

ACR Appropriateness Criteria[®]

Staging and Follow-Up of Ovarian Cancer

Expert Panel on Women's Imaging: *Stella K. Kang, MD, MS^a, Caroline Reinhold, MD^b, Mostafa Atri, MD^c, Carol B. Benson, MD^d, Priyadarshani R. Bhosale, MD^e, Anuja Jhingran, MD^e, Yulia Lakhman, MD^f, Katherine E. Maturen, MD, MS^g, Refky Nicola, DO MSc^b, Pari V. Pandharipande, MD, MPHⁱ, Gloria M. Salazar, MD^j, Thomas D. Shipp, MD, RDMS^j, Lynn Simpson, MD^k, William Small Jr, MD^l, Betsy L. Sussman, MD^m, Jennifer W. Uyeda, MD^d, Darci J. Wall, MDⁿ, Bradford P. Whitcomb, MD^o, Carolyn M. Zelop, MD^p, Phyllis Glanc, MD^q*

Abstract

In the management of epithelial ovarian cancers, imaging is used for cancer detection and staging, both before and after initial treatment. The decision of whether to pursue initial cytoreductive surgery for ovarian cancer depends in part on accurate staging. Contrast-enhanced CT of the abdomen and pelvis (and chest where indicated) is the current imaging modality of choice for the initial staging evaluation of ovarian cancer. Fluorine-18-2-fluoro-2-deoxy-D-glucose PET/CT and MRI may be appropriate for problem-solving purposes, particularly when lesions are present on CT but considered indeterminate. In patients who achieve remission, clinical suspicion for relapse after treatment prompts imaging evaluation for recurrence. Contrast-enhanced CT is the modality of choice to assess the extent of recurrent disease, and fluorine-18-2-fluoro-2-deoxy-D-glucose PET/CT is also usually appropriate, as small metastatic foci may be identified. If imaging or clinical examination confirms a recurrence, the extent of disease and timing of disease recurrence then determines the choice of treatments, including surgery, chemotherapy, and radiation therapy.

^aPrincipal Author, New York University Medical Center, New York, New York.

^bPanel Chair, McGill University, Montreal, Quebec, Canada.

^cToronto General Hospital, Toronto, Ontario, Canada.

^dBrigham & Women's Hospital, Boston, Massachusetts.

^eUniversity of Texas MD Anderson Cancer Center, Houston, Texas.

^fMemorial Sloan Kettering Cancer Center, New York, New York.

^gUniversity of Michigan, Ann Arbor, Michigan.

^hState University of New York Upstate Medical University, Syracuse, New York.

ⁱMassachusetts General Hospital, Boston, Massachusetts.

^jBrigham & Women's Hospital, Boston, Massachusetts; American Congress of Obstetricians and Gynecologists.

^kColumbia University, New York, New York; American Congress of Obstetricians and Gynecologists.

^lStritch School of Medicine Loyola University Chicago, Maywood, Illinois.

^mThe University of Vermont Medical Center, Burlington, Vermont.

ⁿMayo Clinic, Rochester, Minnesota.

^oTripler Army Medical Center, Honolulu, Hawaii; Society of Gynecologic Oncology.

^pValley Hospital, Ridgewood, New Jersey, and NYU School of Medicine, New York, New York; American Congress of Obstetricians and Gynecologists.

^qSpecialty Chair, Sunnybrook Health Sciences Centre Bayview Campus, Toronto, Ontario, Canada.

Corresponding author: Stella K. Kang, MD, MS, NYU Radiology Associates, 660 1st Avenue, 1st Floor, New York, NY 10016; e-mail: stella.kang@nyumc.org.

The American College of Radiology seeks and encourages collaboration with other organizations on the development of the ACR Appropriateness Criteria through society representation on expert panels. Participation by representatives from collaborating societies on the expert panel does not necessarily imply individual or society endorsement of the final document.

Reprint requests to: publications@acr.org.

Conflict of Interest: Dr. Whitcomb reports that he is a member of the Society of Gynecologic Oncology Clinical Practice Committee, and represents this organization as a liaison to the ACR for these women's imaging projects. Dr. Kang reports other support from Wolters Kluwer Health, outside the submitted work.

