

Name: _____

MRN: _____

Preoperative Algorithm for Management of Primary Ovarian Cancer

Preop CT-CA-125 Model Predicting Suboptimal (>1cm residual) Primary Debulking:

Criteria	Predictive Value Score	Yes	No	Patient Score
Age \geq 60 years	1			
CA-125 \geq 500 U/mL	1			
ASA 3-4	3			
1) Lesser sac lesion >1 cm	4			
2) Perisplenic lesion (splenic hilum/ligaments) >1 cm	2			
3) Root of the superior mesenteric artery lesion >1 cm	2			
4) Small bowel mesentery lesion >1 cm	2			
5) Diffuse small bowel adhesions/thickening	1			
6a, b) Retroperitoneal lymph nodes above the renal hilum (including supradiaphragmatic) >1 cm	1			

TOTAL PREDICTIVE VALUE SCORE = _____

Total Predictive Value Score	Total Patients n (%)	Optimal (n)	Suboptimal (n)	Suboptimal Rate
0	22/349 (6%)	21	1	5%
1 - 2	79/349 (23%)	71	8	10%
3 - 4	109/349 (31%)	91	18	17%
5 - 6	85/349 (24%)	56	29	34%
7 - 8	31/349 (9%)	15	16	52%
\geq 9	23/349 (7%)	6	17	74%

Algorithm:

For Total Predictive Value Score 0 - 6 (Low Risk): Primary debulking surgery
(Laparoscopy optional)

For Total Predictive Value Score \geq 7 (High Risk): Laparoscopic assessment of resectability

ASA Classification:

ASA PS Classification	Definition	Examples, including, but not limited to:
ASA I	A normal healthy patient	Healthy, non-smoking, no or minimal alcohol use
ASA II	A patient with mild systemic disease	Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity (30 < BM < 40), well controlled DM/HTN, mild lung disease
ASA III	A patient with severe systemic disease	Substantive functional limitations; One or more moderate to severe diseases. Examples include (but not limited to): poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, premature infant PCA < 60 weeks, history (>3 months) of MI, CVA, TIA, or CAD/stents.
ASA IV	A patient with severe systemic disease that is a constant threat to life	Examples include (but not limited to): recent (< 3 months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis

References:

Suidan, R. S., Ramirez, P. T., Sarasohn, D. M., Teitcher, J. B., Mironov, S., Iyer, R. B., ... Chi, D. S. (2014). A multicenter prospective trial evaluating the ability of preoperative computed tomography scan and serum CA-125 to predict suboptimal cytoreduction at primary debulking surgery for advanced ovarian, fallopian tube, and peritoneal cancer. *Gynecologic Oncology*, 134(3), 455–61. doi:10.1016/j.ygyno.2014.07.002

American Society of Anesthesiologists website:

<http://www.asahq.org/resources/clinical-information/asa-physical-status-classification-system>