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Contact: Amy Molnar

amolnar@wiley.com

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Many women undertreated for ovarian cancer

One in three ovarian cancer patients in the U.S. fails to receive the recommended comprehensive surgical treatment, according to a study in the May 15, 2007 issue of *CANCER*, a peer-reviewed journal of the American Cancer Society. The study of hospital data from nine states found that women who were over 70, of African American or Hispanic race, or insured by Medicaid, were at greatest risk for undertreatment. In addition, women treated by non-gynecological oncologists, by surgeons who perform few ovarian cancer surgeries, and at facilities that perform fewer than 10 procedures per year were less likely to receive recommended surgical care.

Ovarian cancer is one of the deadliest malignancies to women, taking the lives of more than 14,000 women in the U.S. each year. The disease is generally diagnosed at an advanced stage, and five-year survival is only 30-40 percent when all of the cancer can be resected and falls to 15 percent when residual disease remains after surgery.

Previous research has shown that women who receive care from a specific cancer specialist, the gynecologic oncologist; at a hospital that performs a high volume of ovarian cancer surgeries; or at a teaching hospital have significantly better short-term and long-term outcomes. However, the few studies investigating healthcare utilization of ovarian cancer patients suggest that few women receive such care. In one state, only 39 percent of women were treated by a gynecologic oncologist and 91 percent of the treating surgeons in another state performed an average one ovarian cancer case per year.

Dr. Barbara Goff, from the University of Washington, Seattle, and co-investigators analyzed hospital data from up to nine states over a three year period (1999-2002) to identify patient, surgeon and hospital factors associated with comprehensive surgical care.

This study's authors report that only 67 percent of the 10,432 women whose cases they reviewed received the recommended comprehensive surgical procedures. The study found 42 percent of patients were treated at teaching hospitals, while a third were treated at a hospital that performed fewer than 10 ovarian cancer surgeries per year. Analysis of the surgeon's attributes showed that almost half of the women were treated by physicians who performed

fewer than 10 procedures per year and 25 percent were cared for by surgeons who perform only one ovarian cancer surgery annually.

The study also identified several patient factors that predicted the likelihood a patient received comprehensive surgical care, including: age under 50 years; Caucasian race; advanced tumor stage; and having private insurance. Other significant predictive factors included surgeon volume, surgeon specialty and hospital volume in non-teaching hospitals. Hospital volume did not influence comprehensive surgery rates in teaching hospitals.

Based on the findings, the authors recommend that "all ovarian cancer patients, especially those who are vulnerable because of age, race, or socioeconomic status, are referred to centers or surgeons from whom they are more likely to get optimal surgery."

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Article: "Predictors of Comprehensive Surgical Treatment in Patients With Ovarian Cancer,"
Barbara Goff, Barbara J. Matthews, Eric H. Larson, C. Holly A. Andrilla, Michelle Wynn, Denise
M. Lishner, Laura-Mae Baldwin, CANCER: Published Online: April 9, 2007 (DOI: 10.1002/cncr.
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