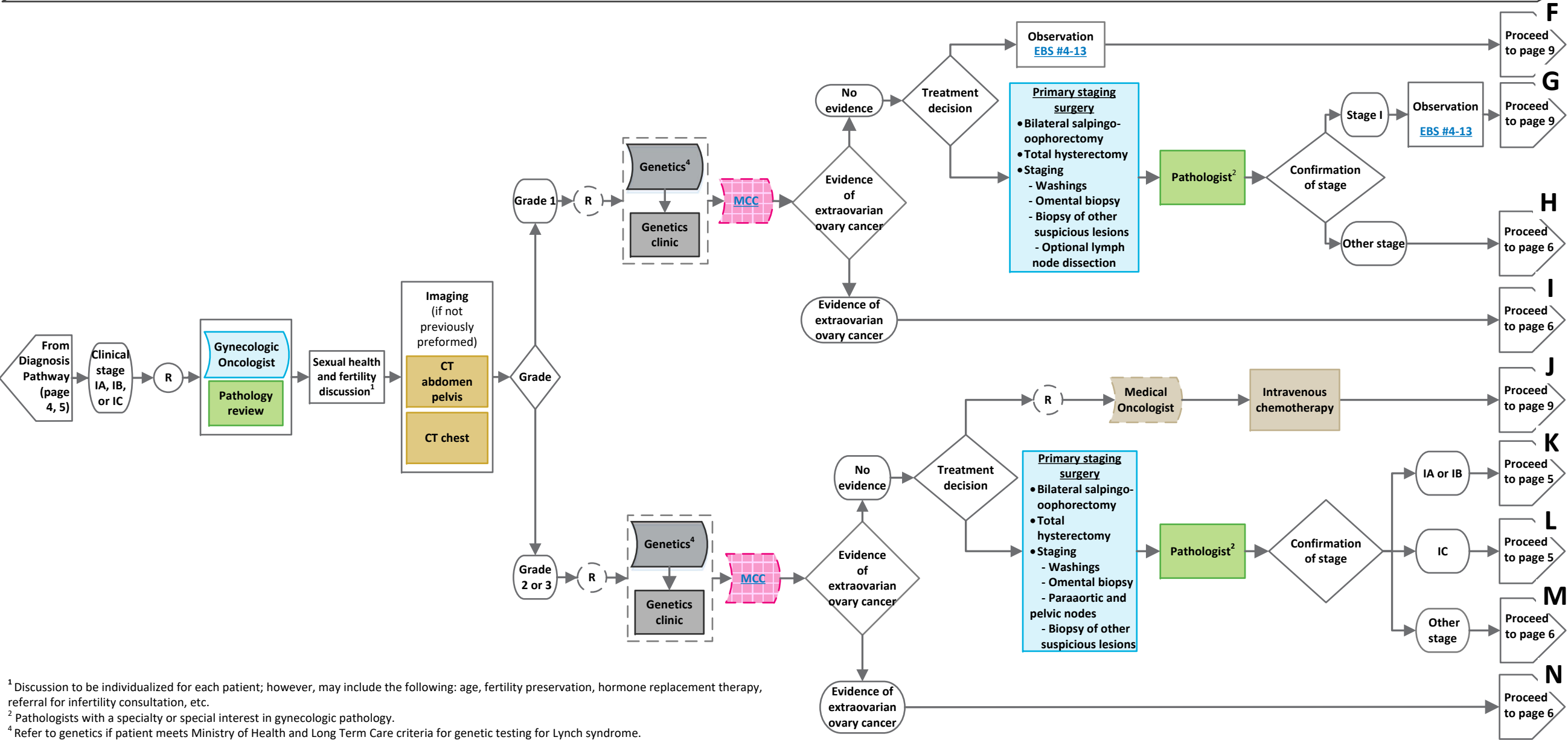
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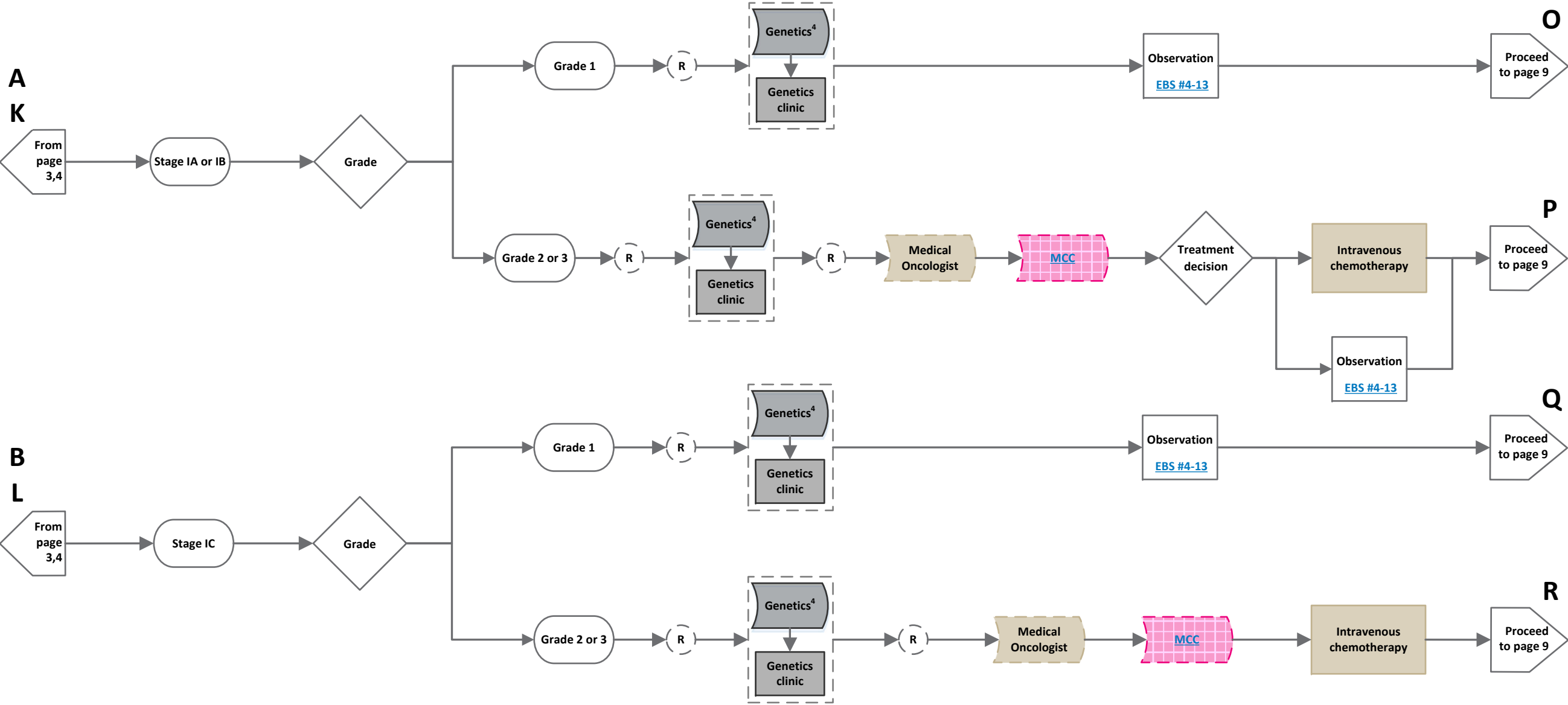


¹ Discussion to be individualized for each patient; however, may include the following: age, fertility preservation, hormone replacement therapy, referral for infertility consultation, etc.
² Pathologists with a specialty or special interest in gynecologic pathology.
