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AN OVERVIEW OF GYNECOLOGICAL ONCOLOGY CLINICAL QUALITY REGISTRIES WORLDWIDE

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Objectives Clinical outcomes have become more important over the past years, Clinical Quality Registries (CQR's) were initiated in order to compare clinical outcomes between hospitals or regions within a country. The aim of this study was to identify CQR's for gynecological oncology and to summarize their characteristics, processes, and quality indicators (QI) in order to establish whether it is feasible to make an international comparison in the future.

Methods To identify CQR's in gynecological oncology a literature search in Pubmed was performed. All papers describing the use of a CQR were selected and analyzed. For the purpose of this paper, the task force or contact person of these registries were approached to participate in order to collect information on registered items, processes, and indicators.

Results Five nations with CQR's agreed to collaborate: Australia, Denmark, Italy, the Netherlands and Sweden. Denmark, the Netherlands and Sweden established a nationwide registry, collecting data on multiple tumor types, and reporting various QI's. Australia and Italy registered and reported on patients with ovarian cancer only. All nations had a different process to report the results to the participating hospitals.

Conclusions This review of CQR's on gynecological malignancies shows that different methods and processes exist. Registries serve the same purpose to improve quality of care but vary in reporting for one or more tumor types. In order to compare the care for these patients on an international level, it would be useful to harmonize these registries, set an international standard to measure the quality of care, and select similar indicators.

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EVOLVING OVARIAN CANCER TREATMENT PATTERNS IN THE UNITED STATES FROM 1982–2018: RESULTS FROM THE TEMPUS DATASET

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Objectives Surgery and platinum-taxane doublet (PTD) chemotherapy are standard treatment for ovarian cancer (OC); adoption of maintenance therapies has been more limited. This analysis describes characteristics of OC patients and real-world treatment patterns.

Methods The Tempus dataset contains EMR data on U.S. oncology patients. This study included women with a primary diagnosis of OC; women treated with poly-ADP ribose polymerase inhibitors (PARPi), pembrolizumab, or nivolumab were excluded (n=288; final n=3,370). Descriptive statistics were

Abstract EPV185/#234 Table 1

	Overall	Diagnosed 1982-2005	Diagnosed 2006-2012	Diagnosed 2013-2018
Have Received:	n=3,370	n=998	n=1,660	n=548
Surgery	3,050 (90.5%)	929 (93.1%)	1,520 (91.6%)	474 (86.5%)
Hysterectomy	2,128 (63.1%)	646 (64.7%)	1,086 (65.4%)	332 (60.6%)
Omentectomy	2,247 (66.7%)	650 (65.1%)	1,162 (70.0%)	348 (63.5%)
Other debulking surgery	2,692 (79.9%)	791 (79.2%)	1,378 (83.0%)	435 (79.4%)
Lymph node dissection	2,259 (67.0%)	633 (63.4%)	1,186 (71.4%)	377 (68.8%)
Bowel resection	665 (19.7%)	210 (21.0%)	355 (21.4%)	81 (14.8%)
Radiotherapy	434 (12.9%)	186 (18.6%)	187 (11.3%)	40 (7.3%)
Neither	291 (8.6%)	60 (6.0%)	127 (7.7%)	70 (12.8%)
1L	n=2,041	n=426	n=1,115	n=440
Received platinum	1,966 (96.3%)	393 (92.3%)	1,092 (97.9%)	429 (97.5%)
Platinum+taxane doublet regimen	1,449 (71.0%)	303 (71.1%)	808 (72.5%)	307 (69.8%)
Combo regimen containing bev	161 (7.9%)	17 (4.0%)	93 (8.3%)	37 (8.4%)
Other combo regimen	114 (5.6%)	35 (8.2%)	49 (4.4%)	25 (5.7%)
2L	n=1,763	n=458	n=915	n=317
Received platinum	852 (48.3%)	258 (56.3%)	435 (47.5%)	125 (39.4%)
Platinum+taxane doublet regimen	243 (13.8%)	106 (23.1%)	98 (10.7%)	29 (9.1%)
Combo regimen containing bev	357 (20.2%)	45 (9.8%)	178 (19.5%)	110 (34.7%)
Other combo regimen	732 (41.5%)	220 (48.0%)	399 (43.6%)	93 (29.3%)

calculated for patient characteristics, surgery/radiation/chemotherapy, and time from diagnosis to surgery.

Results Median age at diagnosis was 60, 55% of patients were advanced-stage and 36% were ECOG 0/1. 91% had surgery, 13% radiation, and 9% neither. Median time from diagnosis was approximately 7.5 months for most surgeries, but longer for omentectomy (16 months) and bowel resection (10 months). of patients receiving first-line (1L) chemotherapy (n=2,041), 96% received a platinum (71% PTD), 7% received bevacizumab (bev) + PTD, and 3% received bev maintenance. In second-line (2L), 48% received a platinum, 14% PTD, 6% PTD+bev, 6% bev maintenance, and 39% single-agent therapy. Patterns over time are shown in the table 1.

Conclusions Most OC patients received surgery and 2/3 received chemotherapy. PTD was the predominant 1L regimen, and in 2L platinum was used in nearly half of patients. Bev was the most used maintenance therapy for 2L, and use increased over time. Understanding these historical patterns helps inform stakeholders of the opportunity for PARPi and other advances in OC treatment.

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KNOWLEDGE ABOUT ADVANCED OVARIAN CANCER AND MAINTENANCE THERAPY: DOES EXPERIENCE MATTER?

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Objectives As part of a study to construct a shared-medical decision tool for ovarian cancer maintenance therapy (MT), we developed a knowledge survey to measure patients' understanding of their cancer and treatment. With the recent expansion of MT indications, patients need to decide if MT is right for them. An understanding of potential risks and benefits associated with MT is paramount to making an informed decision. We explored knowledge differences between newly diagnosed and recurrent patients.

Methods A 32-question survey focused on ovarian cancer (OC) and MT was developed based on interviews with patients and subject matter experts. The survey was modified