

 <p>MaineHealth CANCER CARE NETWORK SUPPORTED BY THE HAROLD ALFOND* FOUNDATION</p>	Gynecologic Oncology Guidelines for Referral to the MaineHealth Cancer Care Network	
	Original Date: 9-8-15	Review Date:
	MaineHealth Gynecologic Work Group	

All individuals with a diagnosis of a GYN malignancy should undergo consultation with a Gynecologic Oncologist for discussion of treatment options. Co-management or care by generalist Ob/Gyn, Radiation Oncologist, Medical Oncologist or other physician should be discussed and approved by Gyn Oncology and it is recommended that such discussion is documented.

Referral Guidelines by tissue site diagnosis

1. Vulva - Confirmed diagnosis of invasive carcinoma
2. Vagina- Confirmed diagnosis of invasive carcinoma
3. Cervix - Confirmed diagnosis of invasive or microinvasive carcinoma
4. Endometrium – Confirmed diagnosis of invasive carcinoma

Confirmed diagnosis of atypical hyperplasia (High predisposition for existing invasive carcinoma*)

5. Ovary – Confirmed diagnosis of invasive carcinoma

Pelvic mass and/or high clinical suspicion for malignancy (Also see separate **Pelvic Mass Referral Guidelines**)

Referral of any patients that in the treating physician's discretion are in need of Gynecologic Oncology consultation is encouraged.

*Trimble, C. L., Kauderer, J., Zaino, R., Silverberg, S., Lim, P. C., Burke, J. J., Alberts, D. and Curtin, J. (2006), Concurrent endometrial carcinoma in women with a biopsy diagnosis of atypical endometrial hyperplasia. *Cancer*, 106: 812–819. doi: 10.1002/cncr.21650

Pelvic Mass Referral Guidelines

Clinical tools for evaluation:

Physical Examination

- Fixed or nodular pelvic mass
- Symptoms concerning for malignancy

Imaging

- Ultrasound to evaluate complexity
- Presence of free fluid

Tumor markers

- CA-125
- AFP, HCG, LDH may be useful in premenopausal women with a suspicious mass

Use of other markers (HE4, OVA1) may be used but are not required

SGO and ACOG Referral Guidelines

Premenopausal Women (<50 years old)

- CA-125 greater than 200 U/ml
- Ascites
- Abdominal or distant metastases
- Family history of breast or ovarian cancer in a first degree relative *

Postmenopausal Women (≥50 years old)

- CA-125 greater than 35 U/ml
- Ascites
- Nodular or fixed pelvic mass
- Abdominal or distant metastases
- Family history for breast or ovarian cancer in a first degree relative *

*Not a strong correlation when the only criterion for referral. Use clinical judgement.

Referral of any patients that in the treating physician's discretion are in need of Gynecologic Oncology consultation is encouraged.

1. Dearing AC, Aletti GD, McGree ME, Weaver AL, Sommerfield MK, Cliby WA. How relevant are ACOG and SGO guidelines for referral of adnexal mass? *Obstet Gynecol* 2007;110:841-848
2. Im SS, Gordon AN, Buttin BM, Leath CA, Gostout BS, Shah C, Hatch KD, Wang J, Berman ML. Validation of referral guidelines for women with pelvic masses. *Obstet Gynecol* 2005;105:35-41