⁴ Refer to genetics if patient meets Ministry of Health and Long Term Care criteria for genetic testing for Lynch syndrome.

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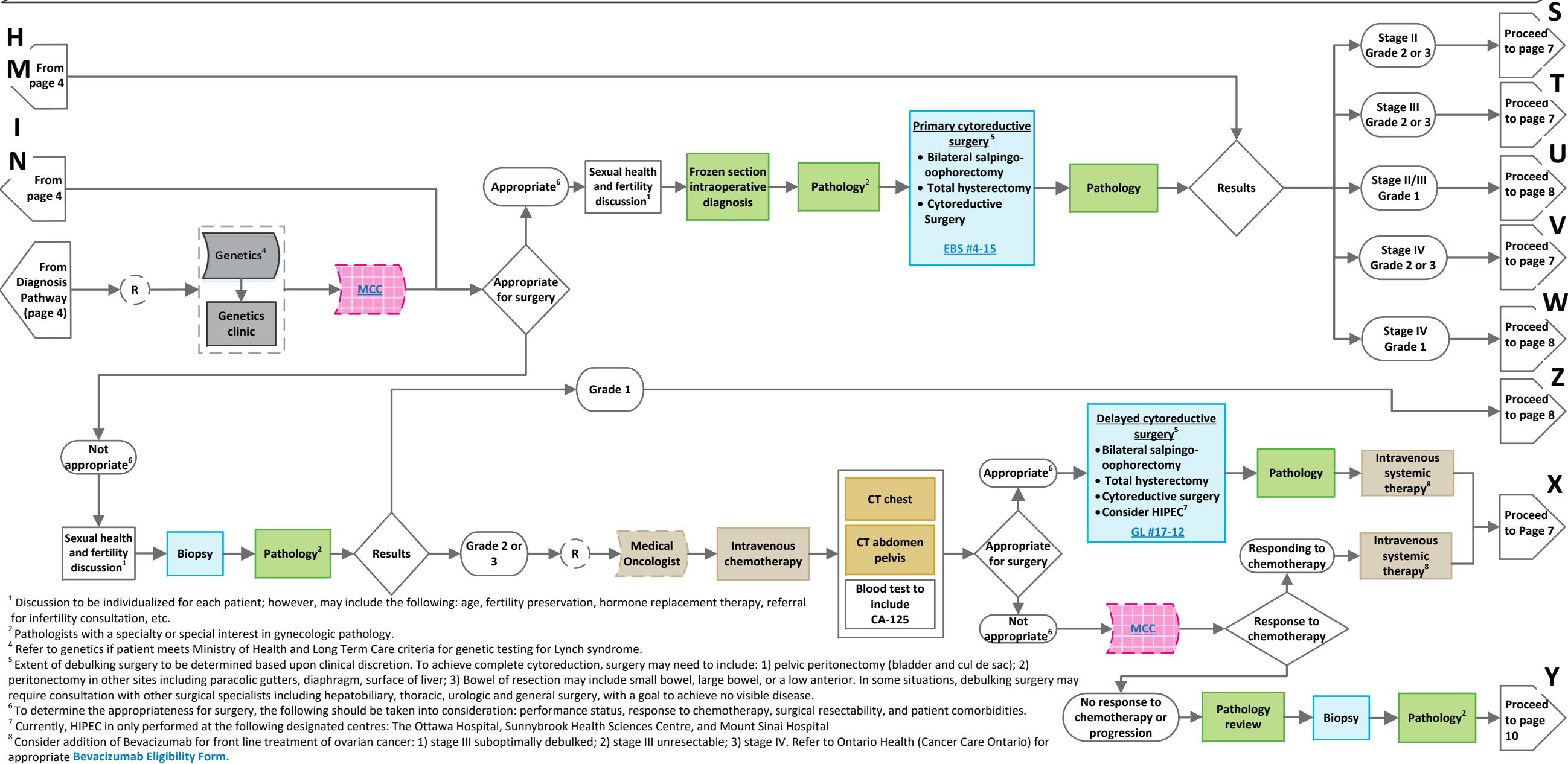


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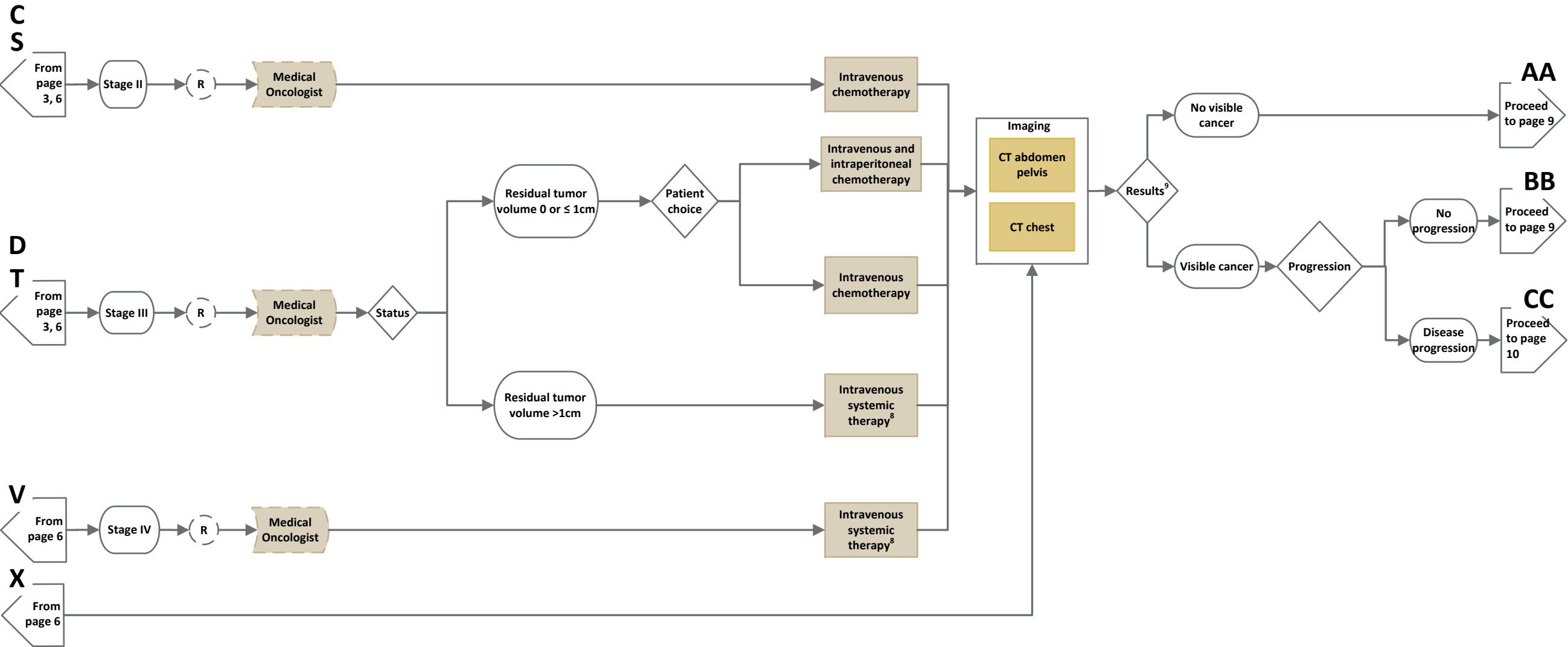
