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 Cancer Care Ontario (CCO) and the reader.
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 #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, HealthCare 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 Guidelines and EBS #19-2 Provider-Patient Communication.
- Hyperlinks are used throughout the pathway map to provide information about relevant CCO 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.

Pathway Map Disclaimer

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This pathway map may not reflect all the available scientific research and is not intended as an exhaustive resource. CCO 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.

Pathway Map Legend

Colour Guide

- Primary Care
- Palliative Care
- Pathology
- Diagnostic Assessment Program (DAP)
- 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
- Required
- Possible

Line Guide

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Ovarian Cancer Diagnosis Pathway Map

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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 EBS #4-15

Visit to or test ordered by a Healthcare Provider

Patient presents with suspicious findings from incidental imaging or

Patient presents with one or more of the following signs/symptoms:
- Suspicious or palpable pelvic or abdominal mass
- Abnormal vaginal bleeding
- Increased abdominal size
- Ascites
- Difficulty eating (early satiety, nausea)
- Painful or abdominal pain
- Gastrointestinal symptoms (e.g., bloating)
- Urinary symptoms (urgency or frequency)

Directed Physical Examination

Pelvic Examination including speculum and bimanual/pelvirectal examinations, and examination of external genitalia

Focused History to include:
- Family History of cancer (paternal & maternal)
- BRCA status
- Clinical menopausal status

1 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

Directed Physical Examination

Pelvic Examination including speculum and bimanual/pelvirectal examinations, and examination of external genitalia

Risk of Malignancy Index (RMI) = U x M x CA 125

Refer to EBS #4-15

CT Chest
CT Abdomen
Pelvis
Biopsy
Cytology

Non gynecologic cancer

Refer to Appropriate Specialist

Advanced Stage EOC

Proceed to Appropriate Histologic Treatment Pathway Map (Page 6)

CT Chest
CT Abdomen
Pelvis
Biopsy
Cytology

Non gynecologic cancer

Refer to Appropriate Specialist

Advanced Stage EOC

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