



Imaging Recommendations for Diagnosis, Staging, and Management of Ovarian and Fallopian Tube Cancers

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Abstract

Ovarian malignancy the third most common gynecological malignancy and is the leading cause of death in women. Non-specific clinical presentation delays the diagnosis, and they often present in the advanced stage of disease. No imaging modality is recommended for screening as there is no significant mortality reduction. Ultrasound (USG) is usually the initial modality in suspected ovarian mass. MRI is recommended for the characterization of indeterminate ovarian or adnexal mass on USG. CT abdomen and pelvis with oral and IV contrast is the recommended imaging modality in staging the disease, predicting the resectability and in selecting the patients who would benefit from neoadjuvant chemotherapy. Early ovarian cancers are staged by post-surgical histology and undergo upfront surgery. Advanced disease benefit by neoadjuvant chemotherapy and less morbidity by interval cytoreduction where image-guided biopsy is performed for histological diagnosis. Follow-up recommendations are based on tumor histology. CT/PET CT is recommended for diagnosing recurrence.

Keywords

- screening
- CT
- staging
- resectability
- cytoreduction
- follow-up
- PET CT

Introduction

Ovarian cancer is the second most common gynecological cancer worldwide and third most common in developed

countries. About 95% of ovarian malignancies are epithelial origin and the rest arise from other subtypes. The two broad subtypes of epithelial ovarian cancers are type 1 that are low-grade tumors and type 2 that are aggressive tumors and most

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Advanced Strategies Tube Recommendations

Michael B. Weinstock, Kevin M. Klauer



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Evidence-Based Practice in Action: Comprehensive Strategies, Tools, and Tips From University of Iowa Hospitals & Clinics, Second Edition Laura Cullen, Kirsten Hanrahan, Michele Farrington, Sharon Tucker, Stephanie Edmonds, 2022-07-27 Building on extensive real life experience with EBP this expert team from University of Iowa Hospitals Clinics provides vital guidance to clinicians at the cutting edge of care improvement Kathleen R Stevens EdD MS RN ANEF FAAN Castella Endowed Distinguished Professor School of Nursing and Institute for Integration of Medicine Science CTSA University of Texas Health Science Center San Antonio This new edition is essential for all who want to deliver evidence based care Beautifully organized it is readable practical and user friendly Kathleen C Buckwalter PhD RN FAAN Professor Emerita University of Iowa College of Nursing Distinguished Nurse Scientist in Aging Reynolds Center Oklahoma University Health Sciences Center College of Nursing Evidence Based Practice in Action Second Edition will continue to ensure high quality evidence based care is implemented in healthcare systems across the country and the world It should also be a well worn tool in every implementation scientist s toolkit Heather Schacht Reisinger PhD Professor Department of Internal Medicine Associate Director for Engagement Integration and Implementation Institute for Clinical and Translational Science University of Iowa Translate knowledge research and clinical expertise into action The biggest barrier to effective evidence based practice EBP is the failure to effectively translate available knowledge research and clinical expertise into action This failure is rarely due to lack of information understanding or experience In fact it usually comes down to a simple lack of tools and absence of a clear plan to integrate EBP into care Problem solved Evidence Based Practice in Action Second Edition is a time tested application oriented EBP resource for any EBP process model and is organized based on The Iowa Model Revised Evidence Based Practice to Promote Excellence in Health Care This book offers a proven detailed plan to help nurses and healthcare professionals promote and achieve EBP implementation adoption sustained use