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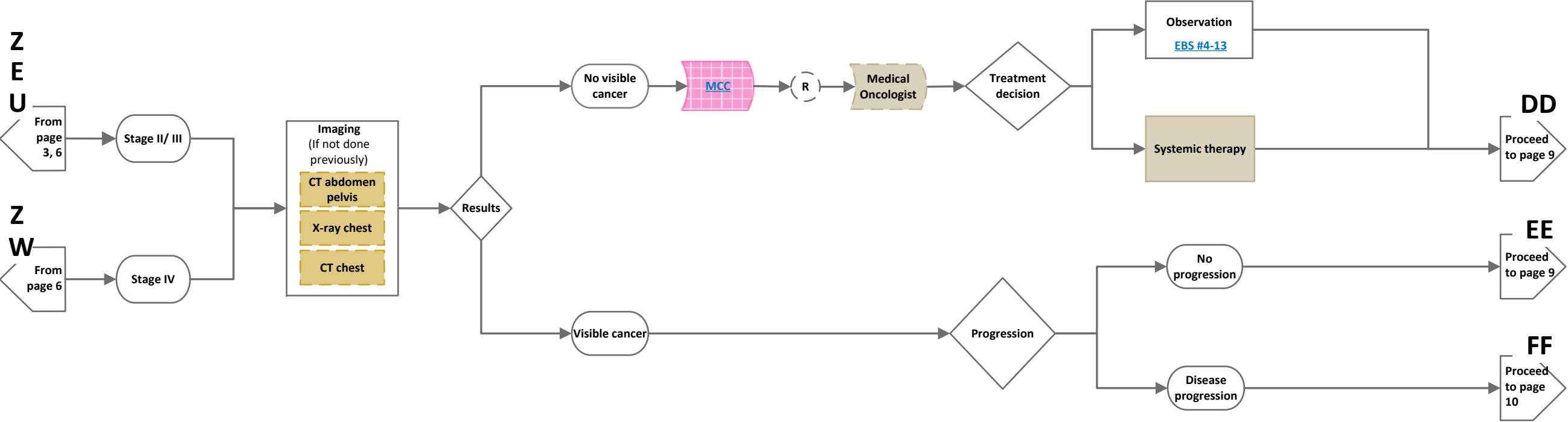
⁸ Consider addition of Bevacizumab for front line treatment of ovarian cancer: 1) stage III suboptimally debulked; 2) stage III unresectable; 3) stage IV. Refer to Ontario Health (Cancer Care Ontario) for appropriate [Bevacizumab Eligibility Form](#).

