**Imaging in the diagnosis of epithelial ovarian cancer**

**Descriptor:**

Imaging guidance taken from the Scottish Intercollegiate Guidelines Network (SIGN) 135 Management of epithelial ovarian cancer 2013 (revised 2018) and Ovarian cancer: recognition and initial management. NICE Clinical guideline [CG122]

**Background:**

Ovarian cancer was the sixth most commonly diagnosed cancer in women in Scotland in 2011. As a pathology it is therefore not infrequently encountered in imaging departments. NICE issued guidance on the recognition and management of ovarian cancer in 2011 (1).  SIGN guidance issued in 2013 (revised 2018) (2) also covers all aspects of management, this template applies to the imaging components detailed within it.The guidance is based on published evidence. Currently there is no published evidence to show that there is clear benefit in population screening. Screening for ovarian cancer in the general population should not be performed out with the research setting. With regards to staging the advice is that CT continues to be the most appropriate cross sectional imaging modality, MRI and PET CT are not recommended for routine primary staging of ovarian cancer.

## The Cycle

**The standard:**

Pelvic ultrasound reports describing a suspicious ovarian lesion should list the presence or absence of the following ultrasound features - multilocular cyst, solid areas, bilateral lesions, ascites, intra-abdominal metastases. This allows calculation of Risk of Malignancy Index (RMI) score

Computed tomography of the abdomen and pelvis should be performed in secondary care for all patients suspected of having ovarian cancer who have a Risk of Malignancy Index score greater than 200 (SIGN) or 250 (NICE).

**Target:**

95%

## Assess local practice

**Indicators:**

Ultrasound report - descriptive features

Further cross sectional imaging staging with CT

**Data items to be collected:**

Review of all cases of epithelial ovarian cancer presenting within the last 12 months derived from MDT records.

From imaging records - ultrasound report - score for listing the presence or absence of the following ultrasound features - multilocular cyst, solid areas, bilateral lesions, ascites, intra-abdominal metastases.

Depending on local practice review of imaging records may be sufficient to determine appropriateness of CT referral if RMI score is routinely included in referral. If not MDT records or case notes may have to be consulted.

If cross sectional imaging other than CT performed is reason for this detailed?

**Suggested number:**

All cases within 12 month period unless local case load is very high, in which instance a shorter period may be appropriate

**Suggestions for change if target not met:**

Discussion with staff providing sonography service regards importance of detailed description.

Discussion with Gynaecologocal oncology multidisciplinary team members regards local imaging staging practice.

**Resources:**

Assistance from Pathology or Gynaecology oncology MDT co-ordinator in providing a list of ovarian epithelial cancers.

4-8 hours to review ultrasound reports and further staging examination referrals.

**References:**

1. Scottish Intercollegiate Guidelines Network(SIGN) Management of epithelial ovarian cancer. Edinburgh: SIGN; 2013, revised 2018 (<https://www.sign.ac.uk/media/1073/sign135_oct2018.pdf>
2. Ovarian cancer: recognition and initial management. Clinical guideline [CG122] Published date: April 2011. <https://www.nice.org.uk/guidance/cg122>

**Editor's comments:**

You may wish to extend this audit by involving clinical gynaecological staff and reviewing their images also.

**Submitted by:**

K A Duncan. Updated by P Malcolm in 2017 and M Szewczyk-Bieda in 2021

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