# MANAGEMENT OF OVARIAN TUMOUR PATHWAYS

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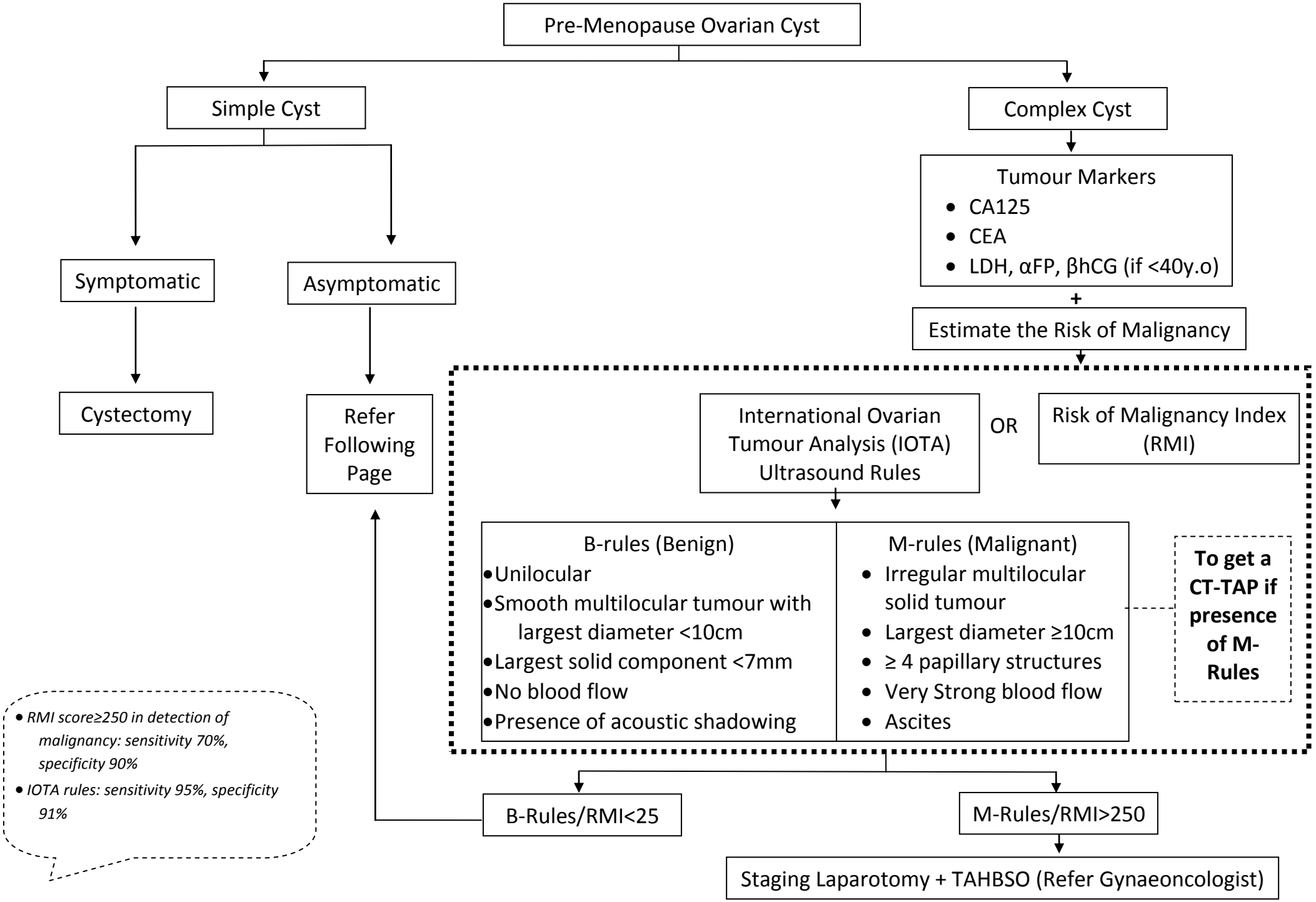
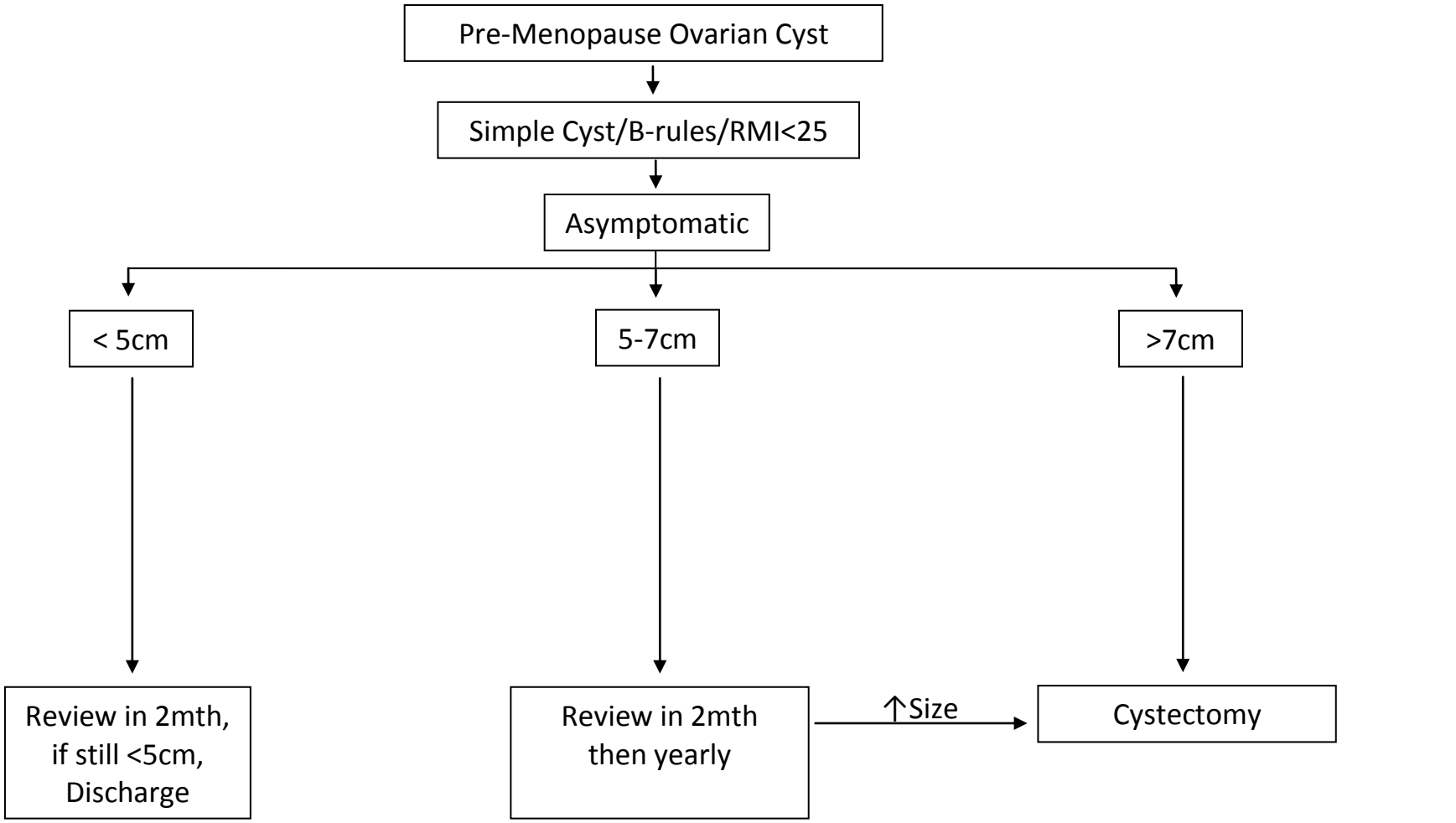
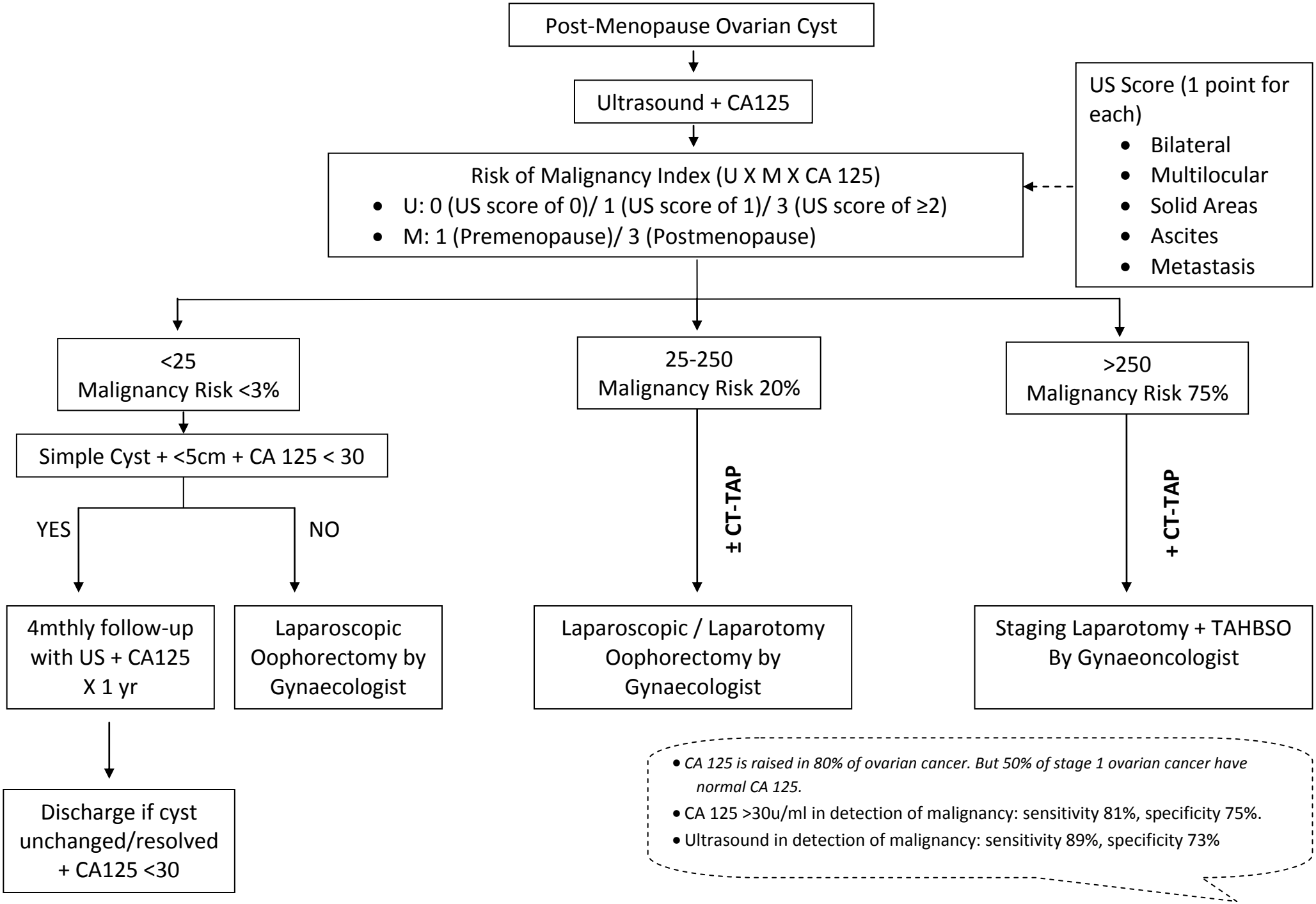
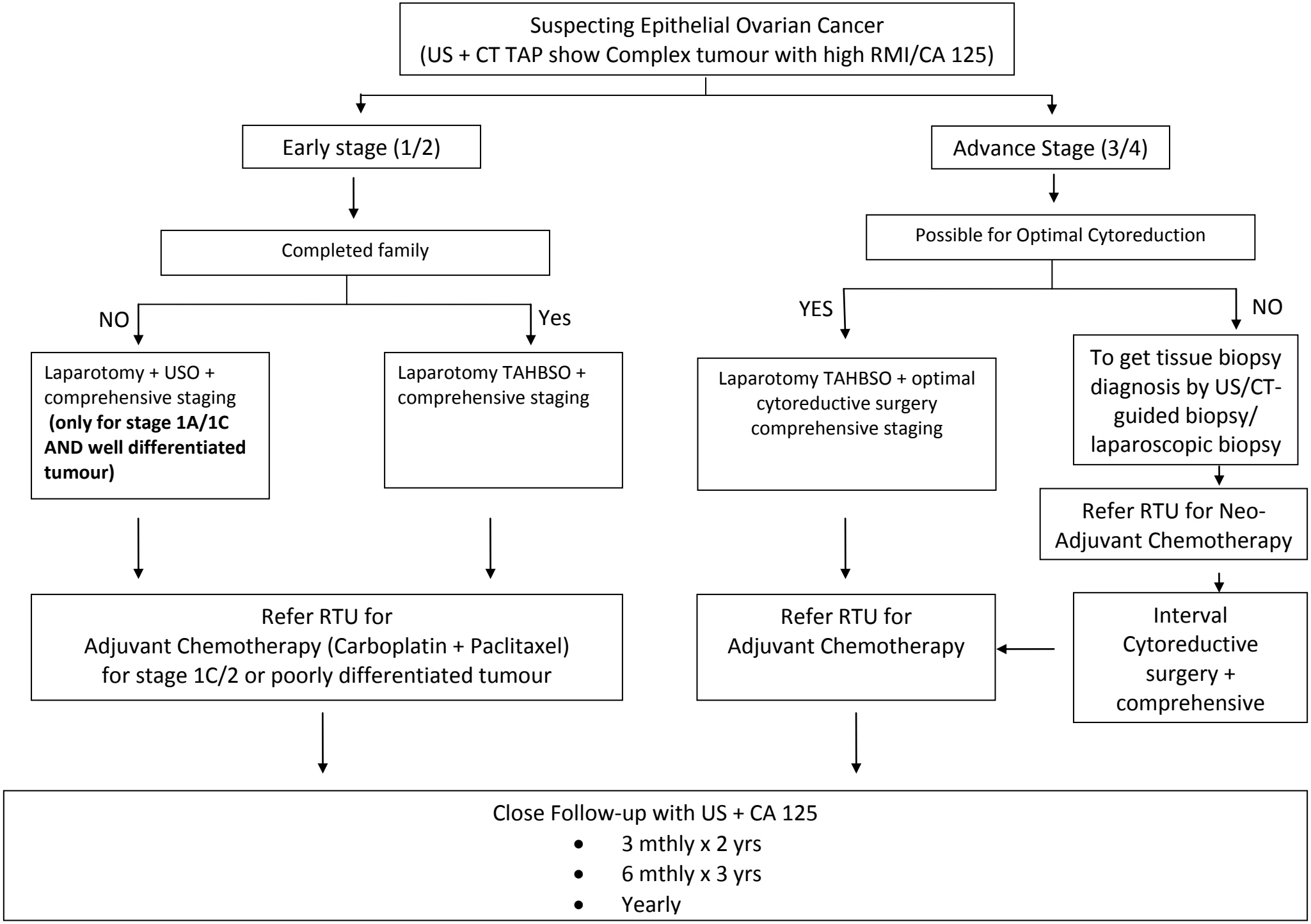
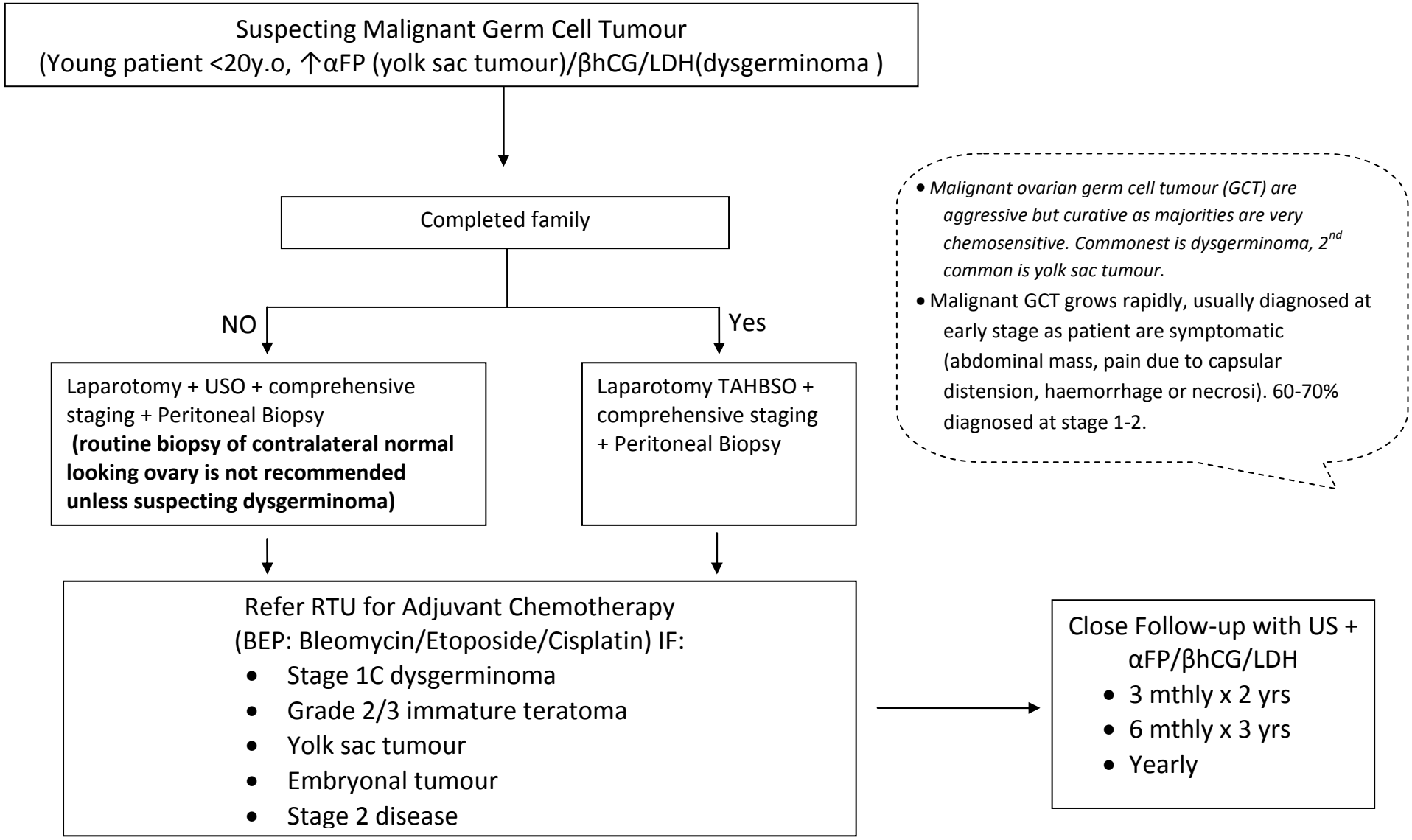

Pre-Menopause Ovarian Cyst
Simple Cyst
Complex Cyst
Symptomatic
Asymptomatic
Tumour Markers
CA125
CEA
LDH, αFP, βhCG (if <40y.o)
+
Estimate the Risk of Malignancy
Cystectomy
Refer Following Page
International Ovarian Tumour Analysis (IOTA) Ultrasound Rules
