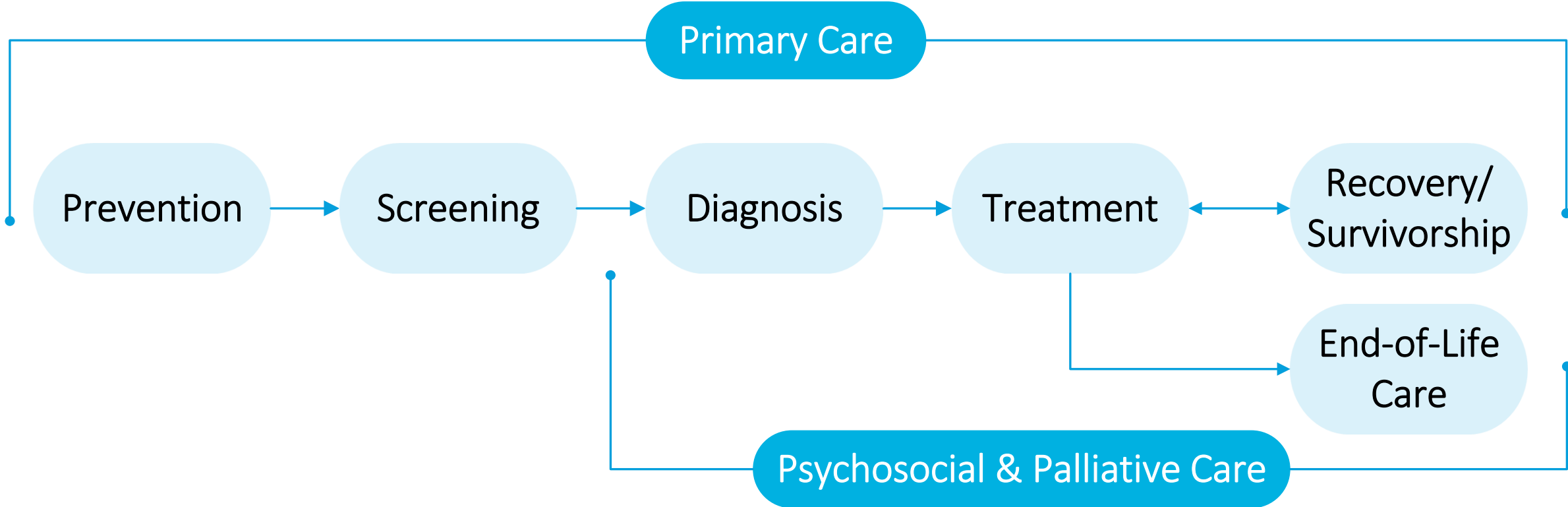


Serous Ovarian Cancer Treatment Pathway Map

Version 2025.04



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








Target Population

- Patients presenting with serous 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		Shape Guide		Line Guide	
	Primary Care		Intervention		Required
	Palliative Care		Decision or assessment point		Possible
	Pathology		Patient (disease) characteristics		
	Organized Diagnostic Assessment		Consultation with specialist		
	Surgery		Exit pathway		
	Radiation Oncology	 or 	Off page reference		
	Medical Oncology		Referral		
	Radiology				
	Multidisciplinary Cancer Conference (MCC)				
	Genetics				
	Psychosocial Oncology (PSO)				

