

Treatment Algorithm 2026 Ovarian Cancer

Assoz.-Prof. Priv.-Doz. Dr. Veronika Seebacher-Shariat

Abteilung für allgemeine Gynäkologie und gynäkologische Onkologie

Gynecologic Cancer Unit, Comprehensive Cancer Center

Medizinische Universität Wien

Disclosures

- Honoraria: Amgen, AstraZeneca, Novartis, Tesaro, Roche, AbbVie, MSD
- Expenses: AstraZeneca, GSK, MSD, Intuitive, PharmaMar, GSK, Eisai

Initial Work-up of suspected EOC

Adnexal/pelvic mass suspicious for ovarian / fallopian tube / peritoneal malignancy on ultrasound / MRI
(expert subjective assessment, or ADNEX malignancy risk \geq 10%, corresponding to O-RADS 4-5)

➡ Referral to
SPECIALIZED GYNAECOLOGICAL ONCOLOGY CENTER

- Initial Investigations:**
- Specialist TV-US
 - Assessment by a gynae-oncology surgeon
 - CA-125 & other tumor markers as indicated
 - Contrast-enhanced CT chest/abdomen/pelvis

- Second-line investigations:**
- Endoscopy if GI origin is suspected
 - Whole-body or diffusion weight MRI
 - Mammogram + US if breast cancer is suspected
 - Diagnostic laparoscopy

PATIENT / FRAILITY ASSESSMENT

Oncological family history

Informed counseling

Psycho-social support

Prehabilitation (performance & nutrition)

MDT EVALUATION

Adapted from Strojna A, presented at ESGO Copenhagen 2026

Early stage EOC (FIGO I-II)

Suspected early EOC (FIGO stage I-II)

Surgical staging [III, A]

- **Complete resection of the tumor avoiding rupture/spillage**
- **Adequate surgical staging:**
 - Midline laparotomy (standard)
 - Inspection & Palpation of abdominal cavity
 - Peritoneal Washing with cytology
 - Removal of any suspicious lesions & comprehensive peritoneal staging
 - Bilateral salping-oophorectomy
 - Hysterectomy
 - Omentectomy
 - **Systematic pelvic and paraaortic lymphadenectomy if high-grade carcinomas & clear cell carcinoma** (endometrioid G2 and infiltrative mucinous optional)

- LGSC: FIGO stage IA
- Low-grade EC: FIGO stage IA
- Expansile MC: FIGO stage IA-IB

Observation

- LGSC: FIGO stage IB-IC
- CCC: FIGO stage IA-IC1
- Low-grade EC: FIGO stage IB-IC
- Expansile MC: FIGO stage IC
- Infiltrative MC: FIGO stage IA

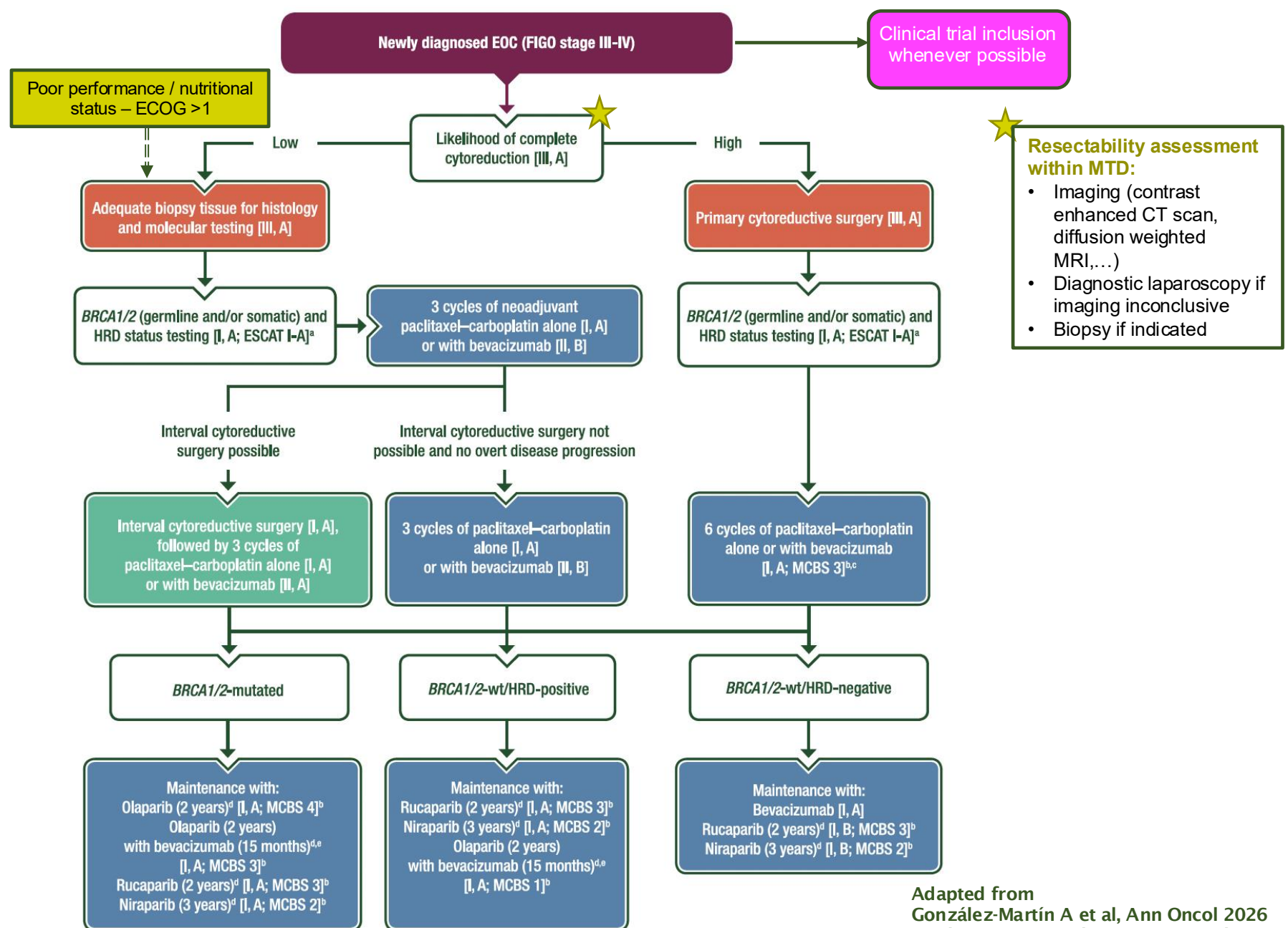
Adjuvant ChT optional [III, C]:
 paclitaxel-carboplatin [I, B]
 (minimum 3 cycles or 6 cycles if FIGO stage IC [II, B])
 or carboplatin alone (6 cycles) [I, A]