OR
Risk of Malignancy Index (RMI)
B-rules (Benign)
Unilocular
Smooth multilocular tumour with largest diameter <10cm
Largest solid component <7mm
No blood flow
Presence of acoustic shadowing
M-rules (Malignant)
Irregular multilocular solid tumour
Largest diameter ≥10cm
≥ 4 papillary structures
Very Strong blood flow
Ascites
To get a CT-TAP if presence of M-Rules
B-Rules/RMI<25
M-Rules/RMI>250
Staging Laparotomy + TAHBSO (Refer Gynaeoncologist)
RMI score≥250 in detection of malignancy: sensitivity 70%, specificity 90%
IOTA rules: sensitivity 95%, specificity 91%




- *Simple cyst <5cm is likely to be physiological and almost always resolve within 3 menstrual cycle*
- *Possibility of salpingoophorectomy should be discussed preoperatively.*
- Aspiration of cyst is less effective and associates with high recurrence up to 84%. It is only for highly selected case.


Post-Menopause Ovarian Cyst
Ultrasound + CA125
Risk of Malignancy Index (U X M X CA 125)
U: 0 (US score of 0)/ 1 (US score of 1)/ 3 (US score of ≥2)
M: 1 (Premenopause)/ 3 (Postmenopause)
US Score (1 point for each)