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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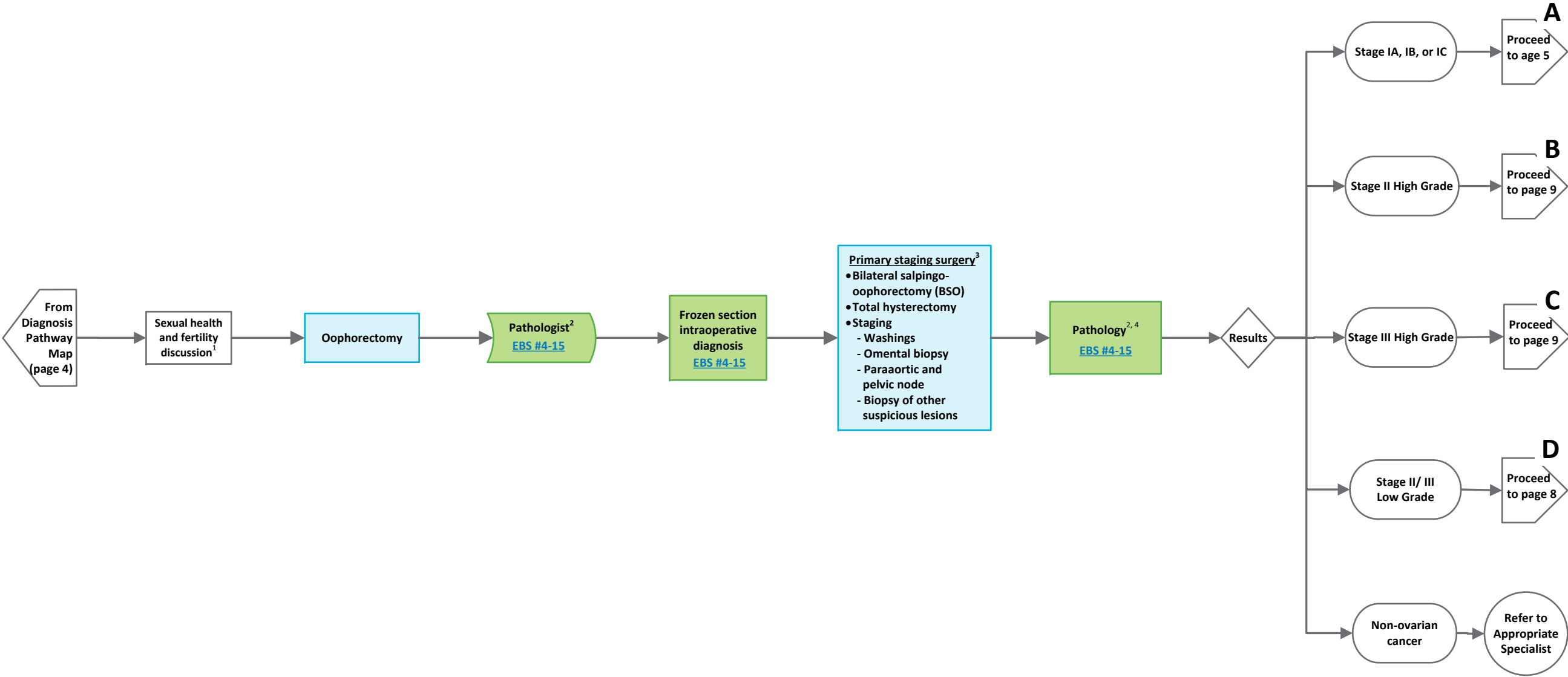
This pathway map may not reflect all the available scientific research and is not intended as an exhaustive resource. Ontario Health (Cancer Care Ontario) and its content providers assume no responsibility for omissions or incomplete information in this pathway map. It is possible that other relevant scientific findings may have been reported since completion of this pathway map. This pathway map may be superseded by an updated pathway map on the same topic.

* **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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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.

⁴ 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.

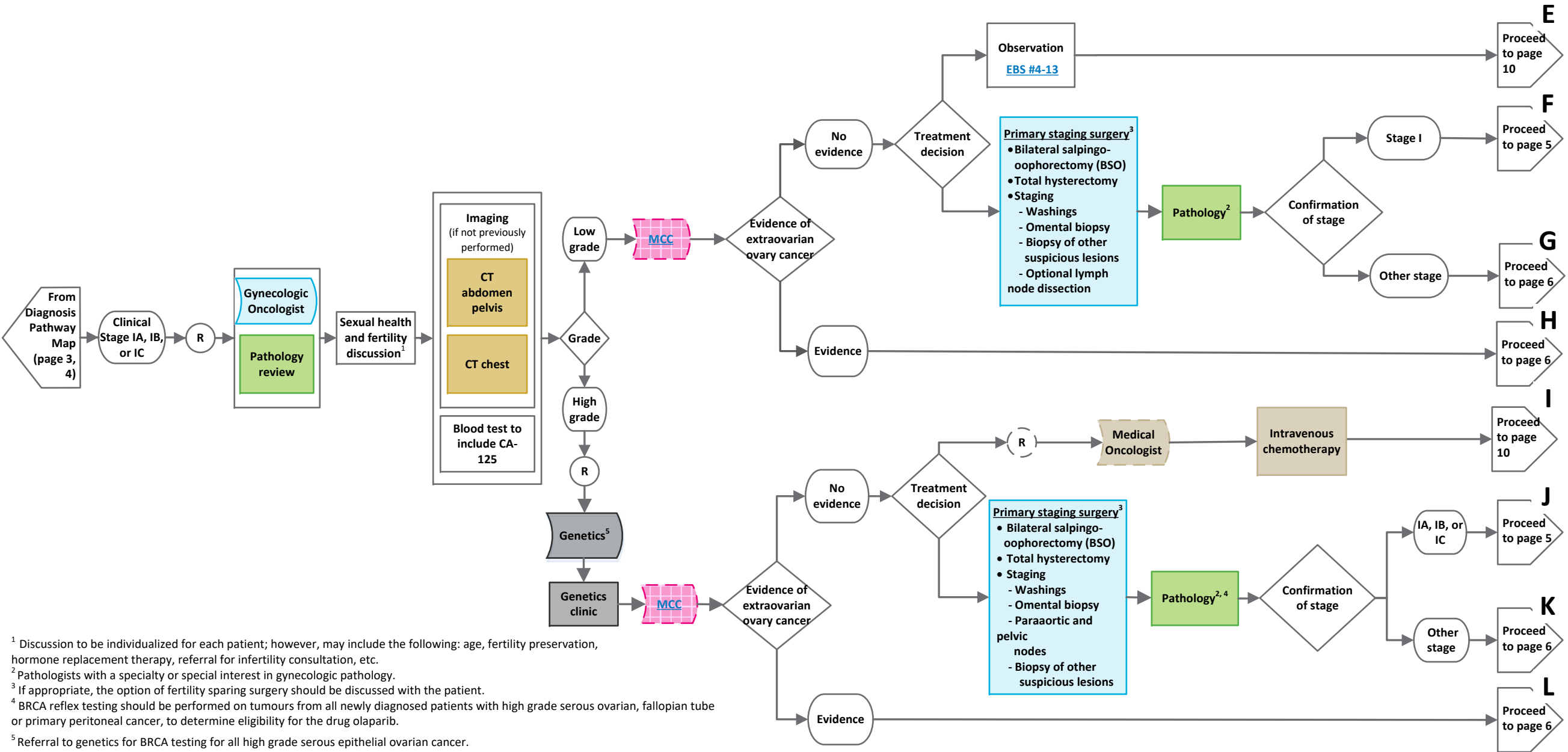
Serous Ovarian Cancer Treatment Pathway Map

