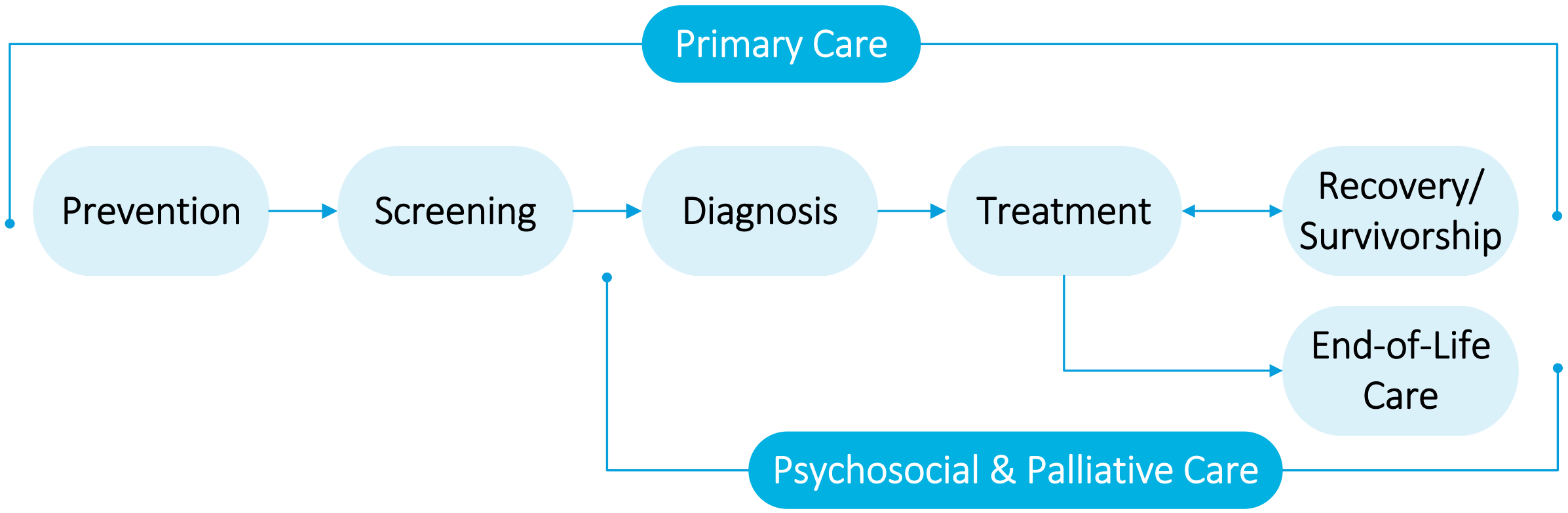


# Ovarian Cancer Diagnosis Pathway Map

Version 2025.04



**Disclaimer:** The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map. In the situation where the reader is not a health care provider, the reader should always consult a healthcare provider if they have any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Ontario Health (Cancer Care Ontario) and the reader.

Target Population

- The pathway map reflects the clinical management of patients with signs or symptoms suspicious for epithelial ovarian cancer.
- These patients are in need of diagnostic work-up.

Pathway Map Considerations

- For additional information about the optimal organization of gynecologic oncology services in Ontario refer to [GL #4-11](#).
- Primary care providers play an important role in the cancer journey and should be informed of relevant tests and consultations. Ongoing care with a primary care provider is assumed to be part of the pathway map. For patients who do not have a primary care provider, [Health811](#) is a government resource that helps patients find a doctor or nurse practitioner.
- Throughout the pathway map, a shared decision-making model should be implemented to enable and encourage patients to play an active role in the management of their care. For more information see [Person-Centered Care Guideline](#) and [EBS #19-2 Provider-Patient Communication](#).\*
- Hyperlinks are used throughout the pathway map to provide information about relevant Ontario Health (Cancer Care Ontario) tools, resources and guidance documents.
- The term ‘health care provider’, used throughout the pathway map, includes primary care providers and specialists, e.g. family doctors, nurse practitioners, and emergency physicians.
- Multidisciplinary Cancer Conferences (MCCs) may be considered for all phases of the pathway map. For more information on Multidisciplinary Cancer Conferences, visit [MCC Tools](#).
- For more information on wait time prioritization, visit [Surgery](#).
- Clinical trials should be considered for all phases of the pathway map.
- Psychosocial oncology (PSO) is the interprofessional specialty concerned with understanding and treating the social, practical, psychological, emotional, spiritual and functional needs and quality-of-life impact that cancer has on patients and their families. Psychosocial care should be considered an integral and standardized part of cancer care for patients and their families at all stages of the illness trajectory. For more information, visit [EBS #19-3](#).\*

