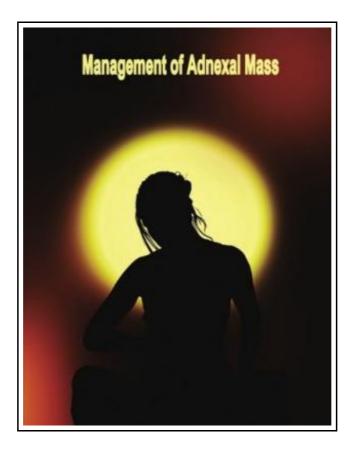
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# MANAGEMENT OF ADNEXAL MASS: EVIDENCE REPORT/TECHNOLOGY ASSESSMENT NUMBER 130



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Createspace, United States, 2014. Paperback. Book Condition: New. 279 x 216 mm. Language: English . Brand New Book \*\*\*\*\* Print on Demand \*\*\*\*\*. Ovarian cancer is the leading cause of cancer death from gynecologic malignancies in the United States, with an annual incidence of over 25,000 and an annual mortality of approximately 14,000. Cancer incidence increases dramatically with age. The high case-fatality rate has largely been attributed to the fact that most ovarian cancers are diagnosed in advanced stages (Stage III, where the cancer has spread beyond the pelvis to organs of the upper abdominal cavity, and Stage IV, where the cancer has spread outside of the peritoneal cavity), when survival is poor. Stage I cancer (limited to the ovaries) has a survival rate of over 90 percent. Thus, there has long been an emphasis on early detection of ovarian cancer in the belief that detection in early stages will lead to decreases in morbidity and mortality. The detection of a mass in the area of the ovaries and fallopian tubes (the uterine adnexae) raises the possibility of ovarian cancer, which necessitates further study to rule out malignancy. There are two main clinical routes by which an adnexal mass may be detected: (1) women with symptoms may have an adnexal mass detected as part of their evaluation for those symptoms, either by physical exam or radiographic imaging; (2) the mass may be detected during bimanual pelvic examination or radiologic imaging as part of a routine health maintenance examination. For the purposes of this evidence report, we define an adnexal mass as an enlarged structure in the uterine adnexa that can either be palpated on a bimanual pelvic examination or visualized using radiographic imaging. There are a number of conditions that can be associated with an adnexal mass. These include malignancies arising...

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