Bilateral
Multilocular
Solid Areas
Ascites
Metastasis
<25
Malignancy Risk <3%
25-250
Malignancy Risk 20%
>250
Malignancy Risk 75%
Simple Cyst + <5cm + CA 125 < 30
YES
NO
± CT-TAP
+ CT-TAP
4mthly follow-up with US + CA125 X 1 yr
Laparoscopic Oophorectomy by Gynaecologist
Laparoscopic / Laparotomy Oophorectomy by Gynaecologist
Staging Laparotomy + TAHBSO By Gynaeoncologist
Discharge if cyst unchanged/resolved + CA125 <30
CA 125 is raised in 80% of ovarian cancer. But 50% of stage 1 ovarian cancer have normal CA 125.
CA 125 >30u/ml in detection of malignancy: sensitivity 81%, specificity 75%.
Ultrasound in detection of malignancy: sensitivity 89%, specificity 73%


Suspecting Epithelial Ovarian Cancer
(US + CT TAP show Complex tumour with high RMI/CA 125)
Early stage (1/2)
Advance Stage (3/4)
Completed family
Possible for Optimal Cytoreduction
NO
Yes
YES
NO
Laparotomy + USO + comprehensive staging (only for stage 1A/1C AND well differentiated tumour)
Laparotomy TAHBSO + comprehensive staging
Laparotomy TAHBSO + optimal cytoreductive surgery comprehensive staging
To get tissue biopsy diagnosis by US/CT-guided biopsy/ laparoscopic biopsy
Refer RTU for Neo-Adjuvant Chemotherapy
Refer RTU for Adjuvant Chemotherapy (Carboplatin + Paclitaxel) for stage 1C/2 or poorly differentiated tumour
Refer RTU for Adjuvant Chemotherapy
Interval Cytoreductive surgery + comprehensive
Close Follow-up with US + CA 125
3 mthly x 2 yrs
6 mthly x 3 yrs
Yearly




*Adapted from Greentop Guidelines Ovarian Cyst in Post-menopausal Women 2010*
*Greentop Guideline Management of Suspected Ovarian Masses in Pre-menopausal Women 2011*