Pathway Map Legend

| Colour Guide                                                                                                                  | Shape Guide                                                                                                           | Line Guide                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|  Primary Care                              |  Intervention                      |  Required |
|  Palliative Care                           |  Decision or assessment point      |  Possible |
|  Pathology                                 |  Patient (disease) characteristics |                                                                                              |
|  Organized Diagnostic Assessment           |  Consultation with specialist      |                                                                                              |
|  Surgery                                   |  Exit pathway                      |                                                                                              |
|  Radiation Oncology                        |  Off page reference                |                                                                                              |
|  Medical Oncology                          |  Referral                          |                                                                                              |
|  Radiology                                 |                                                                                                                       |                                                                                              |
|  Multidisciplinary Cancer Conference (MCC) |                                                                                                                       |                                                                                              |
|  Genetics                                  |                                                                                                                       |                                                                                              |
|  Psychosocial Oncology (PSO)               |                                                                                                                       |                                                                                              |

Pathway Map Disclaimer

This pathway map is a resource that provides an overview of the treatment that an individual in the Ontario cancer system may receive.

The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map. In the situation where the reader is not a healthcare provider, the reader should always consult a healthcare provider if he/she has any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Ontario Health (Cancer Care Ontario) and the reader.

While care has been taken in the preparation of the information contained in the pathway map, such information is provided on an “as-is” basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information’s quality, accuracy, currency, completeness, or reliability.

Ontario Health (Cancer Care Ontario) and the pathway map’s content providers (including the physicians who contributed to the information in the pathway map) shall have no liability, whether direct, indirect, consequential, contingent, special, or incidental, related to or arising from the information in the pathway map or its use thereof, whether based on breach of contract or tort (including negligence), and even if advised of the possibility thereof. Anyone using the information in the pathway map does so at his or her own risk, and by using such information, agrees to indemnify Ontario Health (Cancer Care Ontario) and its content providers from any and all liability, loss, damages, costs and expenses (including legal fees and expenses) arising from such person’s use of the information in the pathway map.

This pathway map may not reflect all the available scientific research and is not intended as an exhaustive resource. Ontario Health (Cancer Care Ontario) and its content providers assume no responsibility for omissions or incomplete information in this pathway map. It is possible that other relevant scientific findings may have been reported since completion of this pathway map. This pathway map may be superseded by an updated pathway map on the same topic.

\* **Note.** [EBS #19-2](#) and [EBS #19-3](#) are older than 3 years and are currently listed as ‘For Education and Information Purposes’. This means that the recommendations will no longer be maintained but may still be useful for academic or other information purposes.

O-RADS™ Ultrasound Risk Stratification and Management System for Classic Benign Lesions (O-RADS™ 2)

