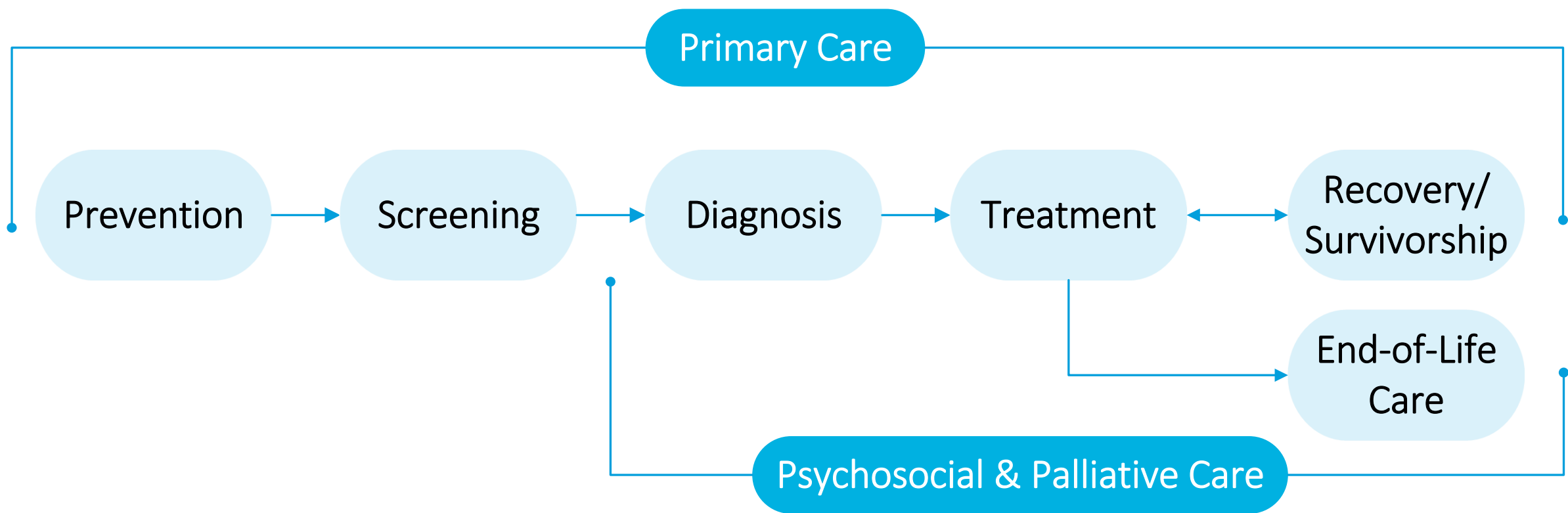


Mucinous Ovarian Cancer Treatment Pathway Map

Version 2025.04



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Target Population












- Patients presenting with mucinous 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 [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](#).*

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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Ontario Health (Cancer Care Ontario) and the pathway map’s content providers (including the physicians who contributed to the information in the pathway map) shall have no liability, whether direct, indirect, consequential, contingent, special, or incidental, related to or arising from the information in the pathway map or its use thereof, whether based on breach of contract or tort (including negligence), and even if advised of the possibility thereof. Anyone using the information in the pathway map does so at his or her own risk, and by using such information, agrees to indemnify Ontario Health (Cancer Care Ontario) and its content providers from any and all liability, loss, damages, costs and expenses (including legal fees and expenses) arising from such person’s use of the information in the pathway map.

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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.

