



Title: Gynecology Oncology Consultation Guidelines for Women with Adnexal Mass				Policy	
Patient Age Group:	(X) N/A	() All Ages	() Newborns	() Pediatric	() Adult

PURPOSE: To outline referral criteria for women with adnexal masses in order to provide optimal patient care when cancer is a likely diagnosis. Referral guidelines for which patients should see GYN Oncology primarily for their surgery are published and validated in the literature. The more difficult situation arises for patients that do not meet the referral criteria, but still have enough of a possibility of malignancy based on clinical judgement to warrant consideration of GYN Oncology "back-up." We encourage a discussion between attendings on these cases and will prompt referral where appropriate.

PROCEDURES: For concerns about a possible cancer diagnosis, we agree that the ACOG/SGO guidelines should be followed for referrals. "When physical examination and imaging techniques have detected the presence of a pelvic mass that is suspicious for a malignant ovarian neoplasm, the presence of at least one of the following indicators warrants consideration of referral to or consultation with a physician trained to appropriately stage and debulk ovarian cancer, such as a gynecologic oncologist:

- Postmenopausal women: elevated CA 125 level, ascites, a nodular or fixed pelvic mass, or evidence of abdominal or distant metastasis
- Premenopausal women: very elevated CA 125 level, ascites, or evidence of abdominal or distant metastasis

When a patient with a suspicious or persistent complex adnexal mass requires surgical evaluation, a physician trained to appropriately stage and debulk ovarian cancer, such as a gynecologic oncologist, should perform the operation" ⁽¹⁾.

Recent 2016 ACOG Practice Bulletin has refined consultation recommendations below:

"Consultation with or referral to a gynecologic oncologist is recommended for women with an adnexal mass who meet one or more of the following criteria:

- Postmenopausal with elevated CA 125 level, ultrasound findings suggestive of malignancy, ascites, a nodular or fixed pelvic mass, or evidence of abdominal or distant metastasis
- Premenopausal with very elevated CA 125 level, ultrasound findings suggestive of malignancy, ascites, a nodular or fixed pelvic mass, or evidence of abdominal or distant metastasis
- Premenopausal or postmenopausal with an elevated score on a formal risk assessment test such as the multivariate index assay, risk of malignancy index, or the Risk of Ovarian Malignancy Algorithm or one of the ultrasound-based scoring systems from the International Ovarian Tumor Analysis group"⁽²⁾.

REFERENCES:

1. American College of Obstetricians and Gynecologists Committee on Gynecologic Practice. "Committee Opinion No. 477: The Role of the Obstetrician-Gynecologist in the Early Detection of Epithelial Ovarian Cancer." *Obstetrics and Gynecology* 117 (3). 2011. 742-6.
2. "Practice Bulletin No. 174 Summary." *Obstetrics & Gynecology* 128 (5). 2016. 1193-1195.

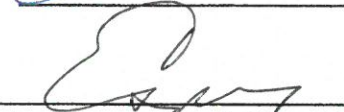
DEFINITIONS:

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APPROVAL

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