

Patterns of care and variation for women with ovarian cancer in NSW

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Background

- Ovarian cancer has the highest mortality of the gynaecological cancers.¹
- In 2015, there were 474 women diagnosed with ovarian cancer in NSW, with 288 women dying in the same period.²
- The national optimal care pathway for women with ovarian cancer was released in 2016.³

This study investigated the following:

1. To what extent, and in what ways, does current care in each local health district across NSW deviate from the national optimal cancer care pathway for ovarian cancer?
2. What are the factors that may lead to deviation from the national optimal care pathway for ovarian cancer by local health districts, and across NSW?

Method

- A retrospective medical record audit of all women identified in the NSW Cancer Registry with a diagnosis of primary ovarian, primary fallopian tube and primary peritoneal cancers, from 1 March 2017 to 28 February 2018.
- This study was granted ethics approval by the NSW Population & Health Services Research Ethics Committee (HREC/17/CIPHS/13).

The specific points of care in the national optimal care pathway for women with ovarian cancer examined were:

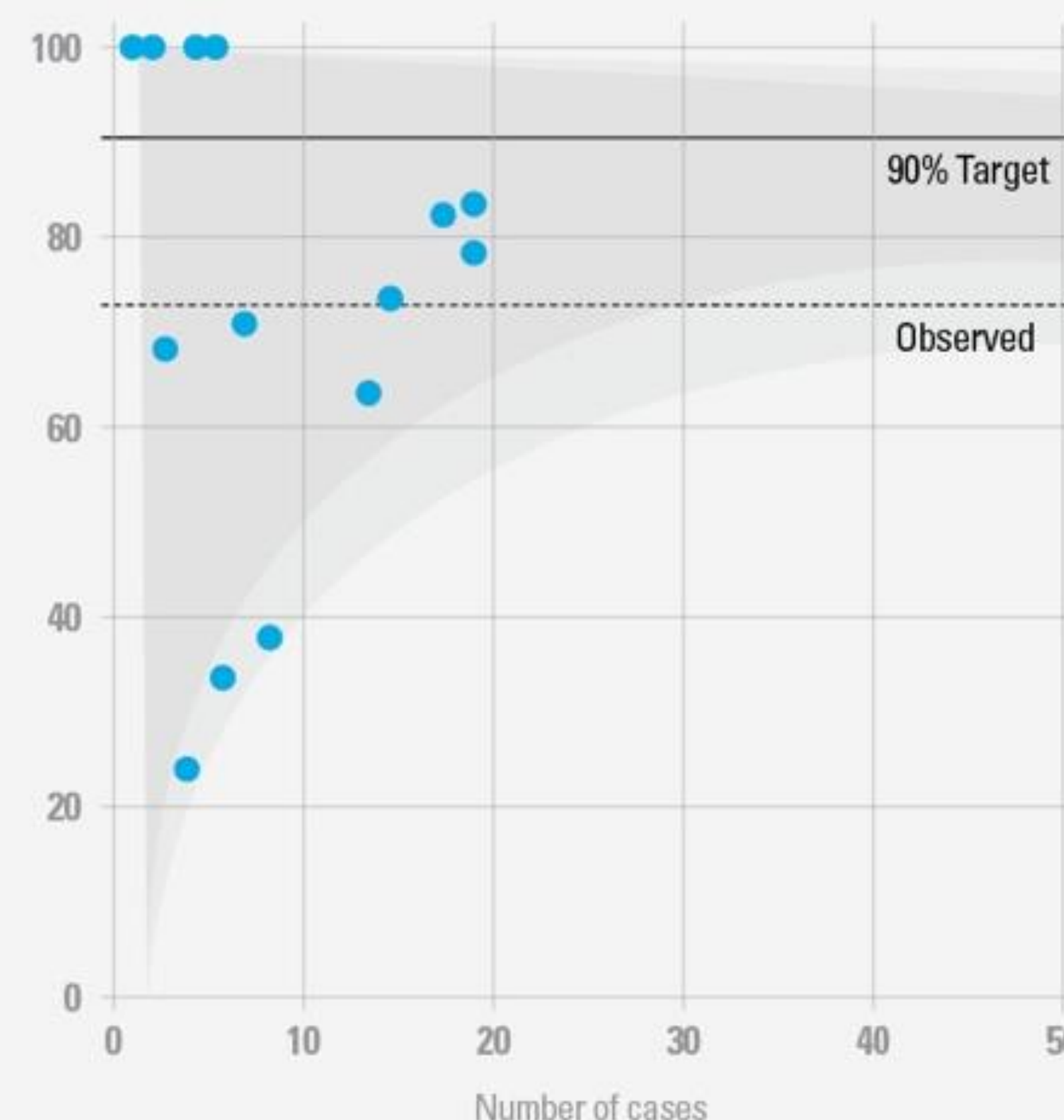
- first treatment was received within 28 days from first specialist appointment (Fig. 1)
- the case was discussed at a gynaecological oncology multidisciplinary team meeting (Fig. 2)
- the first surgery completed at a gynaecological oncology specialist hospital (Fig. 3)
- initial surgery for ovarian cancer completed by a gynaecological oncologist (Fig. 4)