Suspicious Pelvic Mass with Tissue Diagnosis, Presumed Clinical Early Stage

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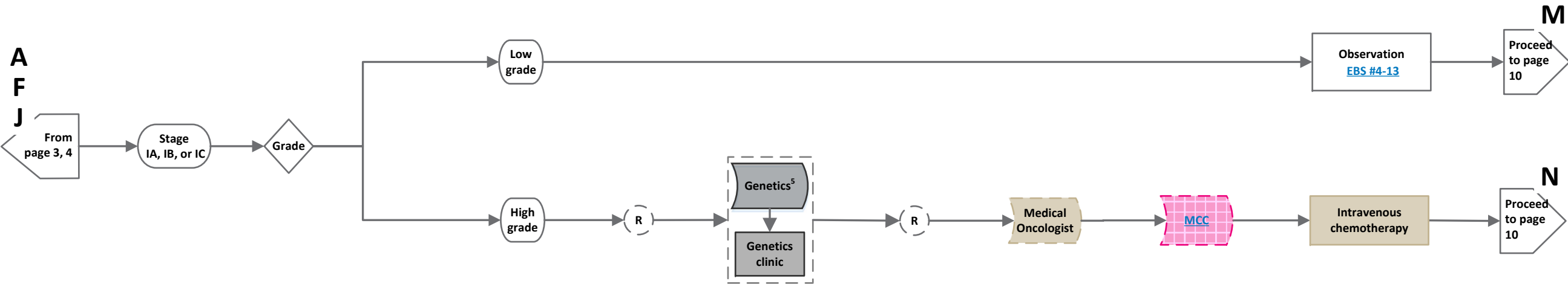
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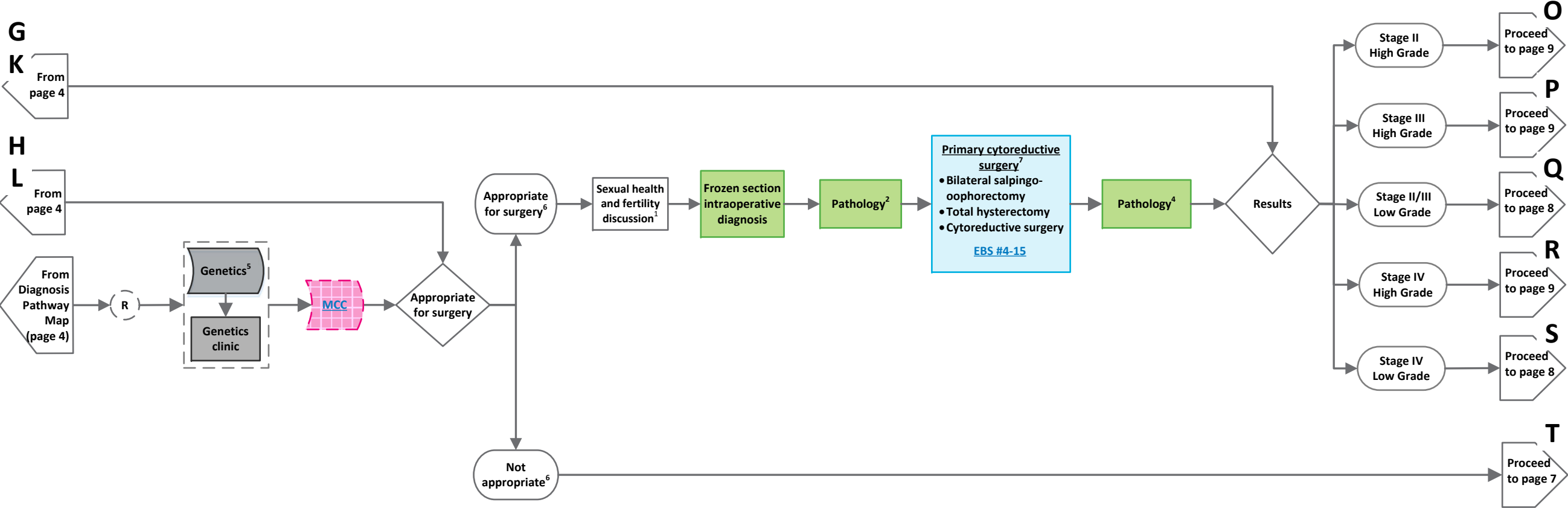


⁵ Referral to genetics for BRCA testing for all high grade serous epithelial ovarian cancer.

