Title: **Gynecology Oncology Consolation Guidelines**					**Policy**
Patient Age Group:	(X) N/A	( ) All Ages	( ) Newborns	( ) Pediatric	( ) Adult

PURPOSE: To Identify best practices to optimize and standardize the experience for women with some clinical suspicion of GYN malignancy and to ensure that "Gyn Back-up" consultation is requested appropriately.

- Referral guidelines ensuring women with known gynecologic cancer are cared for by Gyn Oncology are validated in the literature and are well followed by current UNM practice
- The process outlined below is for women who do not clearly meet referral criteria, but for whom there is some clinical suspicion of malignancy and who warrant consideration for GYN Oncology "back-up."

PROCEDURES:

- When providers have concerns about a possible GYN cancer diagnosis, we agree that the ACOG/SGO guidelines should be followed for referrals.
    - Premenopausal women should be referred to Gyn Oncology if they have a CA125 >200, evidence of presumed metastatic disease on exam or imaging, or a family history of breast/ovarian cancer, stomach, other GI cancers or has a known family member diagnosed with BRCA, Lynch or other hereditary cancer mutation.
    - Postmenopausal women should be referred to Gyn Oncology with a CA125 >35, ascites, a nodular/fixed mass, metastatic disease or a similar high risk family history as described above.
    - The high negative predictive value associated with ACOG/SGO guidelines has been validated, so this strategy should minimize the chance that a woman with an unexpected Gyn cancer has surgery with the generalist group.
    - Any patient with an adnexal mass you is high risk based on multiple biomarker panels (ROMA, OVA1, RIMI, etc) should be referred to Gyn Oncology preoperatively for management.

- No frozen section is required for women who do not meet the ACOG/SGO criteria for referral unless something unexpected is seen at surgery. In the event of an unexpected finding, Gyn Oncology does not need to look at it before sending it for frozen section.
- For large adnexal masses removed laparoscopically, consider removal in a bag to prevent spill but it is not necessary for the mass to remain intact in the bag.
- For women who do not meet referral criteria or for whom there is a Gyn cancer suspicion, the options are as follow:
    - Refer to Gyn Oncology
    - Call the Gyn Oncology service for a verbal consult. It is preferable for the Gyn attending seeing the patient in clinic to call instead of waiting until the patient has already been scheduled for surgery. This allows for referral to the cancer center if appropriate as well as joint scheduling.
    - Gyn Oncology will manage patients who are referred instead of providing an office consult in the Cancer Center and then serving soley as "back-up"
    - For benign cases anticipated to be technically difficult, senior members of the Gynecology division should be consulted prior to calling Gyn Oncology for technical assistance.
    - Gyn Oncology will always provide back-up in the OR if an unexpected cancer is found or to assist with technically challenging cases, but anticipating the need in advance will help ensure availability.

REFERENCES:

DEFINITIONS:

APPROVAL

Prepared by: Gynecology Oncology Division

Approved by: Executive Committee

Approval:  4/20/2018

Chair, Department of Obstetrics & Gynecology Date

SOP # / Version #	Effective Date	Supersedes	Review Date	Summary of Change(s)
Version 2	4/20/2018	Version 1	4/4/2018	Minor changes added

REVISED: 4/24/2018 10:48 AM