Creating the Healthiest Nation:
Improving Outcomes for Women with Ovarian Cancer

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Let's talk about:
- How the **Missouri Cancer Registry and Research Center** (MCR-ARC) participated in a **3-state** (MO, IO & KS) **study** to **assess patterns of ovarian cancer care, treatment and survival** in the Midwest.

Background
- Ovarian cancer is the 11th most common cause of cancer but is the 5th leading cause of cancer-related death among US women.
- Unlike breast and cervical cancers, there are no recommended screening tests for ovarian cancer for women who are not at high risk of developing ovarian cancer.
- Less than 20% of ovarian cancers are detected at an early stage, when the 5-year survival rate is over 90%.
- Nearly 60% of ovarian cancers are detected at an advanced (distant) stage (30% survival rate).
- Studies have shown that involvement of a gynecologic oncologist (GO) leads to improved outcomes, possibly due to greater adherence by GOs to guidelines-based care.
- The Midwest region of the US has fewer GOs compared to other regions in the US.

Methods
- Missouri was one of three Midwest-region state central cancer registries (CCRs) recruited to participate in the study; the other two were Iowa and Kansas.
- A SAS program developed by the Centers for Disease Control and Prevention (CDC) was used to create a sample, using selection criteria and random sampling.

To obtain more complete information on treatment for a patterns of care study, carefully consider IT & data availability issues. Good relationships with reporting facility staff are helpful.

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Methods (continued)
- Selection criteria included: Primary Site (Ovary, Fallopian Tube & Primary Peritoneal); Behavior (Malignant) Histology; Year of Diagnosis (2011-2012); Age at Diagnosis; First Primary; and Resident of the CCR state.
- A total of 1,055 Missouri cases met criteria.
- Missouri's quota for the study was 334 cases.
- A total of 52 hospitals (large, medium and small caseload) from all regions of the state were involved.
- Missouri's quota for the study was 334 cases.
- Additional data on treatment, Go involvement, etc., were collected (October 2017-July 2018).

Results
- CCRs collected a total of 1,003 incidence and 432 recurrence ovarian cancer cases, nearly 20% from rural or non-metropolitan areas.
- Missouri contributed 334 incidence cases from 52 hospitals.
- Information about GO involvement was easier to obtain than chemotherapy information.
- Dose was unknown for over 25% of cases.

Discussion
- CCRs were required to use diagnosis years selected by the funding agency.
- Unforeseen events led to a delay in the start of data collection.
- Many records had been archived.
- Some hospitals had upgraded their EHRs and records from the old HER system could not be obtained.
- Good relationships with reporting facility staff was a key to getting cases from all 52 hospitals.
- GO involvement was more widespread than anticipated.

Recommendation
- When choosing criteria for a patterns of care study, using more recent year(s) of diagnosis can provide more complete data and should be balanced against the utility of the outcome measures.

Poster adapted from the "Better Poster Presentation" template originally by Mike Morrison (version 14).