

Survivorship

Many cancer survivors experience persisting side effects at the end of treatment. Emotional and psychological issues include distress, anxiety, depression, cognitive changes and fear of cancer recurrence. Late effects may occur months or years later and are dependent on the type of cancer treatment. Survivors may experience altered relationships and may encounter practical issues, including difficulties with returning to work or studies.

Things to discuss at clinic appointments include: Bowel problems, Ascites (fluid in the abdomen), pleural effusion (fluid in the chest causing breathing problems), Pain, Premature menopause, Fatigue, Sexual wellbeing, Mental wellbeing.

Essential components of survivorship care;

- Late effects
- Surveillance for cancer spread, recurrence or second cancers, and screening and assessment for medical and psychosocial late effects
- Interventions to deal with the consequences of cancers and cancer treatments (including management of symptoms, distress and practical issues)
- Coordination of care between all providers

Ovarian Cancer Resources



swslhd.nsw.gov.au/cancer



Canceraustralia.gov.au



Ovarian Cancer Australia

Ovariancancer.net.au



CancerCouncil.com.au



CINSW.org.au

Ovarian Cancer Care Referral Pathway

For Appointments & triage:

Phone: 8738 5203

Fax referrals to: 8738 5299

Email: LIV.CTCadmin@sswahs.nsw.gov.au

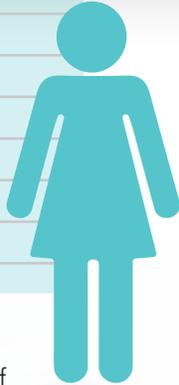
Website: swslhd.nsw.gov.au/cancer



1,550 Australian women are diagnosed EACH YEAR - 1 in 82

Symptoms

- Fatigue
- Weight Loss
- Appetite loss/fullness
- Pelvic/abdominal pain
- Menstrual irregularities
- Urinary Symptoms
- Bowel changes



Because symptoms are often vague, generalised and non-gynaecological, if they persist for more than 1 month, consider ovarian cancer, and undertake further assessment.

Referral Criteria

The Risk of Malignancy Index (RMI) when used in the presence of a pelvic mass is a useful triage tool to determine those women who should be referred to a gynaecological oncologist.

CRITERIA	SCORING SYSTEM	SCORE
Menopausal status		
Premenopausal	1	
Postmenopausal	3	A (1 or 3)
Ultrasonic features		
Multiloculated		
Solid areas	No feature = 0	
Bilaterality	One feature =1	
Ascites	> 1 feature =3	
Metastasis		B (0, 1 or 3)
Serum CA125	Absolute level (U/ml)	C
Risk of Malignancy Index (RMI)		A xB x C

A cut off value of 200 is used to discriminate benign from malignant ovarian masses, with a sensitivity of 87% and a specificity of 97%.

For more information on the RMI, visit CancerAustralia.com.au

Referrals must be addressed to one of our team.
Patients will be seen within 2 weeks.

After Treatment

Follow up - Gynecological Oncology Specialist

- Year 1-2: every 3 months
- Years 3-4: every 4 – 6 months
- Year 5: every 6 months
- After 5 years: annual review

Physical Exam (including pelvic exam)

- Year 1 & 2: every 2–4 months
- Years 3-5: every 6 months
- After 5 years: annually

Blood test to measure CA-125

Prior to each specialist clinic visit if level was initially elevated.

CT Scan

If symptoms of recurrence develop, chest X-ray or CT scan of chest, abdominal & pelvic areas, or PET scan for localised recurrence if not identified on CT may be required.

Genetics

Recommend genetics counselling for BRCA genes (or Lynch syndrome) if there is a family history of a blood relative with ovarian, breast, pancreas, young prostate cancer - or no family history but has non mucinous or non "low grade" serous and is under 70 years of age.

Investigations

- Pelvic ultrasound (trans – vaginal)
- Routine bloods and tumour marker tests (Ca 125 & Ca19.9)
- Chest x-ray
- Contrast – enhanced CT scan
- Other investigation may be considered, and you are welcome to phone our triage nurse for further advice

4 Australian women are diagnosed EACH DAY - 3 will die each day
Ovarian cancer is the most deadly of all women's cancers