| Lexicon                           | Descriptors and Definitions<br>For any atypical features on initial or follow-up exam, use other lexicon descriptors (e.g., unilocular, multilocular, solid, etc.).                                                                                                                                                  | Management<br>If sonographic features are only suggestive, and overall assessment is uncertain, consider follow-up US within 3 months.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Typical Hemorrhagic Cyst          | Unilocular cyst, <b>no internal vascularity*</b> , <b>and at least one</b> of the following: <ul style="list-style-type: none"><li>Reticular pattern (fine, thin intersecting lines representing fibrin strands)</li><li>Retractile clot intracystic component with straight, concave, or angular margins)</li></ul> | Imaging*: <ul style="list-style-type: none"><li>Premenopausal:<ul style="list-style-type: none"><li>=5 cm: None</li><li>&gt;5 cm but &lt;10 cm: Follow-up US in 2-3 months</li></ul></li><li>Postmenopausal:<ul style="list-style-type: none"><li>&lt;10 cm, options to confirm include:<ul style="list-style-type: none"><li>Follow-up US in 2-3 months</li><li>US specialist (if available)</li><li>MRI (with O-RADS MRI score)</li></ul></li></ul></li></ul> Clinical: Referral to a Gynecologist**<br><br>Note: Hemorrhagic cysts typically do not occur in post-menopausal people. If this is the case for your person, consider recategorizing the lesion with other lexicon descriptors. |
| Typical Dermoid Cyst              | Cystic lesion with =3 locules, <b>no internal vascularity*</b> , <b>and at least one</b> of the following: <ul style="list-style-type: none"><li>Hyperechoic component(s) (diffuse or regional) with shadowing</li><li>Hyperechoic lines and dots</li><li>Floating echogenic spherical structures</li></ul>          | Imaging: <ul style="list-style-type: none"><li>=3 cm: May consider follow-up US in 12 months***</li><li>&gt;3 cm but &lt;10 cm: If not surgically excised, follow-up US in 12 months***</li></ul> Clinical: Referral to a Gynecologist**                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Typical Endometrioma              | Cystic lesion with =3 locules, <b>no internal vascularity*</b> , homogeneous low-level/ ground glass echoes, and smooth inner walls/ septation(s) <ul style="list-style-type: none"><li>± Peripheral punctate echogenic foci in wall</li></ul>                                                                       | Imaging: <ul style="list-style-type: none"><li>Premenopausal:<ul style="list-style-type: none"><li>&lt;10 cm: If not surgically excised, follow-up US in 12 months***</li></ul></li><li>Postmenopausal:<ul style="list-style-type: none"><li>&lt;10 cm <b>and initial exam</b>, options to confirm include:<ul style="list-style-type: none"><li>Follow-up US in 2-3 months</li><li>US specialist (if available)</li><li>MRI (with O-RADS MRI score)</li></ul></li></ul></li></ul> Then, if not surgically excised, recommend follow-up US in 12 months***<br><br>Clinical: Referral to a Gynecologist**                                                                                        |
| Typical Paraovarian Cyst          | Simple cyst separate from the ovary                                                                                                                                                                                                                                                                                  | Imaging: None<br><br>Clinical: None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Typical Peritoneal Inclusion Cyst | Fluid collection with ovary at margin or suspended within that conforms to adjacent pelvic organs <ul style="list-style-type: none"><li>± Septations (representing adhesions)</li></ul>                                                                                                                              | Imaging: None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Typical Hydrosalpinx              | Anechoic, fluid-filled tubular structure <ul style="list-style-type: none"><li>± Incomplete septation(s) (representing adhesions)</li><li>Endosalpingeal folds (short, round projections around the inner walls)</li></ul>                                                                                           | Clinical: Referral to a Gynecologist**                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

MRI = magnetic resonance imaging; US = ultrasound

\*Excludes vascularity in walls or intervening septation(s)

\*\*As needed for management of clinical issues

\*\*\*There is currently a paucity of evidence for defining the need, optimal duration, or interval of timing for surveillance. If stable, consider US follow-up at 24 months from initial exam, then as clinically indicated. Specifically, evidence does support an increasing risk of malignancy in endometriomas following menopause and those present greater than 10 years. See the following paper for additional information:

O-RADS US Risk Stratification and Management System: A Consensus Guideline from the ACR O-RADS Committee.

+The recommendation differs from O-RADS™ v2022.

