1. Don’t screen low risk women with CA-125 or ultrasound for ovarian cancer.

Screening CA-125 and ultrasound in low risk, asymptomatic women have not led to a 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 morbidity.

2. Don’t perform Pap tests for surveillance of women with a history of endometrial cancer.

Pap test of the vaginal cuff (top of vagina) in women treated for endometrial cancer does not improve detection of recurrent cancer. False positive Pap tests in this group can lead to anxiety and unnecessary procedures such as colposcopy and biopsy.

3. Don’t perform colposcopy in patients treated for cervical cancer with radiation unless high-grade changes are present

Colposcopy for low-grade abnormalities (e.g. positive high-risk HPV test or Pap showing low-grade squamous intraepithelial lesion) in patients treated with radiation for cervical cancer does not detect recurrence unless there is a visible lesion and is not cost effective.

4. Imaging for cancer surveillance in women with gynecologic cancer, specifically ovarian, endometrial, cervical, vulvar and vaginal cancer should be driven by symptoms/signs.

Avoid routine imaging for patients with a history of ovarian, endometrial, cervical, vulvar and vaginal cancer. Imaging in the absence of symptoms, abnormal physical exam findings and/or rising tumor markers for gynecologic cancers has shown low yield in detecting recurrence or impacting overall survival.

5. Don’t delay the provision of palliative care for women with advanced or relapsed gynecologic cancer, including referral for specialty level palliative medicine.

There is 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 ABIM Foundation
The mission of the ABIM Foundation is to advance medical professionalism to improve the health care system. We achieve this by collaborating with physicians and physician leaders, medical trainees, health care delivery systems, payers, policymakers, consumer organizations and patients to foster a shared understanding of professionalism and how they can adopt the tenets of professionalism in practice.

To learn more about the ABIM Foundation, visit www.abimfoundation.org.

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.sgo.org/foundation.