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## No. 230-Initial Evaluation and Referral Guidelines for Management of Pelvic/Ovarian Masses

This clinical practice guideline has been prepared and approved by The Society of Obstetricians and Gynaecologists of Canada/ Gynecologic Oncologists of Canada/Society of Canadian Colposcopists Policy and Practice Guidelines Committee and the SOGC Diagnostic Imaging Committee. The guideline has been approved by the Executive Council of the Society of Gynecologic Oncologists of Canada, the Executive Council of the Society of Canadian Colposcopists, and the Executive and Council of the Society of Obstetricians and Gynaecologists of Canada. The Society of Obstetricians and Gynaecologists of Canada acknowledges advisory input from the Canadian Association of Radiologists pertaining to imaging guidelines in the creation of this standard.

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**Key Words:** Pelvic mass, ultrasound evaluation, surgical management, ovarian mass, oncology

### Abstract

**Objectives:** To optimize the management of adnexal masses and to assist primary care physicians and gynaecologists determine which patients presenting with an ovarian mass with a significant risk of malignancy should be considered for gynaecologic oncology referral and management.

**Options:** Laparoscopic evaluation, comprehensive surgical staging for early ovarian cancer, or tumour debulking for advanced stage ovarian cancer.

**Outcomes:** To optimize conservative versus operative management of women with possible ovarian malignancy and to optimize the

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Women have the right and responsibility to make informed decisions about their care in partnership with their health care providers. In order to facilitate informed choice women should be provided with information and support that is evidence based, culturally appropriate and tailored to their needs. The values, beliefs and individual needs of each woman and her family should be sought and the final decision about the care and treatment options chosen by the woman should be respected.

involvement of gynaecologic oncologists in planning and delivery of treatment.

**Evidence:** Published literature was retrieved through searches of PubMed or MEDLINE, CINAHL, and the Cochrane Library, using appropriate controlled vocabulary and key words. Results were restricted to systematic reviews, randomized control trials/controlled clinical trials, and observational studies. Grey (unpublished) literature was identified by searching the web sites of health technology assessment and health technology assessment-related agencies, clinical practice guideline collections, clinical trial registries, and national and international medical specialty societies.

**Recommendations:**

1. Primary care physicians and gynaecologists should always consider the possibility of an underlying ovarian cancer in patients in any age group who present with an adnexal or ovarian mass (II-2B).
2. Appropriate workup of a perimenopausal or postmenopausal woman presenting with an adnexal mass should include evaluation of

symptoms and signs suggestive of malignancy, such as persistent pelvic/abdominal pain, urinary urgency/frequency, increased abdominal size/bloating, and difficulty eating. In addition, CA125 measurement should be considered (II-2B).

3. Transvaginal or transabdominal ultrasound examination is recommended as part of the initial workup of a complex adnexal/ovarian mass (II-2B).
4. Ultrasound reports should be standardized to include size and unilateral/bilateral location of the adnexal mass and its possible origin, thickness of septations, presence of excrescences and internal solid components, vascular flow distribution pattern, and presence or absence of ascites. This information is essential for calculating the risk of malignancy index II score to identify pelvic mass with high malignant potential (IIC).
5. Patients deemed to have a high risk of an underlying malignancy should be reviewed in consultation with a gynaecologic oncologist for assessment and optimal surgical management (II-2B).

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