O-RADS™ Ultrasound Risk Stratification and Management System Adapted for the Ontario Healthcare Context

| O-RADS™ Score | Risk Category                      | Lexicon Descriptors                                                                                           |                                                            | Management                                                                                                                                                                                                                                                                                                    |                            |                       |
|---------------|------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|
|               |                                    |                                                                                                               |                                                            | Premenopausal                                                                                                                                                                                                                                                                                                 | Postmenopausal             |                       |
| 0             | Incomplete Evaluation [N/A]        | Lesions features relevant for risk stratification cannot be accurately characterized due to technical factors |                                                            | Repeat US study or MRI                                                                                                                                                                                                                                                                                        |                            |                       |
| 1             | Normal Ovary [N/A]                 | No ovarian lesion                                                                                             |                                                            | None                                                                                                                                                                                                                                                                                                          |                            |                       |
|               |                                    | Physiologic cyst: follicle (=3 cm) or corpus luteum (typically =3 cm)                                         |                                                            |                                                                                                                                                                                                                                                                                                               |                            |                       |
| 2             | Almost certainly benign [ $<1\%$ ] | Simple Cyst                                                                                                   | =3 cm                                                      | N/A (see follicle)                                                                                                                                                                                                                                                                                            | None                       |                       |
|               |                                    |                                                                                                               | >3 to 5 cm                                                 | None                                                                                                                                                                                                                                                                                                          | Follow-up US in 12 months* |                       |
|               |                                    |                                                                                                               | >5 to <10 cm                                               | Follow-up US in 12 months*                                                                                                                                                                                                                                                                                    |                            |                       |
|               |                                    | Unilocular, smooth, non-simple cyst, smooth (internal echoes and/or incomplete septations)                    | =3 cm                                                      | None                                                                                                                                                                                                                                                                                                          | Follow-up US in 12 months* |                       |
|               |                                    |                                                                                                               | >3 cm to <10 cm                                            | Follow-up US in 6 months*                                                                                                                                                                                                                                                                                     |                            |                       |
|               |                                    | Bilocular, smooth cyst                                                                                        |                                                            |                                                                                                                                                                                                                                                                                                               |                            |                       |
|               |                                    | Typical benign ovarian lesion (Table 2)                                                                       | <10 cm                                                     | See Table 2 (Classic Benign Lesions) for descriptors and management                                                                                                                                                                                                                                           |                            |                       |
|               |                                    | Typical benign extraovarian lesion (Table 2)                                                                  | Any size                                                   |                                                                                                                                                                                                                                                                                                               |                            |                       |
| 3             | Low Risk Malignancy [1 - <10%]     | Typical benign ovarian lesion (Table 2), =10 cm                                                               |                                                            | Imaging: <ul style="list-style-type: none"><li>• If not surgically excised, consider follow-up US within 6 months**</li><li>• If solid, may consider US specialist (if available) <u>or</u> MRI (with O-RADS MRI score)***</li></ul> Clinical: Referral to a gynecologist                                     |                            |                       |
|               |                                    | Uni- or bilocular cyst, smooth, =10 cm                                                                        |                                                            |                                                                                                                                                                                                                                                                                                               |                            |                       |