⁹ Patients who have had response to treatment (partial or complete) may be candidates for poly ADP-ribose polymerase (PARP) inhibitors. Refer to the Ministry of Health Exceptional Access Program for appropriate [Niraparib and Olaparib reimbursement criteria](#).

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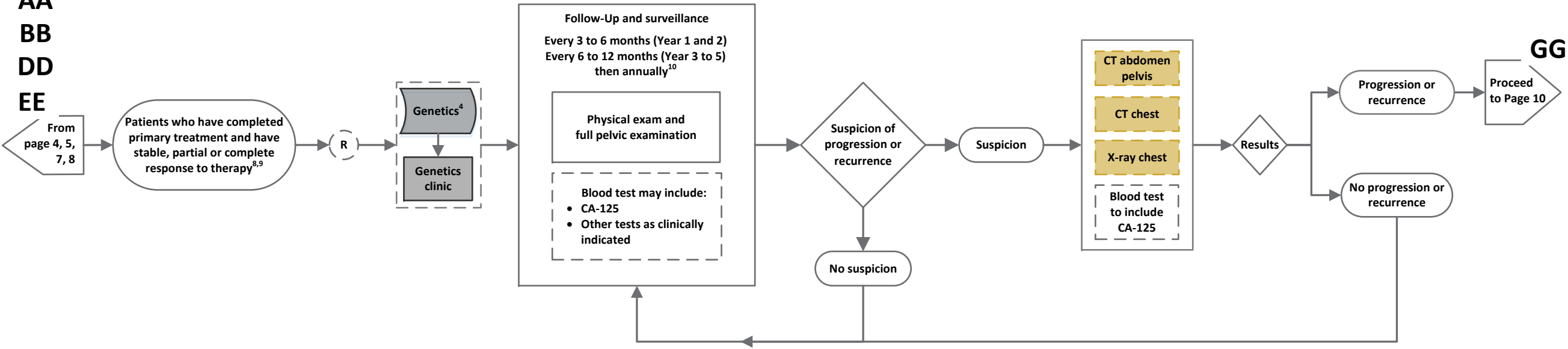