- HGSC/high-grade EC: any FIGO stage
- CCC: FIGO stage IC2-IC3
- Infiltrative MC: FIGO stage IB-IC3
- Any histotype FIGO stage II

Adjuvant ChT [II, A]:
 paclitaxel-carboplatin [I, B]
 (6 cycles; 3 cycles are acceptable unless HGSC/high-grade EC or FIGO stage IC-II [II, B])
 or carboplatin alone (6 cycles) [I, A]

Adapted from
 González-Martín A et al, Ann Oncol 2023
 Strojna A presented at ESGO Copenhagen 2026

Advanced stage EOC (FIGO III-IV)



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 Strojna A presented at ESGO Copenhagen 2026

Recurrent EOC

- Biomarkers of interest:**
- Folate receptor α
 - PDL1
 - HRD
 - BRCA1/2 status
 - KRAS / BRAF V600E in LGSOC
 - HER2
 - ER, PR
 - MMRd (clear cell + endometrioid)

Clinical trial inclusion whenever possible

Recurrent EOC

- Assessment of the following factors [I-II, A]:
- Histotype
 - *BRCA1/2* status
 - Number of prior lines
 - Exposure and response to prior treatment
 - PFI
 - Potential for surgery
 - Residual toxicity
 - Patient's general condition
 - Patient preference

Unfit or not willing to receive anticancer therapy

BSC

Platinum is not the best option when^a [I, A; MCBS 3]:

- Progression during platinum
- Early symptomatic progression
- Platinum intolerance

Platinum is the best option when:

- Prior response to platinum
- No contraindication

★ **Positive AGO Desktop Score** (all three have to be met):

- No macroscopic residual disease (RO) at initial primary surgery
- ECOG 0
- Ascites <500ml at time of recurrence

First relapse and positive AGO score? ★

Yes → Consider surgery by expert team [I, A]

or any recurrence if Low Grade Histology

If LGSOC:

- *Aromataseinhibitors*
- *MEK-Inhibitors*
 - *Trametinib -off label)*
 - *Avutometinib + Defactinib (for KRAS mut – orphan drug designation)*

Hormonal Therapy:

- *Aromataseinhibitors (Letrozole, Anastrozole, Exemestan)*
- *Tamoxifen*
- *Goserelin acetate*

Pembrolizumab + Paclitaxel wkl +/- bevacizumab (if PD-L1 pos (CPS \geq 1) and 1-2 prior treatment lines)

Early palliative care [I, A] MIRV^b [I, A; MCBS 3]

Single agent (non-platinum)^c [I, B] + bevacizumab, if not contraindicated or previously exposed [I, A; MCBS 3]^d

Trabectedin-PLD (if PFI >6 months and platinum intolerant) [II, C; MCBS 2]^d

No priority for symptomatic response

Priority for symptomatic response and no contraindication to bevacizumab

Platinum-based doublet^e (PLD preferred) + PARPi maintenance,^{f,g} if responsive and PARPi-naive [I, A] (preferred option if *BRCA1/2*-mutated)

Platinum-based doublet^e (PLD preferred) + bevacizumab^f [I, A] (if no contraindication or previous exposure to bevacizumab)

Platinum-based doublet^e (PLD preferred) + bevacizumab^f [I, A]

Adapted from
 González-Martín A et al, Ann Oncol 2026
 Strojna A presented at ESGO Copenhagen 2026
 Grisham RN et al, IJGC 2023
 NCCN-guideline Ovarian Cancer v4.2026

COMPREHENSIVE CANCER CENTER VIENNA
Gynecologic Cancer Unit (CCC-GCU)

DKG 
KREBSGESELLSCHAFT
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Thank you for your attention!

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