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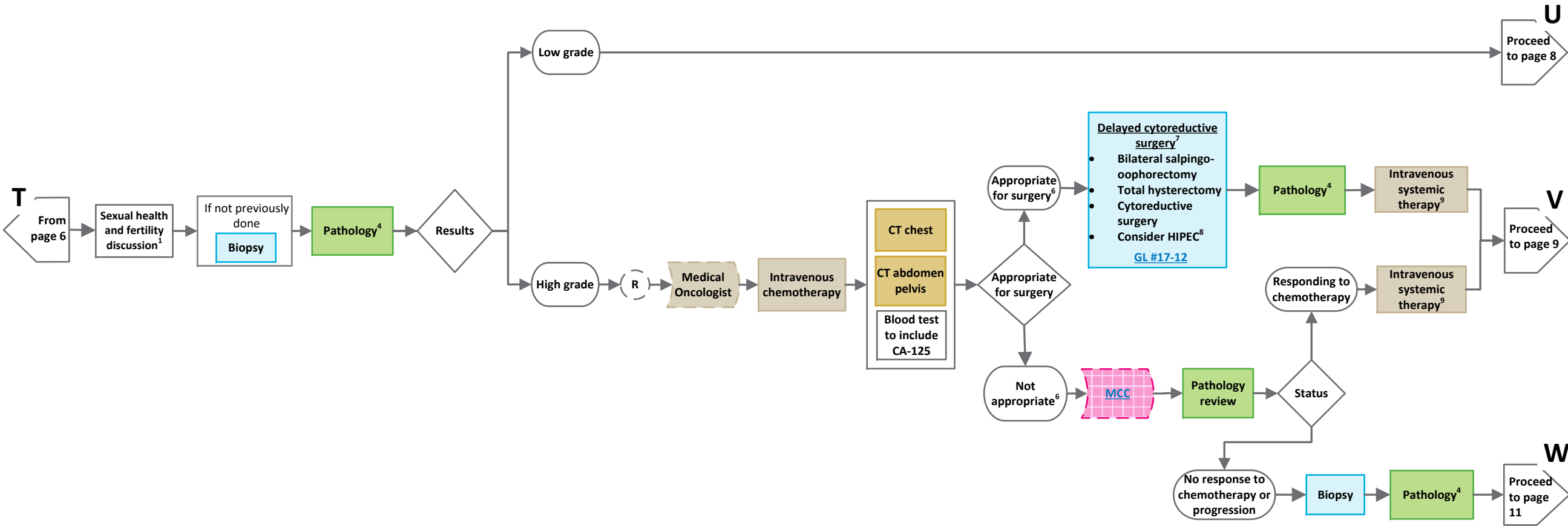
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⁶ To determine the appropriateness for surgery, the following should be taken into consideration: performance status, response to chemotherapy, surgical resectability, and patient comorbidities.

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⁷ Extent of debulking surgery to be determined based upon clinical discretion. To achieve complete cytoreduction, surgery may need to include: 1) pelvic peritonectomy (bladder and cul de sac); 2) peritonectomy in other sites including paracolic gutters, diaphragm, surface of liver; 3) Bowel resection may include small bowel, large bowel, or a low anterior. In some situations, debulking surgery may require consultation with other surgical specialists including hepatobiliary, thoracic, urologic and general surgery, with a goal to achieve no visible disease.