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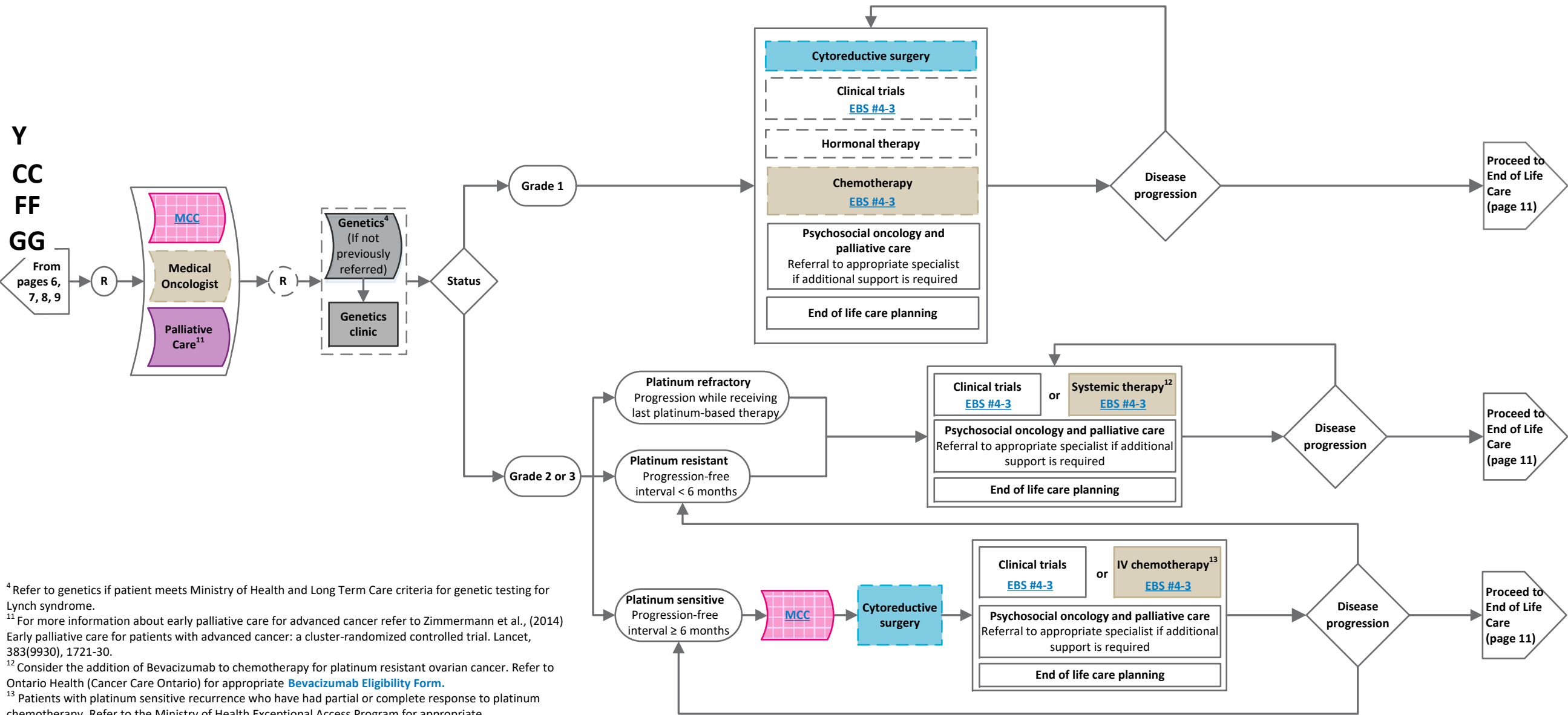
⁹ Patients who have had response to treatment (partial or complete) may be candidates for poly ADP-ribose polymerase (PARP) inhibitors. Refer to the Ministry of Health Exceptional Access Program for appropriate [Niraparib and Olaparib reimbursement criteria](#).

