

| O-RADS Score | Risk Category [IOTA Model] | Lexicon Descriptors | | Management | |
|--------------|-----------------------------------|---|--|---|--|
| | | | | Pre-menopausal | Post-menopausal |
| 0 | Incomplete Evaluation [N/A] | N/A | | Repeat study or alternate study | |
| 1 | Normal Ovary [N/A] | Follicle defined as a simple cyst \leq 3 cm Corpus Luteum \leq 3cm | | None | N/A |
| 2 | Almost Certainly Benign [$<$ 1%] | Simple cyst | \leq 3 cm | N/A | None |
| | | | $>$ 3 cm to 5 cm | None | Follow up in 1 year. * |
| | | | $>$ 5 cm but $<$ 10 cm | Follow up in 8 - 12 weeks | |
| | | See Classic Benign Lesions table on next page for management strategies | | | |
| | | Non-simple unilocular cyst, smooth inner margin | \leq 3 cm | None | Follow up in 1 year * If concerning, US specialist or MRI |
| | | | $>$ 3 cm but $<$ 10 cm | Follow-up in 8 - 12 weeks If concerning, US specialist | US specialist or MRI |
| 3 | Low Risk Malignancy [1- $<$ 10%] | Unilocular cyst (simple or non-simple) \geq 10 cm Typical dermoid cysts, endometriomas, hemorrhagic cysts \geq 10 cm Unilocular cyst, with irregular inner wall ($<$ 3 mm height), any size Multilocular cyst with smooth inner walls/septations, $<$ 10 cm, CS = 1-3 Solid lesion with smooth outer contour, any size, CS = 1 | | US specialist or MRI Management by gynecologist | |
| 4 | Intermediate Risk [10- $<$ 50%] | Multilocular cyst, no solid component | Smooth inner wall, \geq 10 cm, CS = 1-3 Smooth inner wall, any size, CS = 4 Irregular inner wall \pm irregular septation, any size, CS = any | US specialist or MRI | |
| | | Unilocular cyst with solid component | 1-3 papillary projections (pp), or solid component that is not a pp, any size, CS= any | Management by gynecologist with gyn-oncologist consultation or solely by gyn-oncologist | |
| | | Multilocular cyst with solid component | Any size, CS = 1-2 | | |
| | | Solid lesion | Smooth outer contour, any size, CS = 2-3 | | |
| 5 | High Risk [\geq 50%] | Unilocular cyst, \geq 4 papillary projections, any size, CS = any Multilocular cyst with solid component, any size, CS = 3-4 Solid lesion with smooth outer contour, any size, CS = 4 Solid lesion with irregular outer contour, any size, CS = any Ascites and/or peritoneal nodules** | | Gyn-oncologist | |

CS=color score; GYN = gynecologic; IOTA = International Ovarian Tumor Analysis; N/A = not applicable

* At a minimum, at least one-year follow-up showing stability or decrease in size is recommended with consideration of annual follow-up of up to 5 years, if stable. However, there is currently a paucity of evidence for defining the optimal duration or interval of timing for surveillance.

**Presence of ascites with category 1-2 lesion, must consider other malignant or non-malignant etiologies of ascites