|               |                                    | Unilocular cyst, irregular, any size                                                                          |                                                            |                                                                                                                                                                                                                                                                                                               |                            |                       |
|               |                                    | Multilocular cyst, smooth, <10 cm, CS <4                                                                      |                                                            |                                                                                                                                                                                                                                                                                                               |                            |                       |
|               |                                    | Solid lesion, ± shadowing, smooth, any size, CS = 1                                                           |                                                            |                                                                                                                                                                                                                                                                                                               |                            |                       |
|               |                                    | Solid lesion, shadowing, smooth, any size, CS 2-3                                                             |                                                            |                                                                                                                                                                                                                                                                                                               |                            |                       |
| 4             | Intermediate Risk [10 - <50%]      | Bilocular cyst without solid component(s)                                                                     | Irregular, any size, any CS                                | Imaging: <ul style="list-style-type: none"><li>• Options include:<ul style="list-style-type: none"><li>○ US specialist (if available)</li><li>○ MRI (with O-RADS MRI score)***</li></ul></li></ul> Clinical: Referral to a gynecologist with gyne-oncologist consultation <u>or</u> solely by gyne-oncologist |                            |                       |
|               |                                    |                                                                                                               | Multilocular cyst without solid component(s)               |                                                                                                                                                                                                                                                                                                               |                            | Smooth, =10 cm, CS <4 |
|               |                                    | Smooth, any size, CS = 4                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                               |                            |                       |
|               |                                    | Irregular, any size, any CS                                                                                   |                                                            |                                                                                                                                                                                                                                                                                                               |                            |                       |
|               |                                    | Unilocular cyst with solid component(s)                                                                       | <4 pps or solid component(s) not considered a pp, any size |                                                                                                                                                                                                                                                                                                               |                            |                       |
|               |                                    | Bi- or multilocular cyst with solid component(s)                                                              | Any size, CS = 1-2                                         |                                                                                                                                                                                                                                                                                                               |                            |                       |
|               |                                    | Solid lesion, non-shadowing                                                                                   | Smooth, any size, CS = 2-3                                 |                                                                                                                                                                                                                                                                                                               |                            |                       |
| 5             | High Risk [=50%]                   | Unilocular cyst, = 4 pps, any size, any CS                                                                    |                                                            | Imaging: While referral pending, may consider ordering a staging CT (chest, abdomen, pelvis)*                                                                                                                                                                                                                 |                            |                       |
|               |                                    | Bi- or multilocular cyst with solid component(s), any size, CS = 3-4                                          |                                                            |                                                                                                                                                                                                                                                                                                               |                            |                       |
|               |                                    | Solid lesion, ± shadowing, smooth, any size, CS = 4                                                           |                                                            | Clinical: Direct urgent referral to a gyne-oncologist*                                                                                                                                                                                                                                                        |                            |                       |
|               |                                    | Solid lesion, irregular, any size, any CS                                                                     |                                                            |                                                                                                                                                                                                                                                                                                               |                            |                       |
|               |                                    | Ascites and/or peritoneal nodules****                                                                         |                                                            |                                                                                                                                                                                                                                                                                                               |                            |                       |