Mucinous Ovarian Cancer Treatment Pathway Map

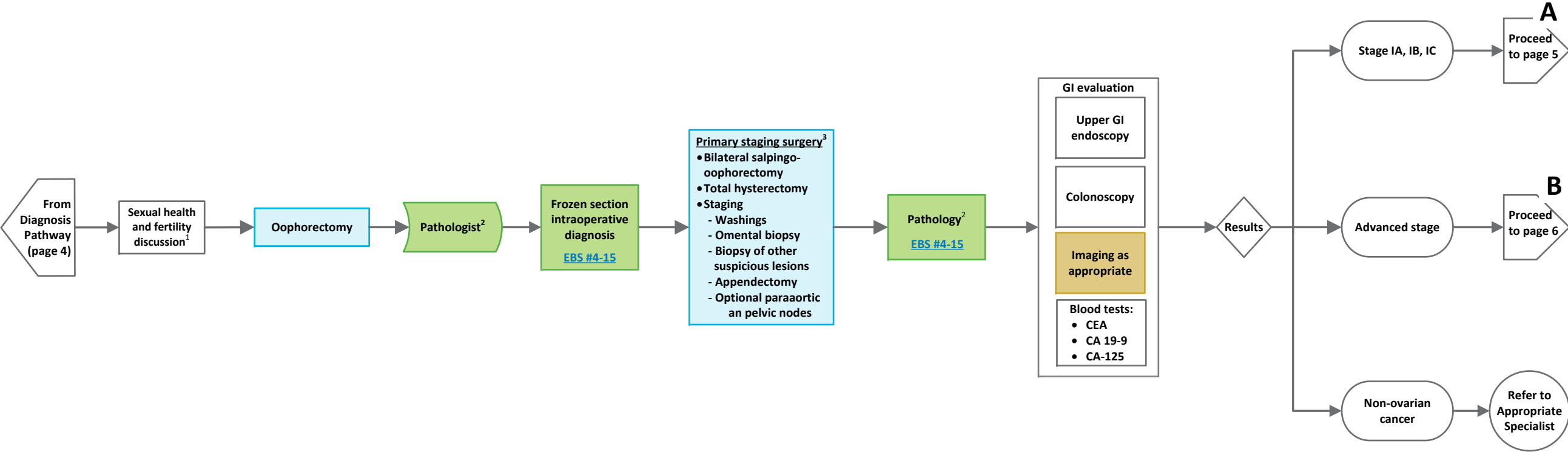
Suspicious Pelvic Mass with No Tissue Diagnosis, Presumed Clinical Early Stage

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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](#)

Consider palliative care needs, early and across the care 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.

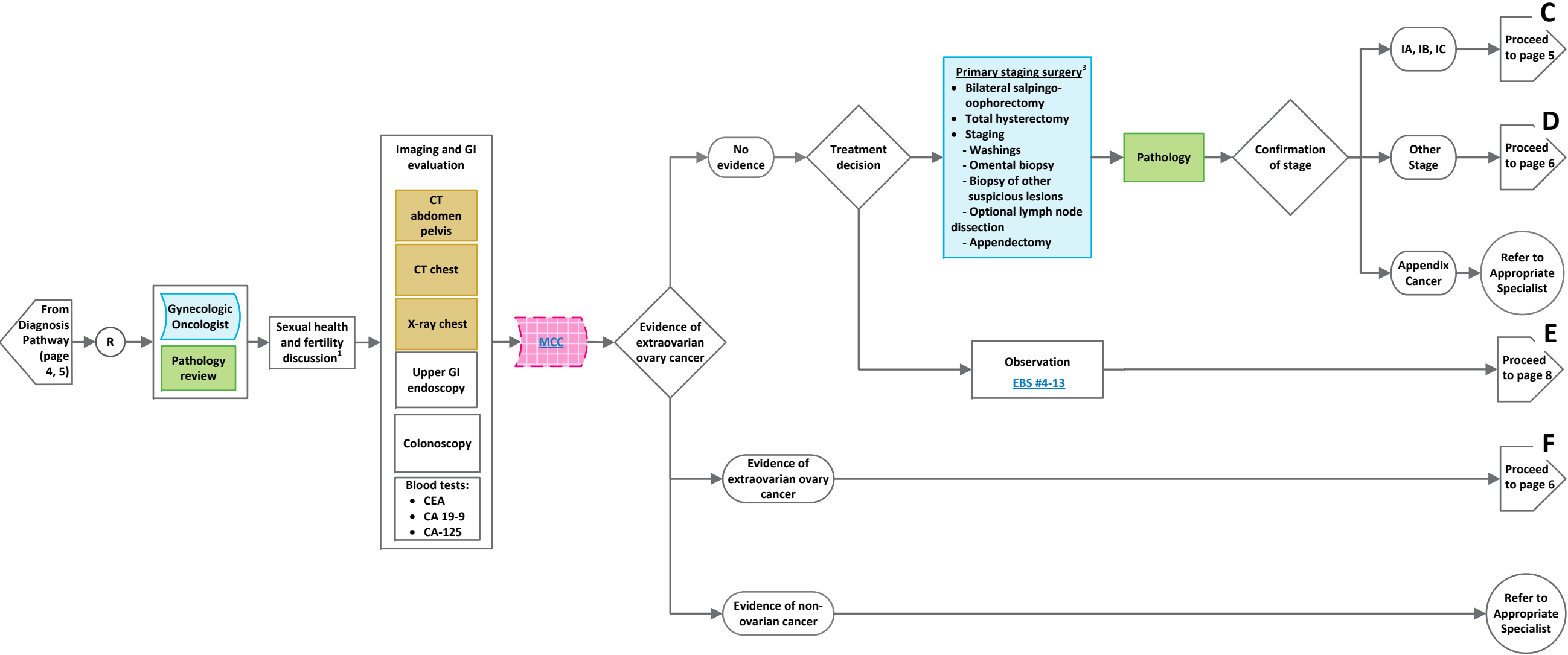
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Suspicious Pelvic Mass with Tissue Diagnosis, Presumed Clinical Early Stage