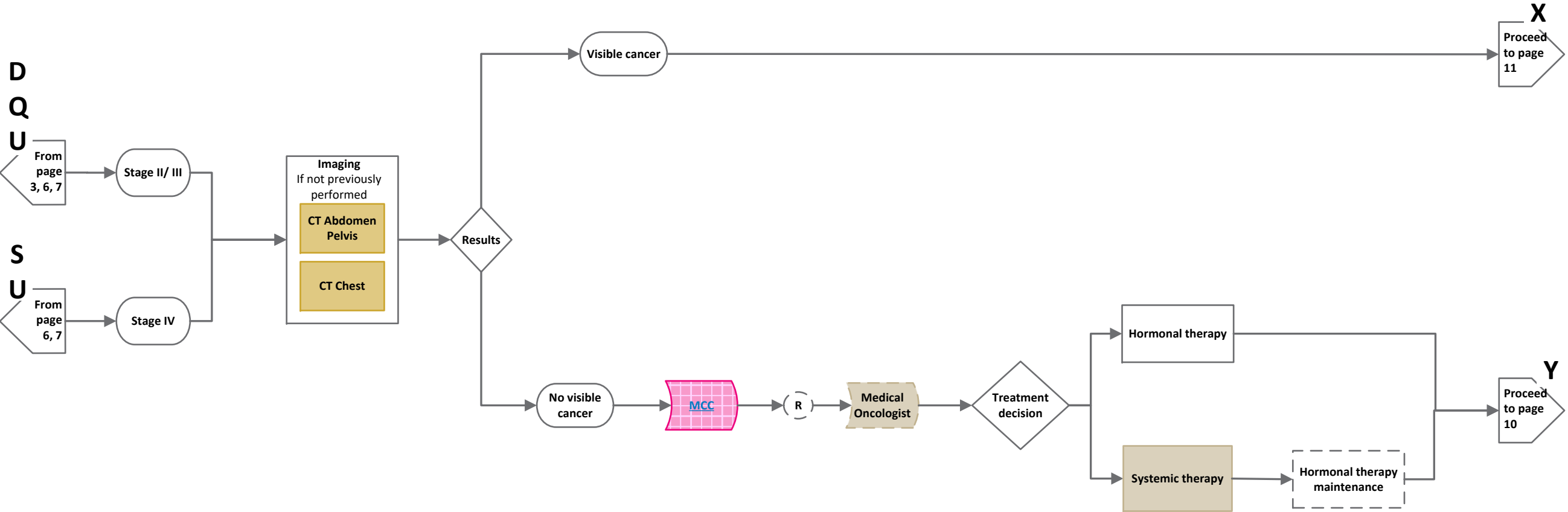
⁸ Currently, HIPEC is only performed at the following designated centres: The Ottawa Hospital, Sunnybrook Health Sciences Centre, and Mount Sinai Hospital.

⁹ Consider the 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](#).

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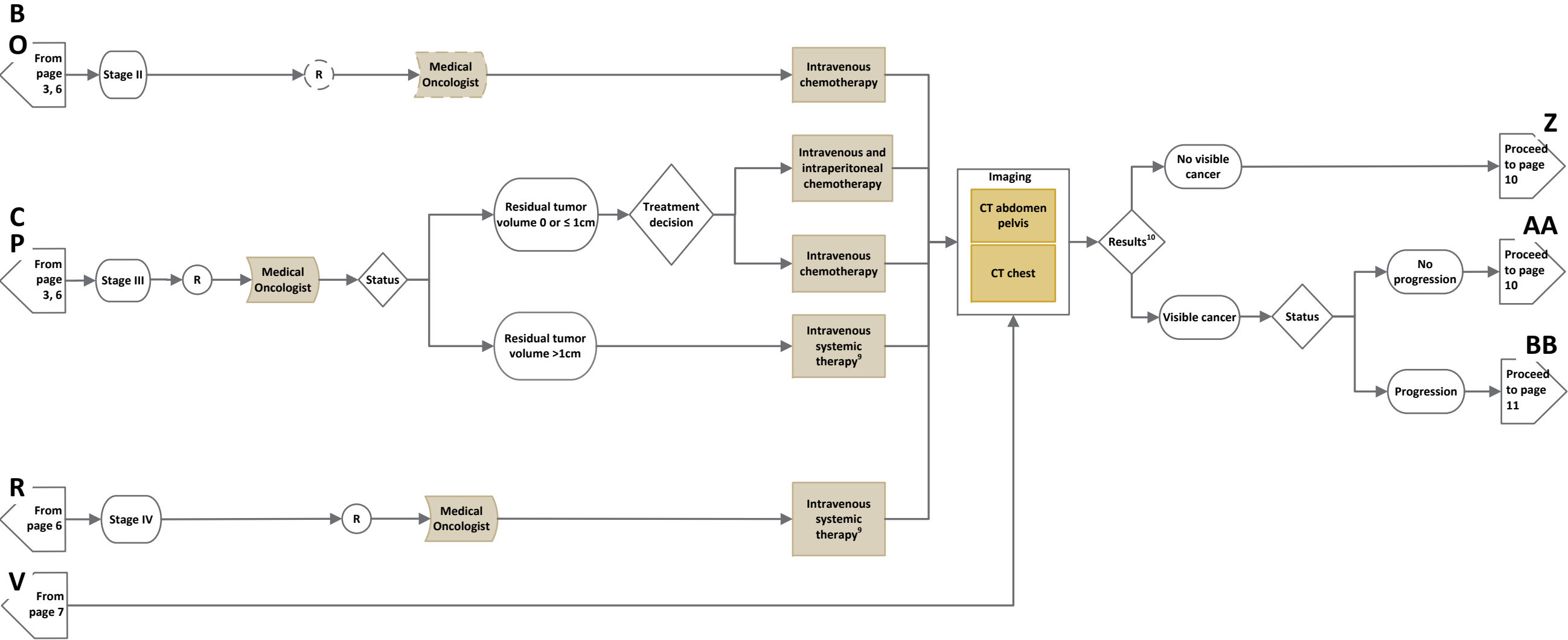
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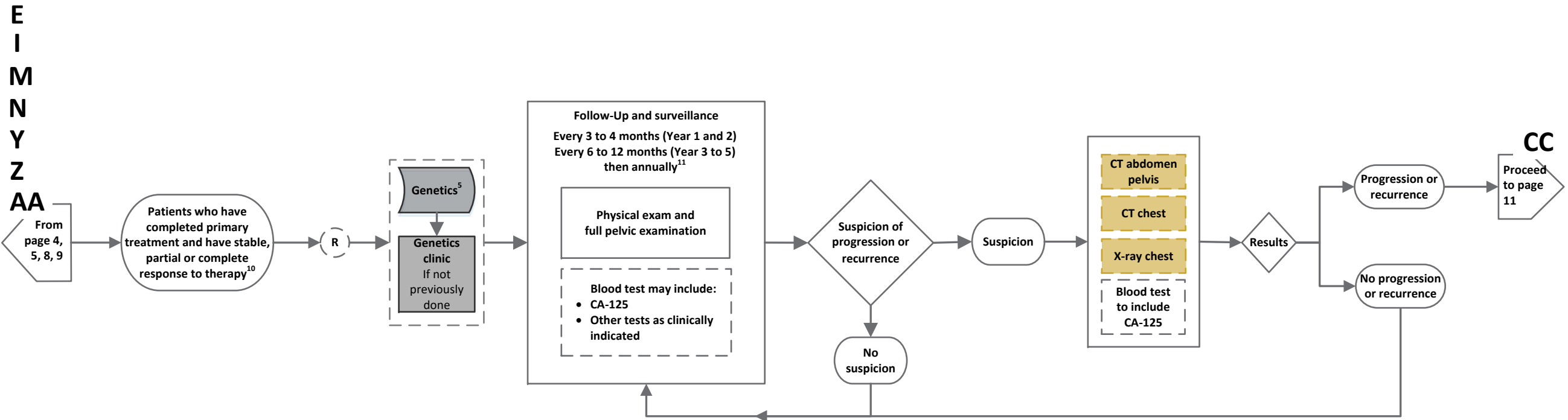


