Don’t screen low risk women with CA-125 or ultrasound for ovarian cancer. CA-125 and ultrasound in low risk, asymptomatic women have not led to diagnosis of ovarian cancer in earlier stages of disease or reduced ovarian cancer mortality. False positive results of either test can lead to unnecessary procedures, which have risks of complication.

Don’t perform Pap tests for surveillance of women with a history of endometrial cancer. Pap testing of the top of the vagina in women treated for endometrial cancer does not improve detection of local recurrence. False positive Pap smears in this group can lead to unnecessary procedures such as colposcopy and biopsy.

Don’t perform colposcopy in patients treated for cervical cancer with Pap tests of low-grade squamous intraepithelial lesion (LGSIL) or less. Colposcopy for low-grade abnormalities in this group does not detect recurrence unless there is a visible lesion and is not cost effective.

Avoid routine imaging for cancer surveillance in women with gynecologic cancer, specifically ovarian, endometrial, cervical, vulvar and vaginal cancer. Imaging in the absence of symptoms or rising tumor markers has shown low yield in detecting recurrence or impacting overall survival.

Don’t delay basic level palliative care for women with advanced or relapsed gynecologic cancer, and when appropriate, refer to specialty level palliative medicine. There is now an evidence-based consensus among physicians who care for cancer patients that palliative care improves symptom burden and quality of life. Palliative care empowers patients and physicians to work together to set appropriate goals for care and outcomes. Palliative care can and should be delivered in parallel with cancer directed therapies in appropriate patients.

These items are provided solely for informational purposes and are not intended as a substitute for consultation with a medical professional. Patients with any specific questions about the items on this list or their individual situation should consult their physician.
How This List Was Created

The Society of Gynecologic Oncology (SGO) created a “Cost of Care” workgroup in response to the ABIM Foundation’s Choosing Wisely® campaign. Workgroup members are comprised of the Society’s clinical practice committee that is made up of gynecologic oncologists, medical oncologists, nurse practitioners, pharmacists and other allied health providers. A literature review was conducted to identify areas of overutilization or unproven clinical benefit and areas of underutilization in the presence of evidence-based guidelines. The workgroup then evaluated these data and presented a list of five topics to the membership of the clinical practice committee and then to the SGO Board of Directors for approval. The five selected interventions were agreed upon as the most important components for women with gynecologic malignancies and their providers to consider.

SGO’s disclosure and conflict of interest policy can be found at www.sgo.org.

Sources


About the Society of Gynecologic Oncology

The Society of gynecologic Oncology (SGO) is a 501(c) 6 national medical specialty organization of physicians and allied health care professionals who are trained in the comprehensive management of women with malignancies of the reproductive tract. The Society’s membership, totaling more than 1,600, is primarily comprised of gynecologic oncologists, as well as other related medical specialists including medical oncologists, radiation oncologists, nurses, social workers and pathologists. SGO members provide multidisciplinary cancer treatment including chemotherapy, radiation therapy, surgery and supportive care.

For more information, please visit www.sgo.org.

About the Foundation for Gynecologic Oncology

The Foundation for Gynecologic Oncology is a 501(c) 3 organization that ensures that SGO meets the needs and provides the resources for members and the women’s cancer care community.

For more information, please visit www.fgog.org.