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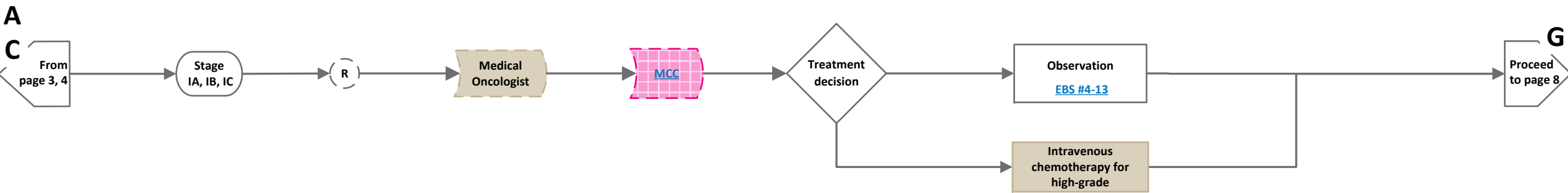
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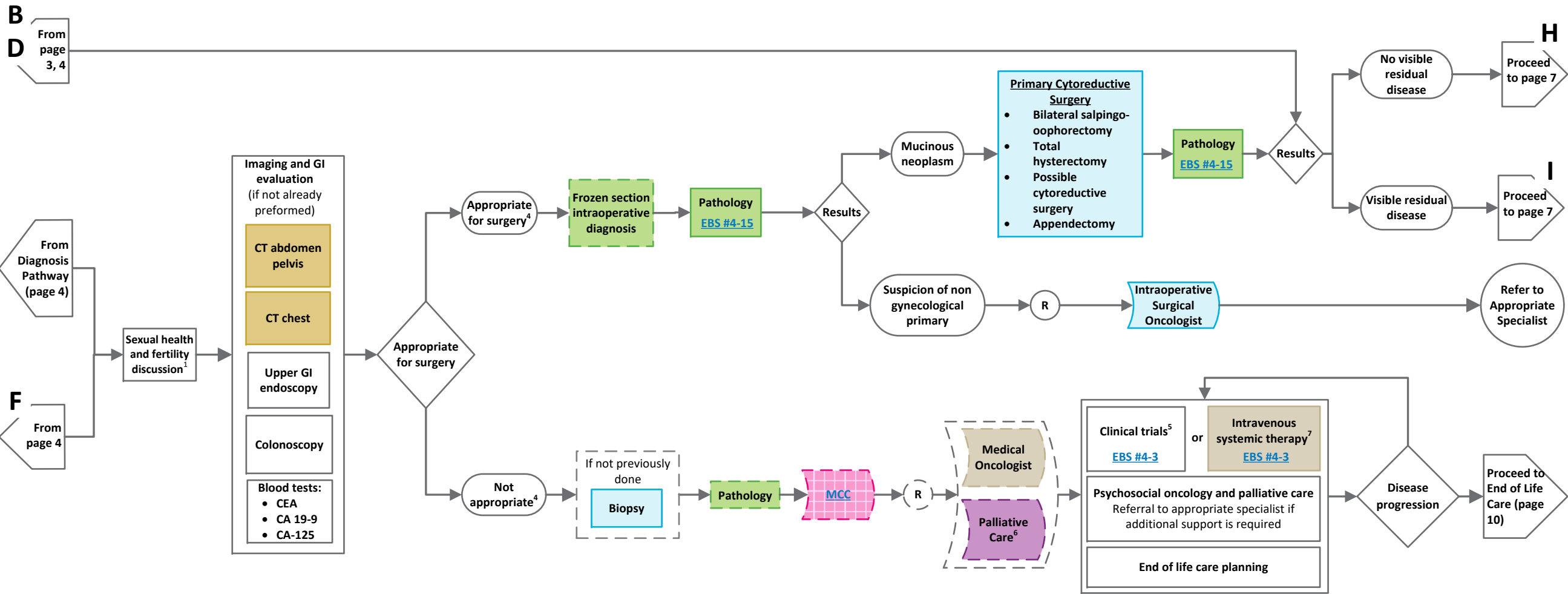
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¹ Discussion to be individualized for each patient; however, may include the following: age, fertility preservation, hormone replacement therapy, referral for infertility consultation, etc.