Results

- 596 cases were identified by the NSW Cancer Registry; 373 did not meet the inclusion criteria; and 52 cases were excluded, due to inability to access medical records.
- 171 patients were included in the study.
- Using the Federation of Gynaecology and Obstetrics staging system, 22% of patients were stage I; 14% stage II; 44% stage III; 15% stage IV; and 5% had unknown stage.

Figure 1: Treatment within 28 days of specialist appointment: March 2017 – February 2018

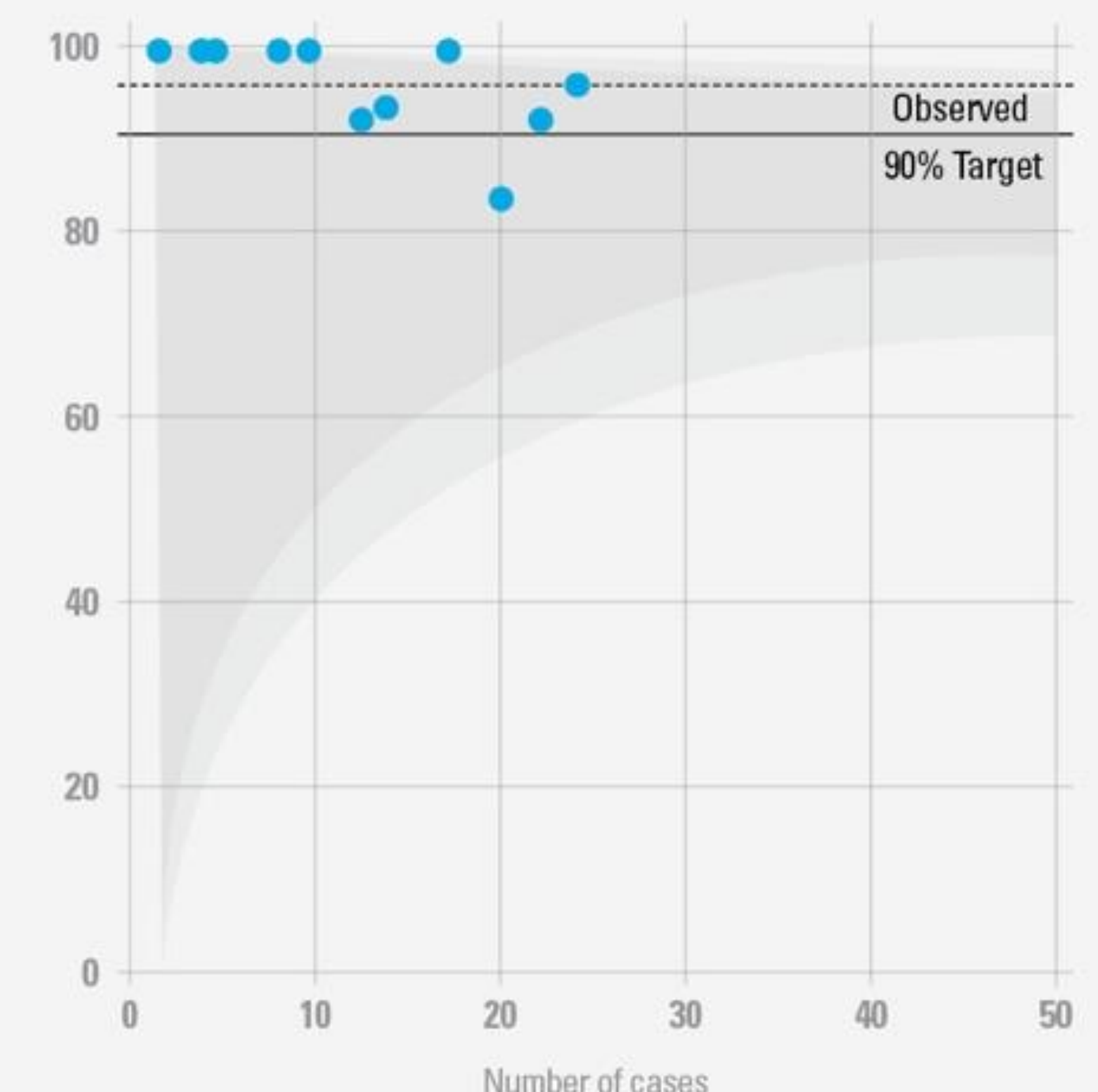
(each dot represents LHD of residence)



Treatment was initiated within 28 days from the first specialist appointment for 54% of patients.