Disclaimer: The ACR Committee on Appropriateness Criteria and its expert panels have developed criteria for determining appropriate imaging examinations for diagnosis and treatment of specified medical condition(s). These criteria are intended to guide radiologists, radiation oncologists and referring physicians in making decisions regarding radiologic imaging and treatment. Generally, the complexity and severity of a patient's clinical condition should dictate the selection of appropriate imaging procedures or treatments. Only those examinations generally used for evaluation of the patient's condition are ranked. Other imaging studies necessary to evaluate other co-existent diseases or other medical consequences of this condition are not considered in this document. The availability of equipment or personnel may influence the selection of appropriate imaging procedures or treatments. Imaging techniques classified as investigational by the FDA have not been considered in developing these criteria; however, study of new equipment and applications should be encouraged. The ultimate decision regarding the appropriateness of any specific radiologic examination or treatment must be made by the referring physician and radiologist in light of all the circumstances presented in an individual examination.

The American College of Radiology Appropriateness Criteria are evidence-based guidelines for specific clinical conditions that are reviewed annually by a multidisciplinary expert panel. The guideline development and revision include an extensive analysis of current medical literature from peer reviewed journals and the application of well-established methodologies (RAND/UCLA Appropriateness Method and Grading of Recommendations Assessment, Development, and Evaluation or GRADE) to rate the appropriateness of imaging and treatment procedures for specific clinical scenarios. In those instances where evidence is lacking or equivocal, expert opinion may supplement the available evidence to recommend imaging or treatment.

Key Words: Appropriateness Criteria, Appropriate Use Criteria, AUC, Imaging evaluation, Ovarian cancer, Recurrence, Staging

J Am Coll Radiol 2018;15:S198-S207. Copyright © 2018 American College of Radiology

ACR Appropriateness Criteria[®] Staging and Follow-Up of Ovarian Cancer. [Variants 1 and 2](#) and [Tables 1 and 2](#).

Variant 1. Initial staging of pretreatment ovarian cancer.

Procedure	Appropriateness Category	Relative Radiation Level
CT abdomen and pelvis with IV contrast	Usually Appropriate	⬢⬢⬢⬢
CT chest abdomen pelvis with IV contrast	Usually Appropriate	⬢⬢⬢⬢
FDG-PET/CT skull base to mid-thigh	May Be Appropriate	⬢⬢⬢⬢
MRI abdomen and pelvis without and with IV contrast	May Be Appropriate	0
CT abdomen and pelvis without IV contrast	May Be Appropriate	⬢⬢⬢⬢
CT chest abdomen pelvis without IV contrast	May Be Appropriate	⬢⬢⬢⬢
MRI abdomen and pelvis without IV contrast	May Be Appropriate	0
CT abdomen and pelvis without and with IV contrast	Usually Not Appropriate	⬢⬢⬢⬢
CT chest abdomen pelvis without and with IV contrast	Usually Not Appropriate	⬢⬢⬢⬢
US abdomen and pelvis transabdominal	Usually Not Appropriate	0
US pelvis transvaginal	Usually Not Appropriate	0
X-ray contrast enema	Usually Not Appropriate	⬢⬢⬢
X-ray intravenous urography	Usually Not Appropriate	⬢⬢⬢

FDG = fluorine-18-2-fluoro-2-deoxy-D-glucose; IV = intravenous; US = ultrasound.

Variant 2. Extent of disease in suspected or known recurrence of ovarian cancer.

Procedure	Appropriateness Category	Relative Radiation Level
CT abdomen and pelvis with IV contrast	Usually Appropriate	⬢⬢⬢⬢
CT chest abdomen pelvis with IV contrast	Usually Appropriate	⬢⬢⬢⬢
FDG-PET/CT skull base to mid-thigh	Usually Appropriate	⬢⬢⬢⬢
MRI abdomen and pelvis without and with IV contrast	May Be Appropriate	0
CT abdomen and pelvis without IV contrast	May Be Appropriate	⬢⬢⬢⬢
CT chest abdomen pelvis without IV contrast	May Be Appropriate	⬢⬢⬢⬢
MRI abdomen and pelvis without IV contrast	May Be Appropriate	0

(continued)

Download English Version:

<https://daneshyari.com/en/article/8823117>

Download Persian Version:

<https://daneshyari.com/article/8823117>

[Daneshyari.com](https://daneshyari.com)