⁴ To determine the appropriateness for surgery, the following should be taken into consideration: performance status, response to chemotherapy, surgical resectability, and patient comorbidities.

⁵ When available, clinical trials are to be a priority in this patient population.

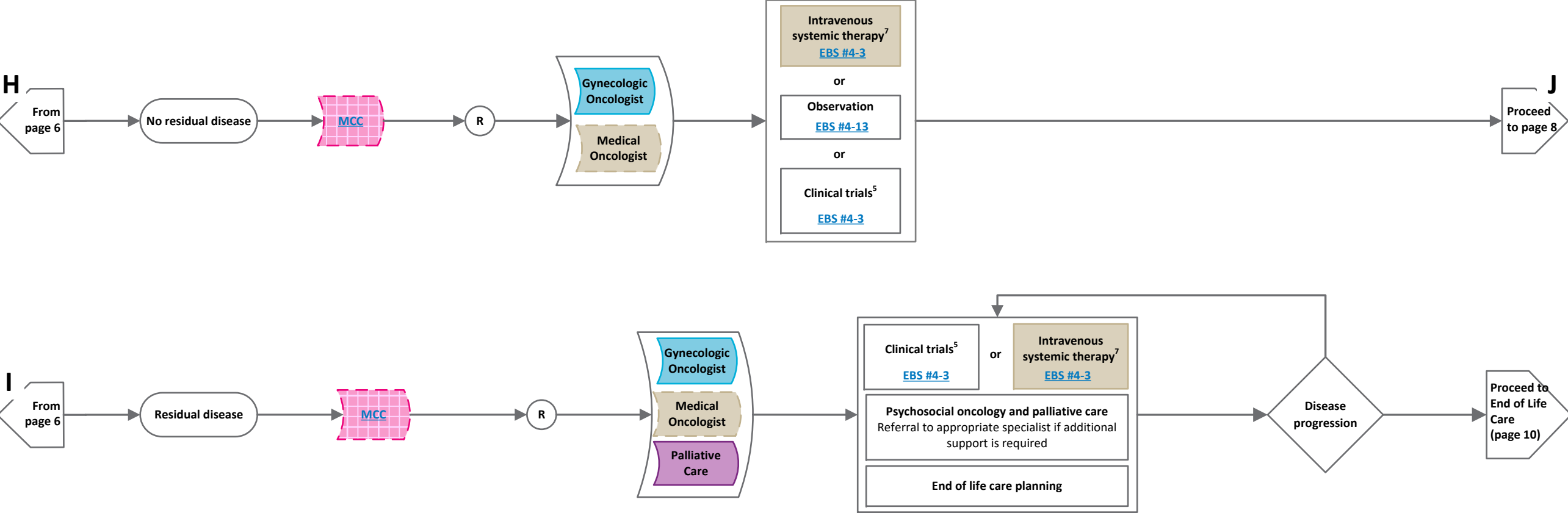
⁶ For more information about early palliative care for advanced cancer refer to Zimmermann et al., (2014) Early palliative care for patients with advanced cancer: a cluster-randomized controlled trial. Lancet, 383(9930), 1721-30.

⁷ 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) [Bevacizumab Eligibility Form](#).

