Patient presents to general practitioner or gynecologist with symptoms that may include:
Abdominal/pelvic pain, increased abdominal size or abdominal bloating, urinary urgency, urinary frequency, difficulty eating, early satiety, nausea, & dyspnea due to pleural effusion

Physical exam

Clinical findings suggestive of cancer

Referral to Gynecologic Oncologist

Asymptomatic: suspicious findings by imaging and/or lab results

Neoadjuvant Therapy (as indicated by clinical characteristics)

Debulking Surgery & Staging

Early Stage (Stages I, IIA)

Intermediate (Stage IIB, IIC), Advanced Stage (Stages III, IV), & Recurrent Disease
Algorithm for the Management of Early Stage Epithelial Ovarian, Fallopian Tube and Primary Peritoneal Cancer (GYNE-005)

Early Stage (Stages I, IIA)

Fertility sparing staging

Fertility desired?

YES → Total abdominal hysterectomy, bilateral salpingo oophorectomy & staging

NO →

Stage IA/IB Grade 1

Stage IA/IB Grade 2

Stage IC/IIA Grades 1-3

Incompletely staged

Endometrioid or mucinous tumour?

YES → CT based on histology (see regimens below)

NO → Observation

CT based on histology (see regimens below)

Medically Fit?

YES →

CT

NO → Observation

Chemotherapy Regimens (CT)

Preferred CT Regimens:
Clinical Trials
Dose Dense IV Chemotherapy:
carboplatin (AUC 5 to 6 on day 1) + paclitaxel (80 mg/m² days 1,8,15) q 3wks x 6 cycles
Intraperitoneal Chemotherapy: Day 1- cisplatin (75 mg/m² IP) + paclitaxel (135 mg/m² IV); Day 8- paclitaxel (60 mg/m² IP) x 3 wks x 6 cycles

Other CT Regimens include:
IV Chemotherapy: carboplatin (AUC 5 to 6) + paclitaxel (175 mg/m²) q 3wks x 6 cycles
Papillary serous carcinoma & undifferentiated tumours: carboplatin & paclitaxel x 6 cycles
Endometrioid tumours: carboplatin & paclitaxel x 3-6 cycles
Mucinous tumours: carboplatin & paclitaxel x 3 cycles

Follow-up and Surveillance

Complete history and a pelvic examination:
Years 1 and 2: every 3 to 6 months
Years 3-5: every 6 to 12 months
CA-125 blood tests and radiologic scanning has not been proven beneficial and is therefore not recommended for routine follow-up

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Algorithm for the Management of Intermediate/Advanced Stage and Recurrent Epithelial Ovarian, Fallopian Tube and Primary Peritoneal Cancer (GYNE-005)

Intermediate (Stage IIB, IIC)
Advanced (Stages III, IV)

Medically Fit?

Peritoneal and/or distant metastases?

NO

YES

TAH, BSO, omentectomy, maximum reduction of pelvic tumour +/- upper abdominal tumour, including possible resection of involved bowel, lymph nodes, retroperitoneal masses, spleen etc.

TAH, BSO, infracolic omentectomy & maximal reduction of pelvic tumour

Surgical debulking complete?

NO

YES

Medically Fit?

Completion of surgical debulking +/- CT

CT

(1) CT x 3-6 cycles followed by interval debulking surgery

(2) Post-op CT:
- Microscopic residual disease- CT x 3 cycles
- Macroscopic residual disease- CT x 3-6 cycles

CT x 6 cycles

CT

Follow-up and Surveillance

Complete history and a pelvic examination:
Years 1 and 2: every 3 to 6 months
Years 3-5: every 6 to 12 months

CA-125 blood tests and radiologic scanning has not been proven beneficial and is therefore not recommended for routine follow-up.

Recurrent Disease

Clinical Trials

Chemotherapy:
- Carboplatin +/- paclitaxel
- Carboplatin & liposomal doxorubicin
- Liposomal doxorubicin
- Topotecan
- Cisplatin +/- liposomal doxorubicin
- Also consider: docetaxel, etoposide (oral), gemcitabine, paclitaxel, tamoxifen, melphalan

Cytoreductive Surgery:
(if recurrence >12 months or clinically low volume of focal recurrence)

Follow by clinical trial or carboplatin/ paclitaxel CT

Chemotherapy Regimens (CT)
Preferred CT Regimens:
Clinical Trials
Dose Dense IV Chemotherapy:
carboplatin (AUC 5 to 6 on day 1) + paclitaxel (80 mg/m2 days 1,8,15) q 3wks x 6 cycles
Intraperitoneal Chemotherapy: Day 1- cisplatin (75 mg/m2 IP) + paclitaxel (135 mg/m2 IV); Day 8- paclitaxel (60 mg/m2 IP) x 3 wks x 6 cycles
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Mucinous tumours: carboplatin & paclitaxel x 3 cycles
** May consider 3 cycles if low grade cytology

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