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¹⁰ Patients who have had response to treatment (partial or complete) may be candidates for poly ADP-ribose polymerase (PARP) inhibitor maintenance therapy. Refer to the Ministry of Health Exceptional Access Program for appropriate [Niraparib and Olaparib reimbursement criteria](#).

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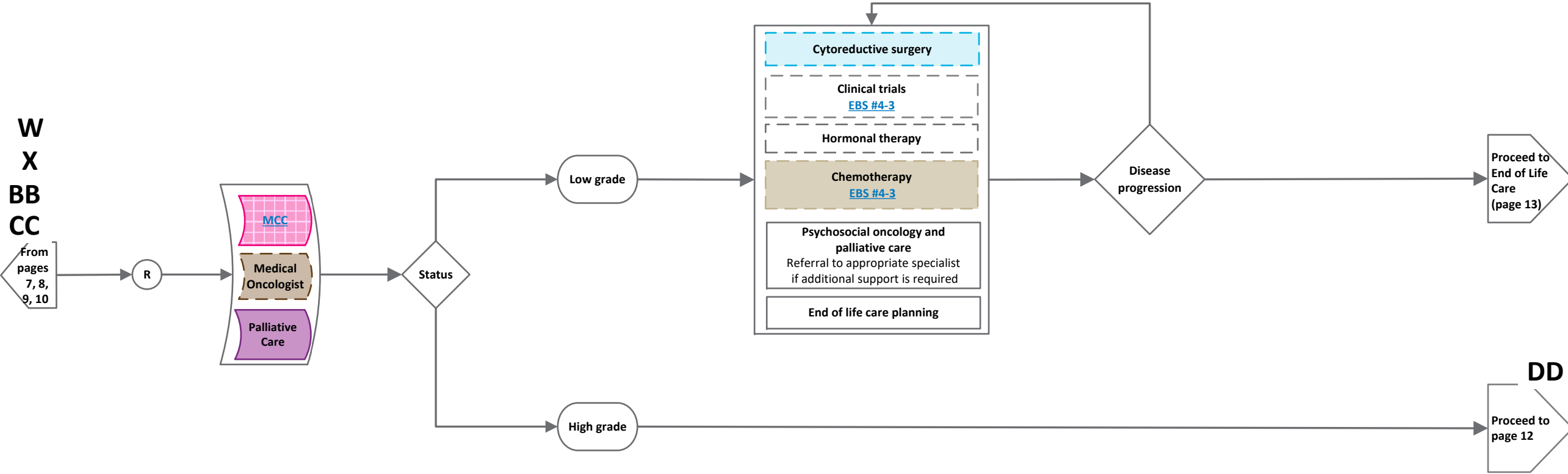
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¹¹Annual follow-up by gynecologist, family doctor or gynecologic oncologist.

