



FOLLOW-UP GUIDELINES

Ovarian Cancer

June 2009

These guidelines are intended to assist in follow-up care and are not to replace individual physician's judgment with respect to particular patients or special clinical situations. Guidelines should be carried out with assistance of family physician and other healthcare professionals as required. Important goals of lymphoma follow-up include:

- To ensure that complications post surgery or other therapy are identified and managed.
- To possibly identify, at a curable stage, recurrent disease which may be amenable to salvage therapy.
- To detect and provide palliative therapy to patients with symptomatic recurrence. Such patients will usually present with symptoms, rather than being detected on routine follow-up.

These recommendations are consistent with the individual disease's natural history and the chances of detecting potentially curable recurrent cancer. Specifically:

- Although 50% of patients with advanced ovarian cancer will achieve a complete clinical response following surgery and chemotherapy, almost all relapse within three years.
- A rising Ca 125 often precedes the clinical detection of disease by three to six months.
- There is currently no evidence that re-initiating chemotherapy in the face of a rising Ca 125 but in advance of detecting clinically symptomatic recurrence achieves any improvement in overall response or survival-a a randomized British trial is currently investigating this question definitively.

Follow-Up for All Patients

- Patients to be followed by a gynecologic oncologist every 3-4 months for two years, then every six months for a total of five years.
- Follow-up examination includes physical examination, Pap smear and pelvic exam. A decision as to whether to routinely determine Ca 125 with each return visit should be individualized following a realistic discussion of the pros and cons of such monitoring between the patient and physician as outlined earlier.
- The interpretation of Pap smears in the first 3 months after surgery or radiotherapy can be extremely difficult-it is not helpful and should not be obtained until after this interval.

NOTE: Routine CBCs, liver function tests, chest x-rays, CT scans or other imaging studies are NOT recommended unless clinically indicated.

References

BC Cancer Agency

<http://www.bccancer.bc.ca/HPI/ChemotherapyProtocols/default.htm>

NCCN Guideline

<http://www.nccn.org/Registration/login/login.aspx?s=PG>

State-Of-The-Art Oncology in Europe

<http://startoncology.axenso.it/capitoli/default.jsp?menu=professional&language=eng>

Up-to-Date

<http://www.uptodateonline.com/online/index.do>

Visit our website at <http://www.saskcancer.ca/>