CS = colour score; gyne = gynecologic; MRI = magnetic resonance imaging; N/A = not applicable; US = ultrasound; pps = papillary projections

\* Shorter imaging follow-up may be considered in some scenarios (e.g., clinical factors). If smaller (≥10 – 15% decrease in average linear dimension), consider follow-up US at 12 and 24 months from initial exam, then management per gynecology. For changing morphology, reassess using lexicon descriptors. Clinical management with gynecology as needed.

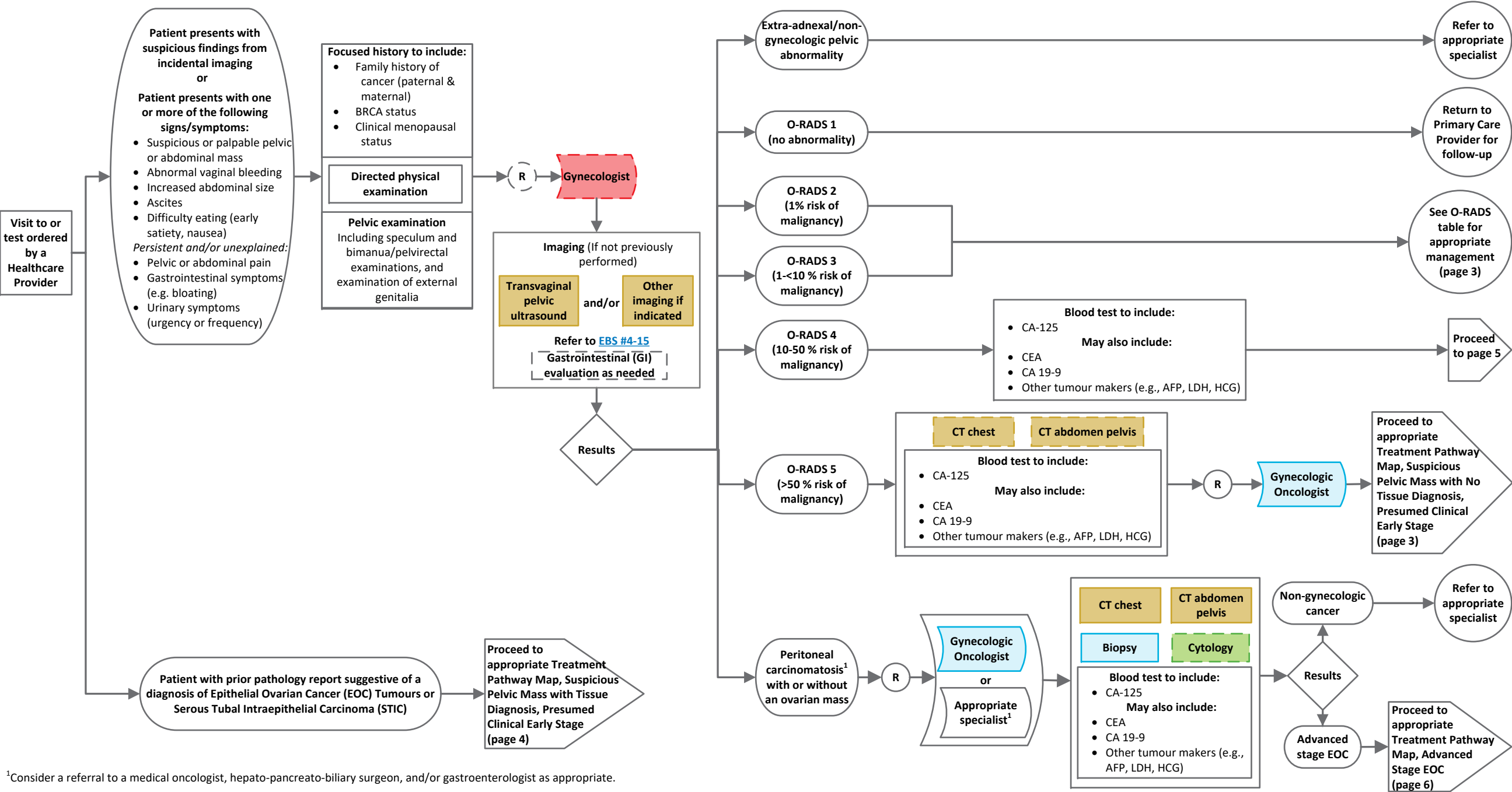
\*\* There is a paucity of evidence for defining the optimal duration or interval for imaging surveillance. Shorter follow-up may be considered in some scenarios (e.g., clinical factors). If stable, follow-up at 12 and 24 months from initial exam, then as clinically indicated. For changing morphology, reassess using lexicon descriptors.

\*\*\* MRI with contrast has higher specificity for solid lesions, and cystic lesions with solid component(s).