¹⁰ Annual follow-up by gynecologist, family doctor or gynecologic oncologist.

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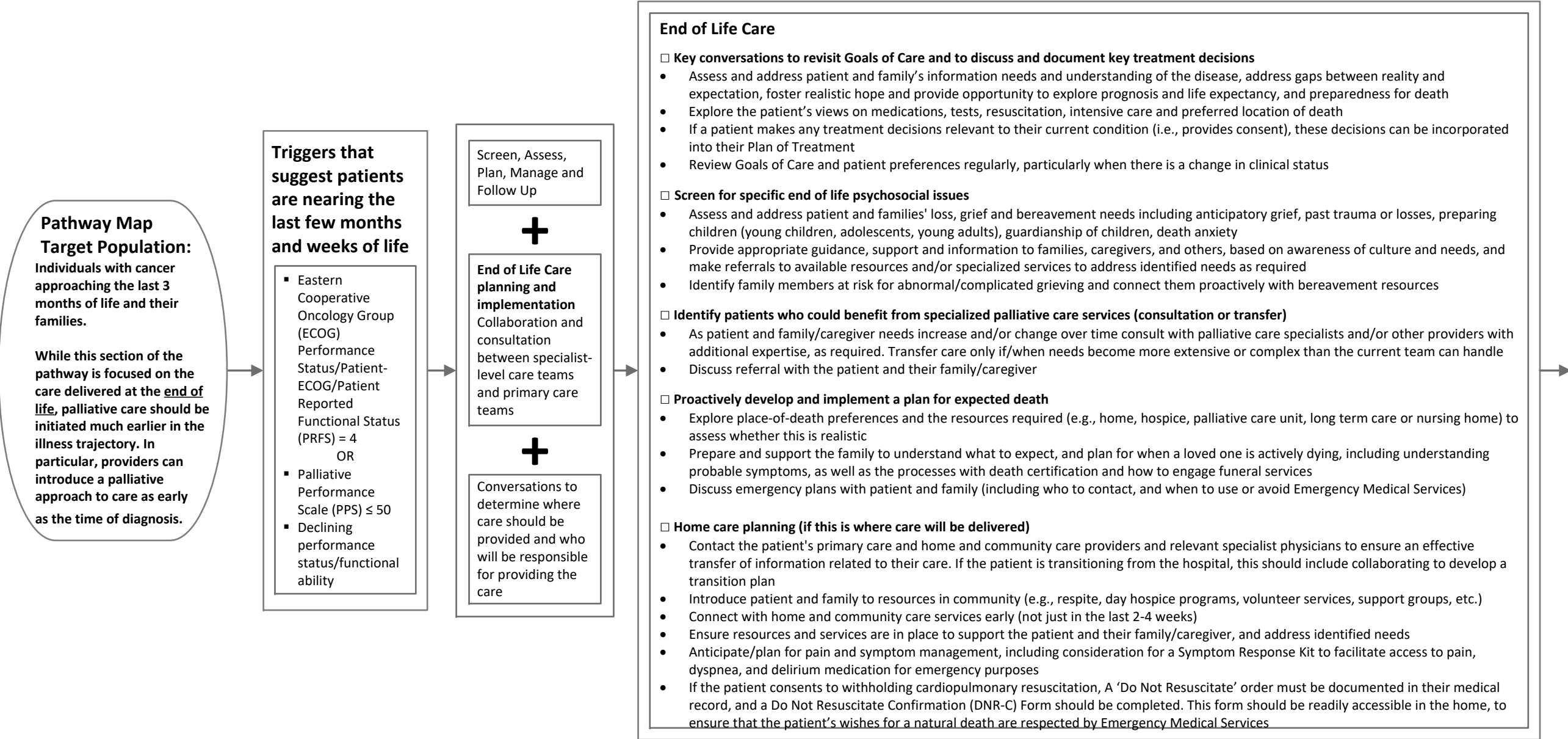


⁴ Refer to genetics if patient meets Ministry of Health and Long Term Care criteria for genetic testing for Lynch syndrome.