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Bouncebacks! Critical Care Michael B. Weinstock, Kevin M. Klauer, 2021-07-13 This edition of Bouncebacks Emergency Medicine books examines the bounceback visit putting the reader in the footsteps of the clinician as the patient deteriorates The story pauses at important decision points as possible management strategies are reviewed in a literature based fashion followed by a revelation of the path chosen by the actual provider As the patient s course progresses we reach additional decision points and address further clinical questions In addition to our chapter authors many with expertise in critical care emergency medicine we have an all star lineup of expert whisperers first an EM critical care section editor below and second EMCRI org s double boarded critical care guru Scott Weingart Their comments are inserted in grey boxes and are intended to give tips and tricks borne of experience and to provide context to the literature as if they are standing over our shoulder and advising during a resuscitation Additionally there are three chapters where we address the medical legal aspects of care Enter Greg Henry MD past president of The American College of Emergency Physicians ACEP and one of the most experienced physician medical legal experts in the country He opines on the approach that both the defense and plaintiff would likely pursue and by extension how we can make patients safer through our evaluation and documentation before there is an adverse outcome Whereas these chapters contain the actual documentation from the ED chart a very few chapters have slight modifications to the final aspects of the return visit at decision point 3 to allow for exploration of different critical care scenarios There is still plenty of commentary on the documentation missed red flags and what could have been done to improve care at the initial visit Our goal is to make each chapter challenging dynamic and realistic to move us from standard of care to excellence in care Book Review It s back it s Bouncebacks One of the mostly widely read and highly regarded education series in all of Emergency Medicine Clinicians fear the medical malpractice landscape but Mike Weinstock and the team give you all the tools you need to protect yourselves Documentation people documentation Now with a critical care version Read this book sleep better at night as simple as that Love love this series Mel Herbert MD MBBS BMedSci FACEP FAAEM Professor of Emergency Medicine at the Keck School of Medicine LAC USC Medical Center Owner and Editor of EM

RAP **Long Life Strategy** Ronald M. Caplan, 2024-01-08 The second edition of Long Life Strategy builds upon the practical tips and knowledge in the first edition by providing readers with an outline to living a longer healthier more enjoyable life and late life The book elaborates on three major areas which include what you can do to live a long life what your doctor should be doing to help you achieve this goal and what society of which we are all part should be doing to better accommodate a growing number of older people in the coming decades Dr Caplan begins by introducing what it means to live a longer life and explaining the current research on delaying preventing and reversing aging in our cells The next chapters detail how to prevent diseases and conditions commonly associated with aging including diabetes cancer osteoporosis mental health decline sexual dysfunction and heart disease The author provides instruction for good diet and exercise choices The concluding chapters provide useful advice for managing a fixed income becoming a grandparent dealing with the sickness and loss of a life partner and how to maintain social relationships into late life No matter where you are on life's journey Long Life Strategy can provide a roadmap to living a longer healthier and more fulfilling life

Neuropalliative Care ,2023-01-03 Neuropalliative Care Part Two Volume 191 covers a type of care that is given when there is no cure for the neurological disorder and the patient is in distress It provides a scholarly background of neuropalliative care from historic underpinnings to its practice in various geographical regions along with best practices for specific neurological disorders It covers the work of multi or interdisciplinary teams whose care is intended to make the patient as comfortable as possible and includes partners and families in treatment plans Summarizes research in neuropalliative care Identifies current practices in different geographic regions Provides best practices for specific neurological disorders and patient populations Includes advanced care planning The SAGES Manual of Strategic Decision Making Carol E.H. Scott-Conner, José E. Torres, Nate Thepajatri, 2008-06-19 Minimal access whenever feasible in the performance of most general surgical procedures is now well established However many areas still need clarification They range from indications and contraindications to the optimal route of access as well as to choices to be made among the various procedures possible for any single surgical problem This Manual is unique in that unlike most manuals it is not so much a how to but more a when to the how to having been covered to a significant extent in the two previous SAGES manuals This work takes a series of common clinical scenarios and offers various detailed often contrasting approaches commonly but not exclusively minimal access discussing indications limitations and potential complications In this age of evidence based surgical practice the reader will find it refreshing to have abundant data and references to support or reject a particular approach or technique With a cadre of surgeon authors skilled in open as well as minimal access surgery including exilable endoscopy the student and practitioner of surgery is exposed to not only varying approaches to many common surgical conditions but also comes to appreciate how exilability and integration of various approaches can improve the outcome for the patient The forty six chapters can each constitute a stand alone discussion *Advance Care Planning in End of Life Care*

Keri Thomas, Ben Lobo, 2011 This is the first UK based guide to Advance Care Planning and provides practical advice on how this can be implemented by all professionals involved in end of life care including GPs and specialists outside palliative care who are increasingly treating patients at the end of life

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