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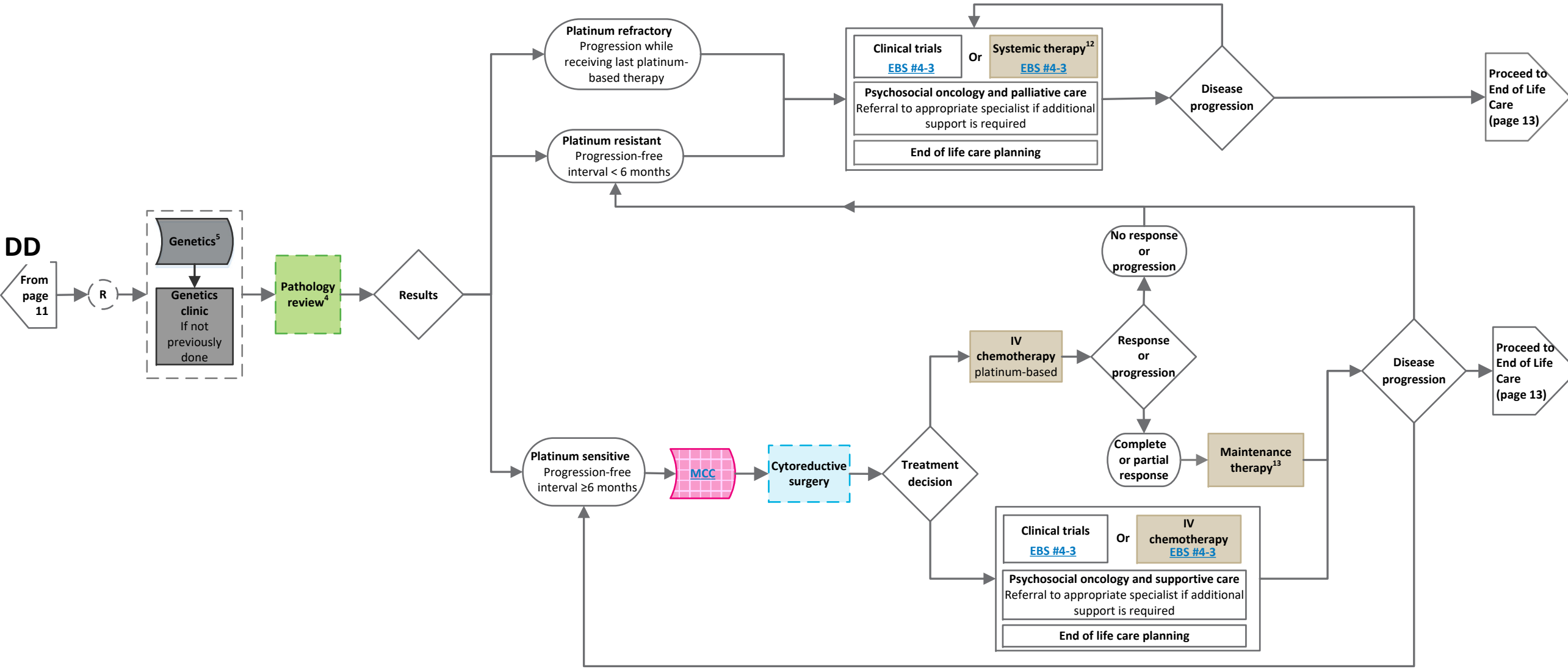
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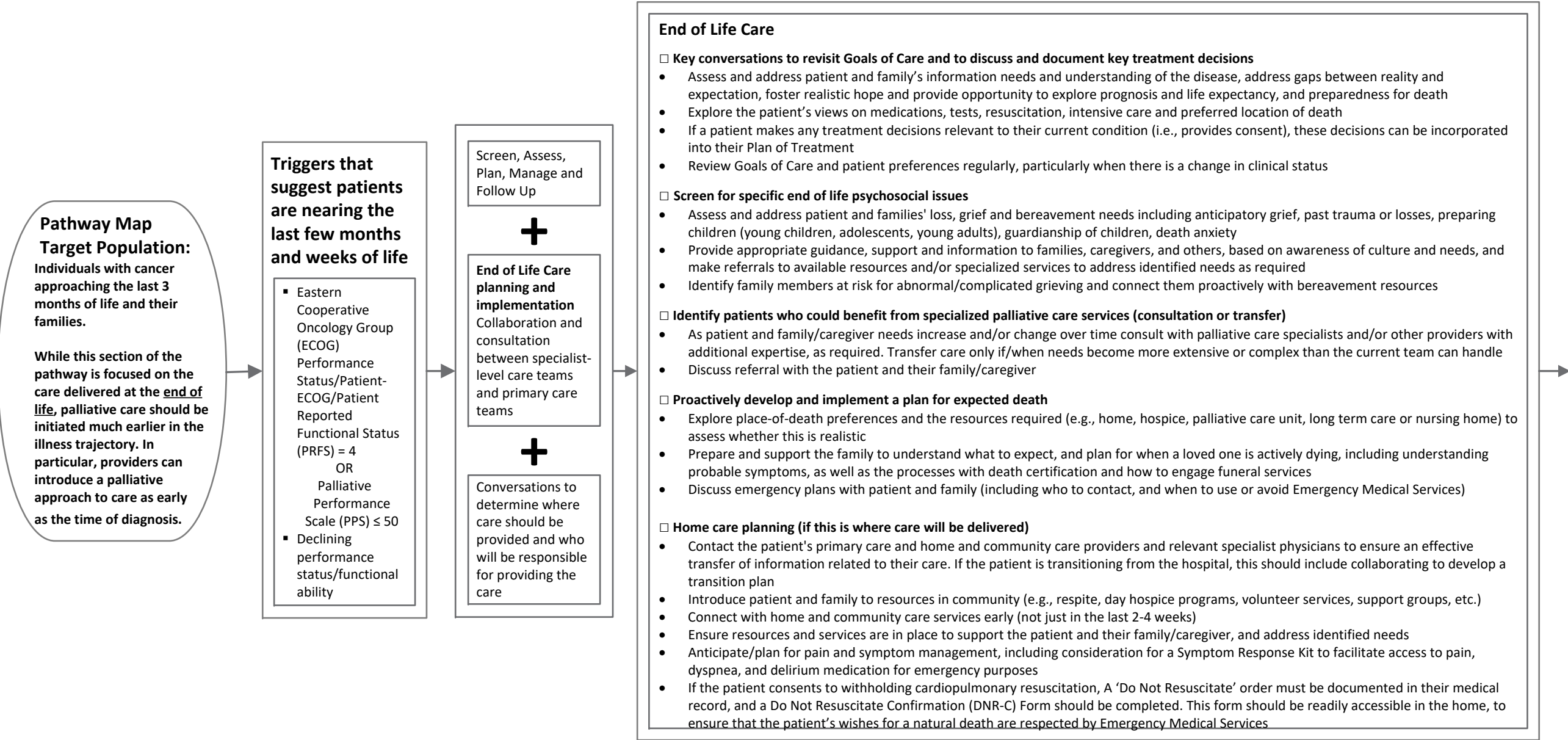
¹² Consider the addition of Bevacizumab to chemotherapy for platinum resistant ovarian cancer. Refer to Ontario Health (Cancer Care Ontario) for appropriate [Bevacizumab Eligibility Form](#).