¹¹ For more information about early palliative care for advanced cancer refer to Zimmermann et al., (2014) Early palliative care for patients with advanced cancer: a cluster-randomized controlled trial. Lancet, 383(9930), 1721-30.
¹² Consider the addition of Bevacizumab to chemotherapy for platinum resistant ovarian cancer. Refer to Ontario Health (Cancer Care Ontario) for appropriate [Bevacizumab Eligibility Form](#).
¹³ Patients with platinum sensitive recurrence who have had partial or complete response to platinum chemotherapy. Refer to the Ministry of Health Exceptional Access Program for appropriate [Niraparib and Olaparib reimbursement criteria](#).

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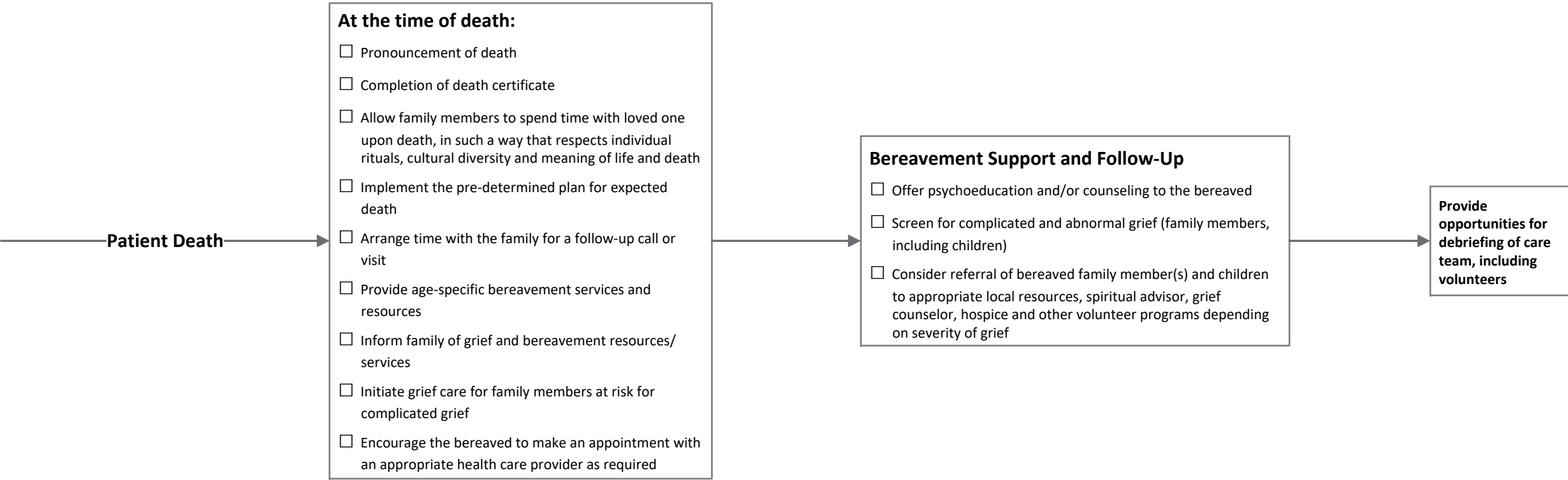
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