UCCH Pathway

UCCH Guideline Ovarian Cancer

2.03.01 Anlage 09

Version Jun/2024

Hubertus Wald Tumorzentrum
Universitäres Cancer Center Hamburg
Ein Kompetenznetzwerk des UKE

Guideline Ovarian Cancer

Version 11, Jun/2024

according to TNM classification 8th edition

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Update	Jul/2009, Apr/2010, Apr/2011, Jun/2012, Sep/2014, Sep/2016, Jul/2017, Jul/2019, May/2021, Jun/2024
Next planned review	Jun/2026

Legend of Colours

= Therapeutic procedure

= Clinical or diagnostical condition

= Diagnostic procedure

= Clinical trial

= Supportive measure

= Referral

TB = Tumorboard (including post tumorboard interaction with patient that follows the principles of shared decision-making)

SOM = Supportive Offers/ Measures

At each stage of the process or whenever indicated (acc. SOM Bullett) one or multiple measures:

- Offer contact to patient support group (hand out leaflet)
- Offer psychooncological support and initiate Screening
- Offer complementary medicine / physiotherapeutical support
- Offer inclusion to ERAS program
- Offer social service and/or contact to patient navigator
- Consider palliative care and/or intervention

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Pathway: Ovarian Cancer

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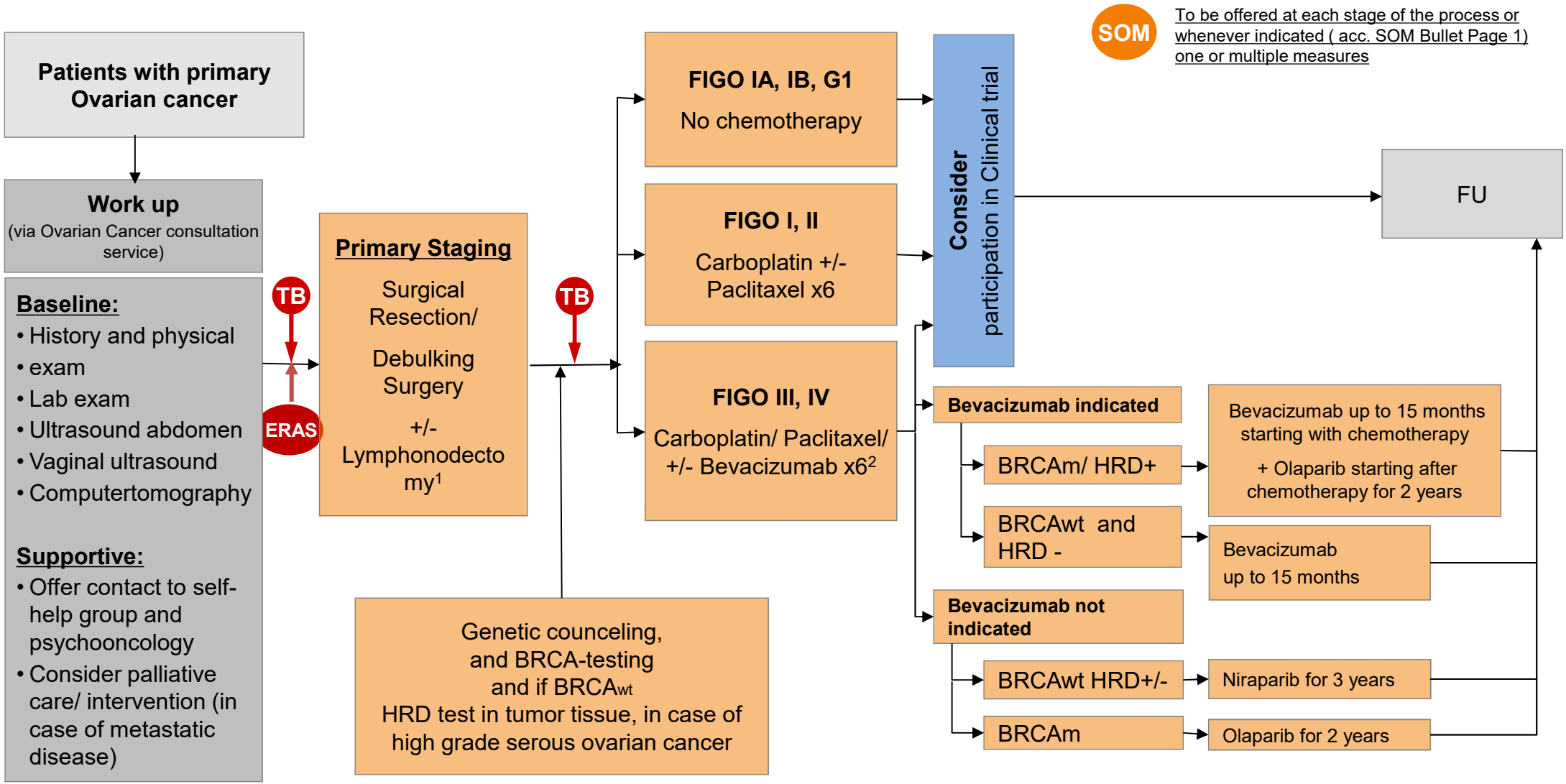
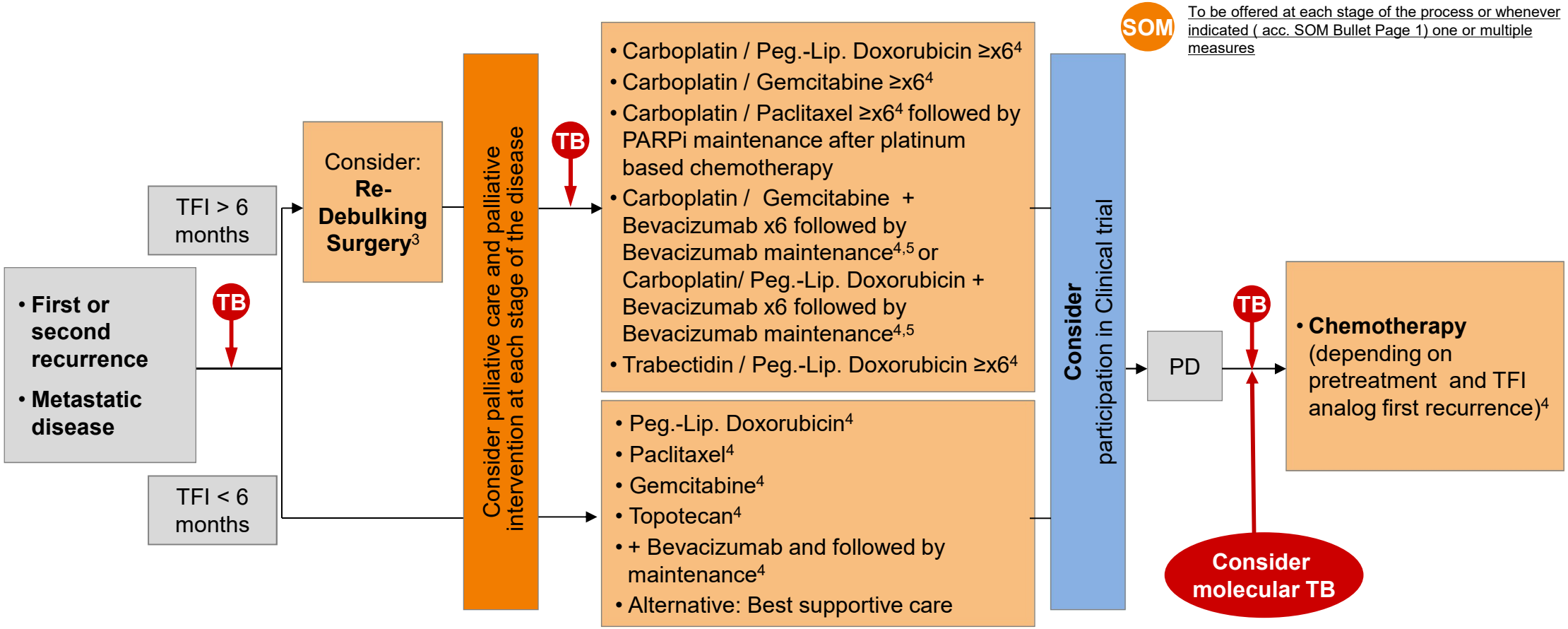