¹³ Patients with platinum sensitive recurrence who have had partial or complete response to platinum chemotherapy are candidates for PARP inhibitor maintenance therapy, if they have not received it in the up-front setting. Refer to the Ministry of Health Exceptional Access Program for appropriate [Niraparib and Olaparib reimbursement criteria](#).

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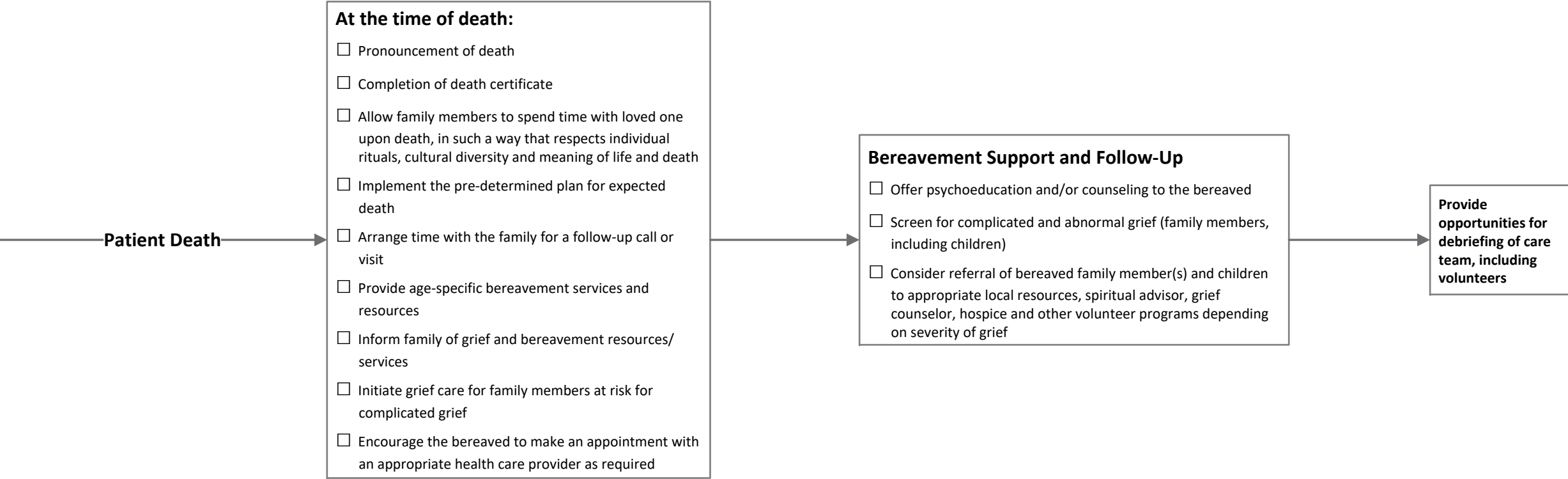
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