Figure 2: Discussion of gynaecological oncology MDT: March 2017 – February 2018

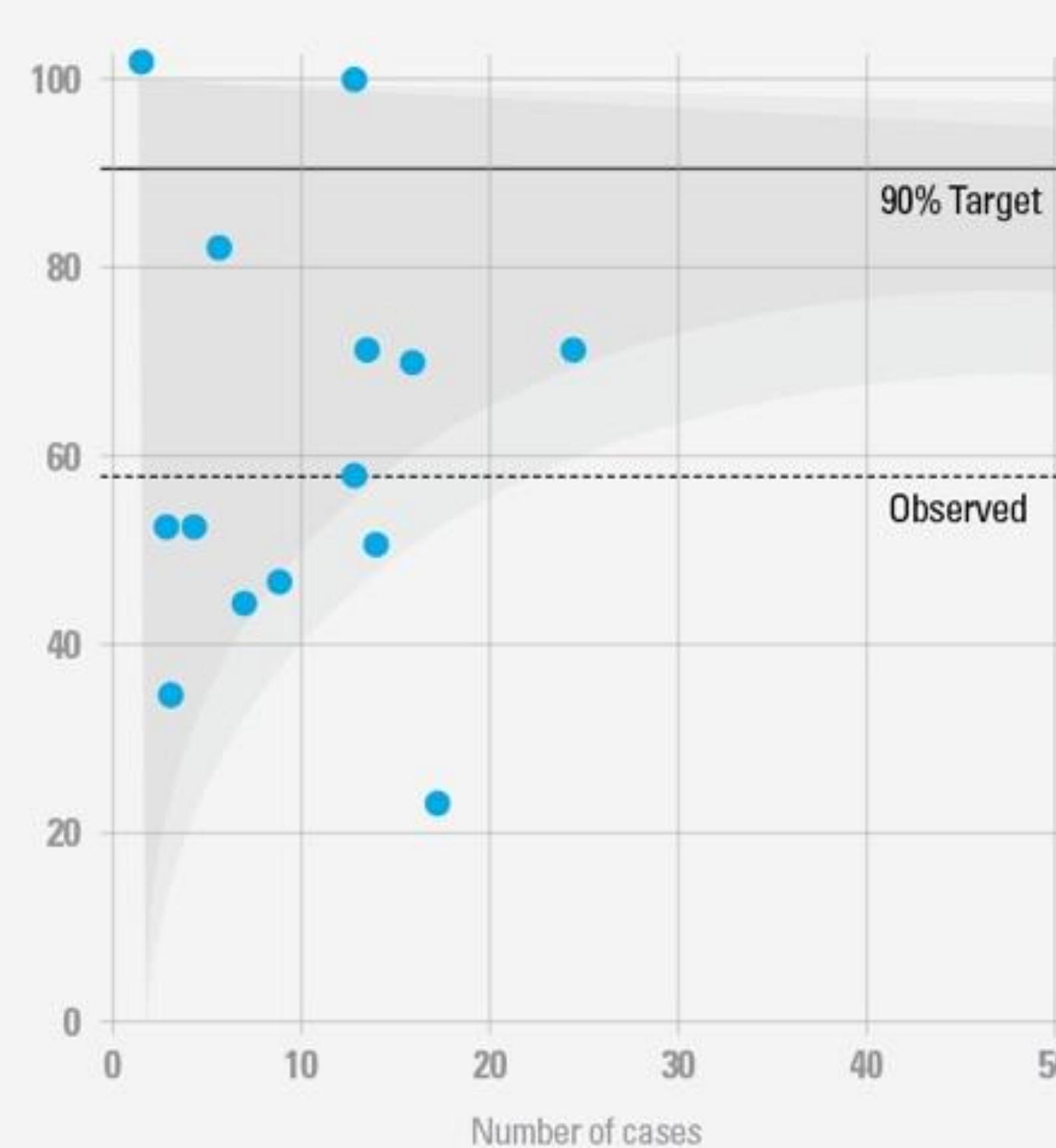
(each dot represents LHD of residence)