FU Follow up, PD Progressive Disease ERAS Enhanced Recovery After surgery program

1 Systematic pelvic and para-aortic lymphonodectomy of clinical and radiological negative lymphnodes in patients with advanced ovarian cancer (FIGO IIB-IV) and complete resection should be omitted. Systematic lymphonodectomy can be omitted if residual tumor >1 cm (solely debulking of larger nodes)

2 If indicated

Pathway page 2: Salvage therapy, palliative treatment



TB Tumorboard, TFI Treatment free interval, PD Progressive Disease

3 Consider redebulking, when complete tumor resection seems feasible or AGO score is positive: a) Good physical condition (ECOG 0), b) Complete resection during first line therapy, c) Ascites less than 500 ml

4 Order of compounds with respect to patients preference and clinical situation, consider palliative radiotherapy for isolated symptomatic metastases

5 First recurrence, no previous anti-angiogenic therapy

Page 3:

SOM To be offered at each stage of the process or whenever indicated (acc. SOM Bullet Page 1) one or multiple measures

Follow up

Every three months for three years, every six months until year six, afterwards yearly

- History
- Clinical exam
- Vaginal ultrasound
- Laboratory exam as indicated
- Radiology assessment if suspicious of recurrence
- Offer contact to self-help group and psychooncology

Supportive care

- Consider nutrition-, activity- and psychological counseling
- Blood transfusion in case of anemia (Hb ≤ 8 g/dl)
- Radiation of brain or bone metastases
- Antiresorptive therapy in case of bone metastases
- Ascites paracentesis
- Tumor associated pain: Analgetics (according to WHO pain relief ladder for cancer pain)