

Organization of gynaecological cancer care

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ADHERENCE TO EUROPEAN OVARIAN CANCER GUIDELINES AND IMPACT ON SURVIVAL: A FRENCH MULTICENTER STUDY (FRANCOGYN)

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Objective The primary objective of this study was to validate ESMO-ESGO ovarian cancer guideline as a method of assessing quality of care and to identify patient characteristics predictive of nonadherence to European guideline care. The secondary objectives were to analyze the evolution of practices over the years and to evaluate heterogeneity between centers.

Methods This retrospective multicenter cohort study of invasive epithelial ovarian cancer reported to FRANCOGYN database included data from 12 French centers between January 2000 to February 2017. The main outcome was the adherence to ESMO-ESGO guidelines, defined by recommended surgical procedures according to FIGO stage and appropriate chemotherapy. Mixed multivariable logistic regression analysis with a random center effect was performed to estimate the probability of adherence to guidelines. Survival analysis was carried out using the Kaplan-Meier method and a mixed Cox proportional hazards model.

Results A total of 1463 patients were included in this study. Overall, 317 (30%) received complete guideline-adherent care. Patients received appropriate surgical treatment in 69% of cases, while adequate chemotherapy was administered to 44% of patients. Both patient demographic and disease characteristics were significantly associated with the likelihood of receiving guideline-adherent care, such as age, performance status, FIGO stage and initial burden of disease. In univariate and multivariate survival analysis, adherence to guidelines was a statistically significant and independent predictor of decreased overall survival. Patients receiving suboptimal care experienced an increased risk of death of more than 100% when compared to those treated according to guidelines (HR 2.14, 95% CI 1.32–3.47 $p < 0.01$). In both models, a significant random center effect was observed, confirming the heterogeneity between centers ($p < 0.001$).

Conclusions Adherence to ESMO-ESGO guidelines in ovarian cancer is associated with a higher overall survival and may be a useful method of assessing quality of care.

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QUALITY OF TRAINING IN CERVICAL CANCER SURGERY: A SURVEY FROM THE EUROPEAN NETWORK OF YOUNG GYNAECOLOGIC ONCOLOGISTS (ENYGO)

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Introduction/Background* European Society of Gynaecological Oncology (ESGO) and partners are committed to improving the quality of training for gynecological oncology fellows. The aim of this survey was to take a real-life picture of the type and level of the training in cervical cancer surgery, and to investigate whether LACC-trial changes may have affected quality of training in radical hysterectomy for gynecologic oncology fellows.

Methodology In June 2020, a 47-question electronic survey was shared with European Network of Young Gynaecologic Oncologists (ENYGO) members. Specialist in Obstetrics and Gynecology and Gynecologic Oncology Fellows, who started the training between 01/01/2017 and 01/01/2020 or started before 01/01/2017 but finished their training at least 6 months after LACC trial publication, were included.

Result(s)* 81 respondents were included in the present study. The median time from the start of fellowship to the date of completion of survey was 28.0 months (range, 6–48). Fifty-six (69.1%) respondents were still fellows-in-training. Six out of 56 (10.7%) and 14/25 (56.0%) of respondents who were still in training and completed the fellowship respectively, performed ≥ 10 radical hysterectomies during their training. Fellows trained in an ESGO-accredited center had higher chance to be exposed to sentinel lymph node biopsy ($p = 0.027$). There was no difference in the mean number of radical hysterectomies performed by fellows before and after LACC-trial publication (8 ± 12.0 versus 7 ± 8.4 , respectively) ($p = 0.463$). A significant reduction in number of minimally-invasive radical hysterectomies was evident when comparing the period before and after LACC-trial (38.5% versus 13.8%, respectively; $p < 0.001$).

Conclusion* Exposure to radical surgery for cervical cancer is relatively low amongst gynecologic oncology fellows. Central-