Newly Diagnosed Solid Tumors CPM Ovarian/Uterine



Evidence Based Practice

Last Updated: 10.5.22

Consult Hematology/Oncology

Email Solid Tumor Group for timing and setting of biopsy plan: HONewSolidTumor@cmh.edu

Ovarian malignancy suspected based on a combination of the following:

- >8 cm mass
- >2 cm solid component and/or papillary projections
- Ill-defined Mass with peritoneal free fluid
- Precocious Puberty
- Virilization

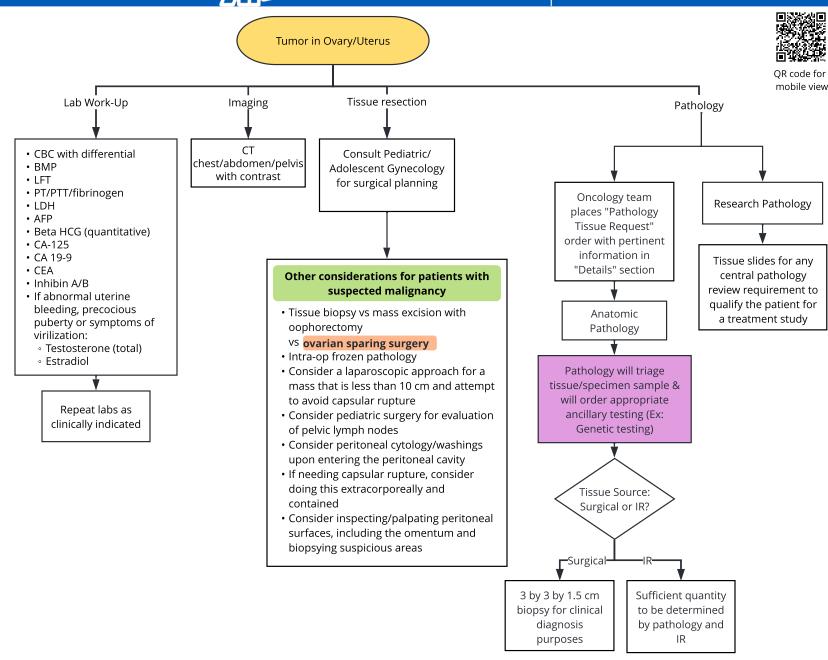
Ensure to rule out:

- Pregnancy with a urine pregnancy test
- Pelvic inflammatory disease with a thorough history and STI testing
- Torsion (which may occur with a malignancy although this represents <3% of torsions)

Ovarian Sparing Surgery considerations:

- Ovarian sparing surgery may be avoided when malignancy is suspected to avoid capsular penetration and allow for optimal resection of disease.
- For both dermoids and cystadenomas ovarian sparing surgery may be preferred
- Benign ovarian neoplasms are much more common than ovarian cancers

Molecular and genetic testing on bone marrow specimens must be ordered by Oncology



Contact: EvidenceBasedPractice@cmh.edu

For additional information, link to synopsis