

# Gynaecological Oncology News

## New NHMRC Guidelines on Ovarian Masses

Dear Colleague,

This is the first edition of the Gynaecological Oncology News where I would like to share latest developments and research in Gynaecological Oncology with you. I will try my best to post it to you three times a year. The News can also be downloaded from my website [www.obermair.info/publications](http://www.obermair.info/publications).

**New guidelines on the management of ovarian masses** were approved by NHMRC. The new guidelines are designed to assist decision-making and are based on the best evidence available at present.

The work up of patients with pelvic masses should include:

+ **History** – personal and family history.

+ **Examination** – pelvic examination should be performed on every patient with “pelvic” symptoms.

+ **Serum CA125** – is a tumour marker, elevated (> 30 U/mL) in >80% per cent of all ovarian cancer patients at diagnosis. Unfortunately, half of all patients with stage 1 disease (disease confined to the ovaries) will have CA125-negative ovarian cancer.

+ **Transvaginal US** – Ultrasound confirms the presence of a pelvic mass and its echogenic features may be suggestive of malignancy. Septations, mixed solid/cystic patterns or ascites are suspicious.

+ **Chest X-Ray and CT scan** – If a pelvic mass is confirmed on either pelvic examination or ultrasound a CT scan is most helpful to plan surgery. Lesions in the liver or lungs, enlarged lymph nodes above the level of the renal vessels or disease in the porta of the liver represent unresectable disease.

**Risk of Malignancy Index (RMI):** The new guidelines suggest that patients with a Risk of Malignancy Index (RMI) of 200 or higher should be discussed with a gynaecological oncologist.

	Criteria		Scoring System
A	Menopausal status	Premenopausal	1
		Postmenopausal	3
B	Ultrasound Features	Multiloculated	No feature 1
		Solid Areas	1 feature = 2
		Bilateral Tumours	>1 feature = 3
		Ascites	
		Metastases	
C	Serum CA125		Absolute Level

**Risk of Malignancy Index (RMI) = A x B x C**

For example:

- A 35 year old (score 1) women with a 5 cm unilateral ovarian cyst without other features (score 1) and a CA125 of 65 U/ml generates a RMI of 65.
- A 55 year old (score 3) women with bilateral solid-cystic ovarian masses (score 3) and a CA125 of 65 U/ml generates a RMI of 585.

A women with a suspicious or persistent complex adnexal mass needs surgical exploration.

I hope you enjoyed this information on latest developments in Gynaecological Oncology. Please feel free to contact me anytime if you wish more information on this or other topics.

Best wishes.



Andreas Obermair

*NB: Should you wish not to receive my newsletter, please let me know (07 3847 3033).*