DAY 1 PARALLEL SESSION ABSTRACTS

Session 1: Less common cancers

16:00 - OVARIAN CANCER SURGERY BY SPECIALISTS IN SPECIALIST CENTRES

John Butler, Department of Health; Carolynn Gildea, Trent Cancer Registry; David Meechan, Trent Cancer Registry; Andrew Nordin, NCIN

Objectives

Improving Outcomes in Gynaecological Cancers (DH, 1999) recommends that "Surgery for ovarian cancer should be carried out by specialised gynaecological oncologists at Cancer Centres.", with evidence suggesting this leads to better outcomes for ovarian cancer patients. In light of this recommendation, we investigated whether there is evidence of its implementation.

Methods

For English ovarian cancer patients (ICD10 C56-C57) diagnosed 2000-2008, the National Cancer Data Repository and Hospital Episodes Statistics (HES) were used to identify those receiving relevant surgery. We investigated the annual trend in the percentage of surgery performed by gynaecological oncologists or in specialist centres. A gynaecological oncologist (GO) is a gynaecologist who has received formal training in gynaecological oncology and spends most of their time working in the field. However, there is no comprehensive register of GOs in England. Therefore, a surrogate definition of a GO was a surgeon operating on 20 or more new ovarian cancer cases per year. Within English cancer networks, there are currently 41 specialist ovarian cancer centres. Since the HES data doesn't always detail the specific hospital site, trusts with specialist centres were defined as cancer centres. As a validation exercise, several clinicians are checking the accuracy of their trust level data.

Results

From 2000 to 2007, the percentage of ovarian cancer patients receiving surgery by GOs increased from 17% to 48%. In the same period, the percentage treated in specialist trusts increased from 40% to 71%.

Conclusions

These results suggest that the improving outcomes guidance has been effective in increasing the proportion of ovarian cancer patients operated on by specialists in specialist centres. However, many patients appear not to receive specialist treatment, suggesting there is room for further improvement. A potential development of this work would assess whether there is evidence of improved patient outcomes associated with the implemented changes.