86% of patients were discussed at a gynaecological oncology team meeting

Figure 3: First surgery at a specialist hospital: March 2017 – February 2018

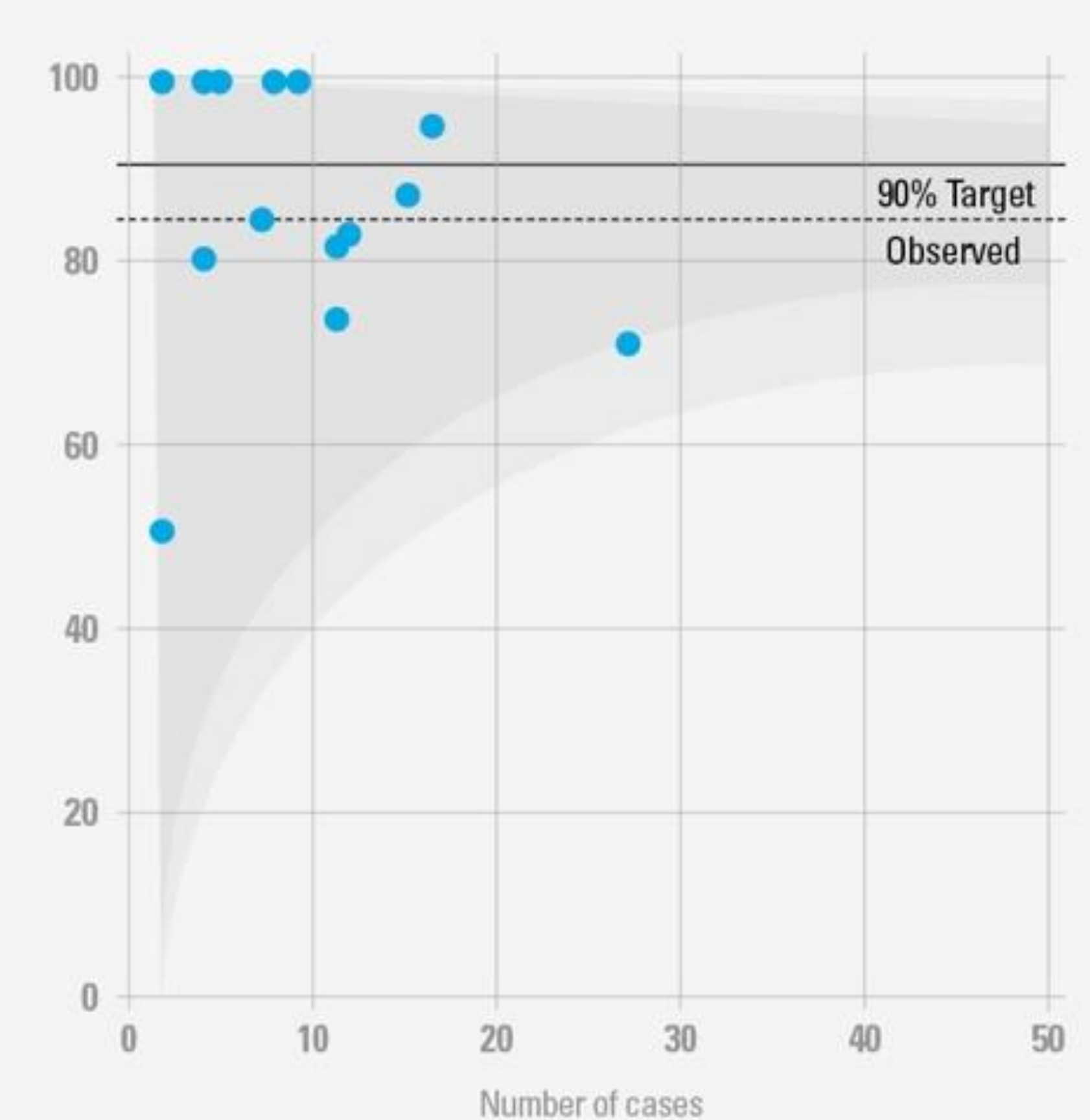
(each dot represents LHD of residence)



Of those patients who received surgery as their first treatment type, 58% had their surgery in a specialist gynaecological oncology hospital.

Figure 4: Gynaecological oncologist for first surgery: March 2017 – February 2018

(each dot represents LHD of residence)



Of those patients who had surgery as their first treatment type, 86% had their surgery completed by a gynaecological oncologist.

Conclusion

- There is variation in the receipt of national optimal care pathway-adherent care for women with ovarian cancer in NSW.
- This study has highlighted:
 - the need to improve the knowledge of general practitioners to ensure they are aware of the local pathways into specialist gynaecological care
 - the need for all women with a suspected or diagnosed ovarian cancer to be referred to a gynaecological oncologist who works as a member of a specialist gynaecological oncology centre.

1. Australian Institute of Health and Welfare. Cancer in Australia 2017. Canberra: AIHW, 2017. 2. Cancer Institute NSW. Cancer Statistics NSW. Available at <https://www.cancer.nsw.gov.au/data-research/access-our-data/cancer-statistics-nsw/> (cited July 2019). 3. Cancer Council Victoria, Victorian Department of Health and Human Services, Cancer Australia. Optimal care pathway for women with ovarian cancer. Melbourne: Cancer Council Victoria, 2015.