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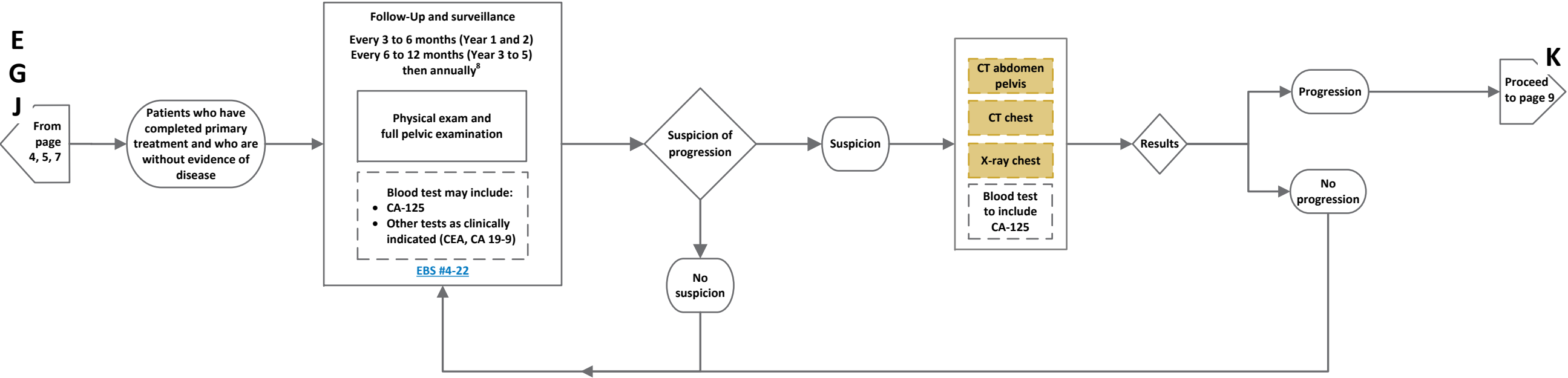


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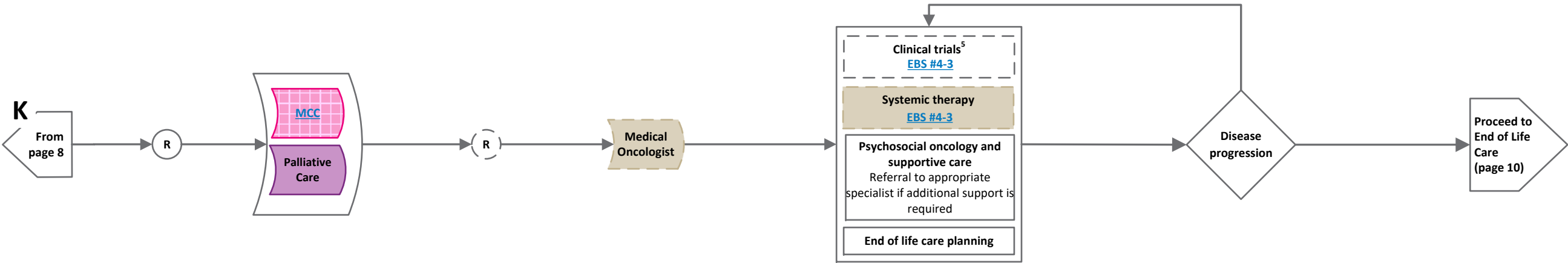


⁸ Annual follow-up by gynecologist, family doctor or gynecologic oncologist.