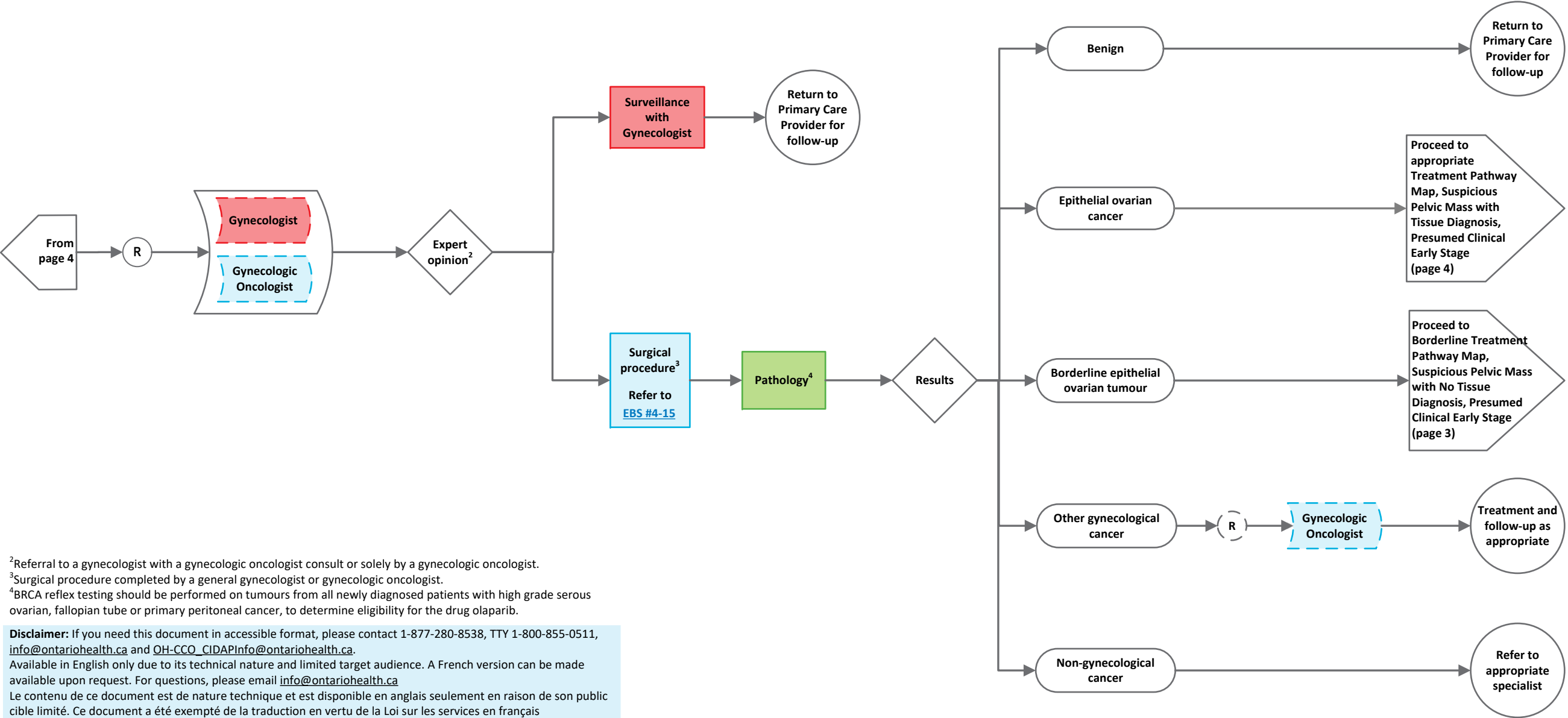
\*\*\*\* Not due to other malignant or non-malignant etiologies; specifically, must consider other etiologies of ascites in categories 1-2.

+The recommendation differs from O-RADS™ v2022.

Screen for psychosocial needs, and assessment and management of symptoms. [Click here for more information about symptom assessment and management tools](#)



Screen for psychosocial needs, and assessment and management of symptoms. [Click here for more information about symptom assessment and management tools](#)



**Disclaimer:** If you need this document in accessible format, please contact 1-877-280-8538, TTY 1-800-855-0511, [info@ontariohealth.ca](mailto:info@ontariohealth.ca) and [OH-CCO\\_CIDAPInfo@ontariohealth.ca](mailto:OH-CCO_CIDAPInfo@ontariohealth.ca). Available in English only due to its technical nature and limited target audience. A French version can be made available upon request. For questions, please email [info@ontariohealth.ca](mailto:info@ontariohealth.ca). Le contenu de ce document est de nature technique et est disponible en anglais seulement en raison de son public cible limité. Ce document a été exempté de la traduction en vertu de la Loi sur les services en français conformément au Règlement de l'Ontario 671/92.