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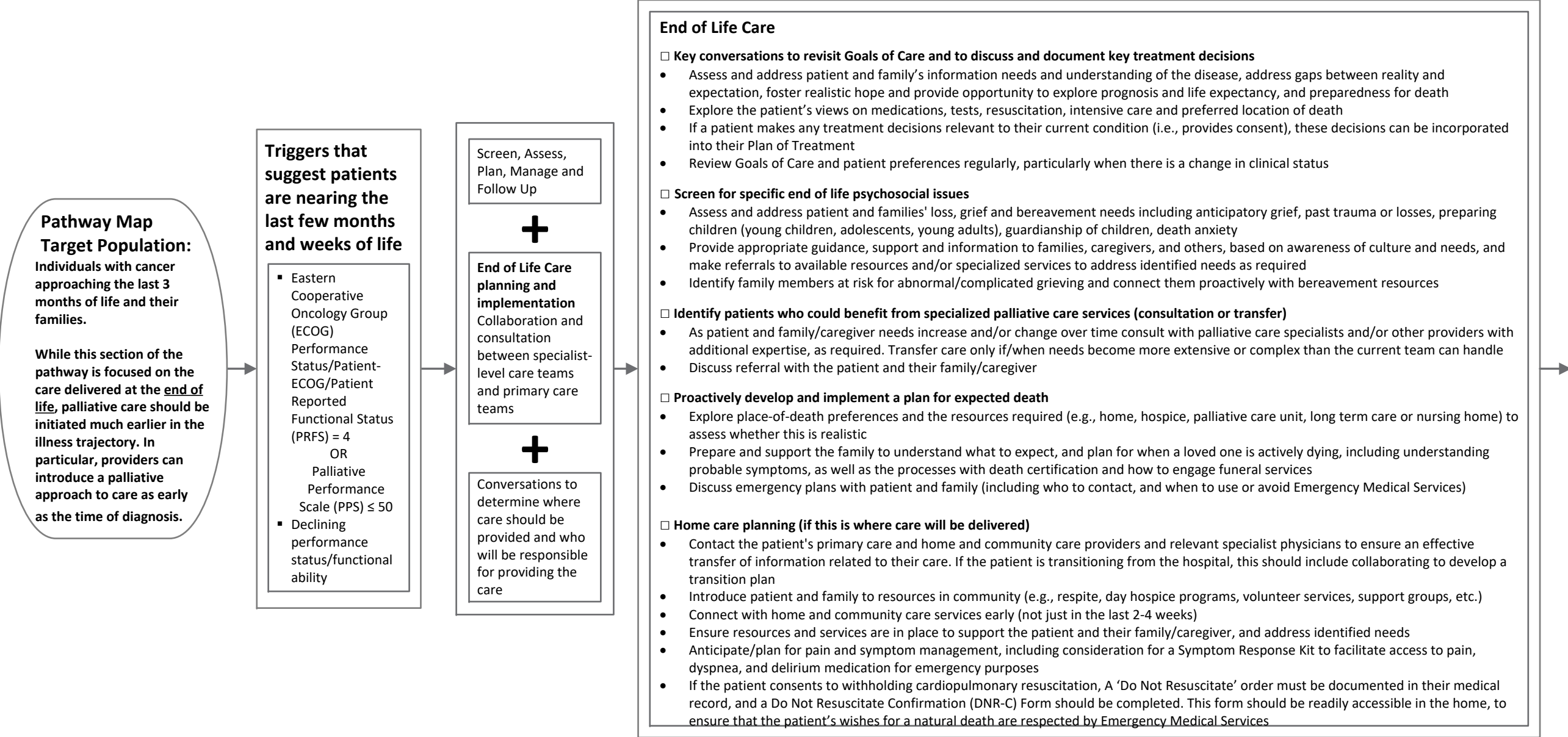


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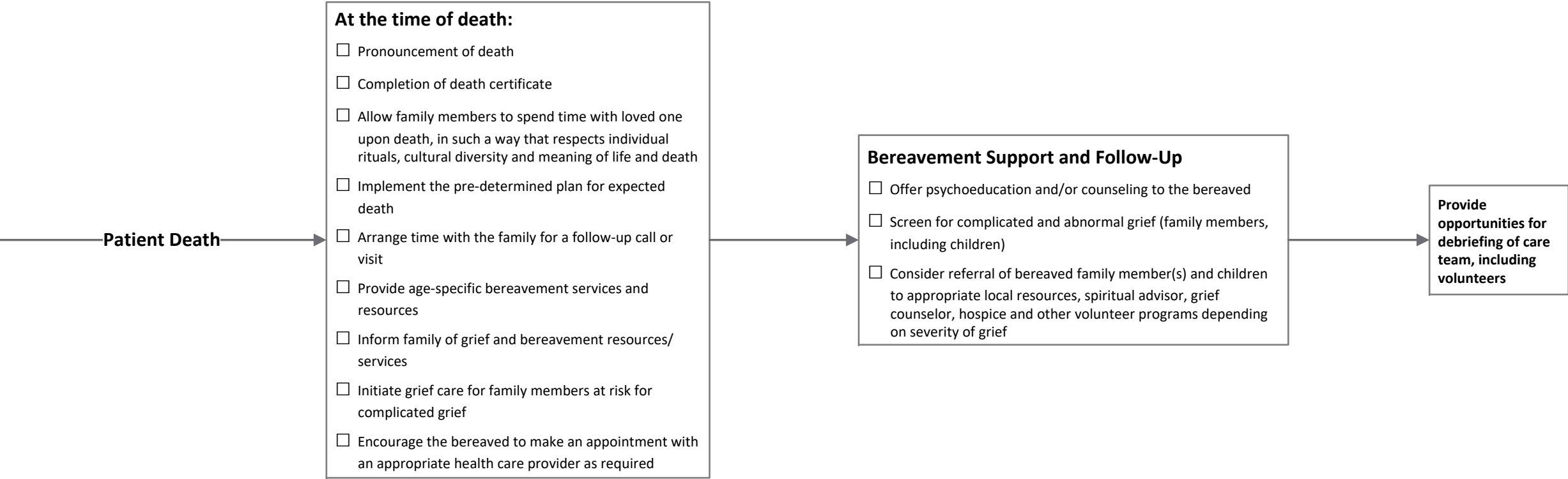
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