

## IGCS19-0543

## 294 REVIEW OF PRACTICE PATTERNS IN POST-TREATMENT SURVEILLANCE OF PRIMARY EPITHELIAL OVARIAN CANCER

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**Objectives** The purpose of this study is to determine practice patterns for surveillance of primary ovarian cancer after complete response to therapy and to identify the percentage of clinicians who follow the surveillance guidelines endorsed by the Society for Gynecologic Oncology (SGO).

**Methods** This is a single-institution retrospective chart review of all patients with epithelial ovarian cancer with a complete response to primary therapy between January 2012 and January 2015. Descriptive statistics were performed due to the exploratory nature of the study.

**Results** CA-125 was followed in 48/50 (96%) of patients. Clinical follow up was scheduled according to SGO guidelines (defined as  $\pm 1$  month) in 82% of patients. Of those that were non-compliant, 3/9 were patient initiated and 6/9 were for unknown reasons. Scheduled imaging was ordered in 2% of patients, while imaging due to CA-125, symptoms, or both was performed in 32%, 28%, and 10% respectively. No imaging was performed in 22% of patients and 6% of patients had unknown reasons for imaging performed. Mean time to recurrence was 11.8 months, with 23/28 (82.1%) first detected by CA-125, 3.6% first detected by exam findings and 14.3% first detected by imaging. Stage and histology were not associated with noncompliance of frequency of surveillance.

**Conclusions** The vast majority of clinicians in our cohort are compliant with SGO guidelines regarding the use of routine imaging for surveillance of ovarian cancer, however, a significant percentage of patients are followed with clinical visits at a different frequency of that recommended by current guidelines.

## IGCS19-0415

## 295 OVARIAN CANCER CARE DELIVERY: DIVERSITY IN PUBLIC PERCEPTION AND ACCESS TO CARE

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**Objectives** To assess public perceptions regarding ovarian cancer (OC) care delivery.

**Methods** The 2018 Empire State Poll, conducted by the Survey Research Institute of Cornell University (February-April/2018), was the 16th annual survey of New York State residents. We contributed questions regarding OC care delivery.

**Results** 800 residents were surveyed: median age 48 years (range 18–94), 50% female, 47% married, 64% White. 55% of respondents with an OC diagnosis would seek evaluation by an oncologist first. Those with household incomes  $>$  \$75,000 were more likely to do so (OR=1.43, 95% CI 1.04–1.95); those who identified as 'Other' race (OR=0.48, 95% CI 0.32–0.73) or unmarried (OR=0.73, 95% CI 0.54–1.0) were less likely.

81% were willing to travel  $>$ 2 hours for surgery, 55%  $>$ 4 hours. Older (OR=1.67, 95% CI 1.13–2.46) and unemployed (OR=1.58, 95% CI 1.07–2.34) respondents were less willing to travel.

46% relied on referral from primary care physicians (PCPs) in choosing an OC doctor; 21% relied on internet research. Females (OR 0.61, 95% CI 0.46–0.81) and those with some college education (OR 0.65, 95% CI 0.47–0.88) were less likely to depend on physician referral; respondents  $>$ 48 years of age (OR 1.49, 95% CI 1.12–1.98) were more likely.

**Conclusions** Despite data demonstrating improved outcomes for women with OC seeking treatment with high-volume providers, only half of respondents recognize the importance of subspecialty care. Historically disenfranchised populations are less likely to seek subspecialty care and are less likely to travel. PCPs significantly influence patient decision-making. These data identify vulnerable populations, providing a springboard for public awareness and access initiatives.

## IGCS19-0418

## 296 FREQUENCY OF INTRAOPERATIVE CONSULTATION FOR UPPER ABDOMINAL PRIMARY DEBULKING SURGERY IN ADVANCED OVARIAN CANCER

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**Objectives** To gauge the learning curve of gynecologic oncologists (GOs) by measuring their need for intraoperative consultants in upper abdominal primary debulking surgery for advanced ovarian cancer (OC).

**Methods** Patients with bulky upper abdominal disease (UAB) undergoing primary debulking surgery (PDS) for OC from 1/2001–12/2013 were included. UAB was defined as tumor  $>$ 1 cm cephalad to the omentum. Extensive procedures included diaphragm resection/peritonectomy, splenectomy, distal pancreatectomy, partial liver resection, resection of tumor from the porta hepatis, partial gastrectomy, and cholecystectomy.

**Results** Of 585 patients identified, 452 (77%) underwent UAS. The most common procedures were diaphragm resection (n=413), splenectomy (n=141), and liver resection (n=97). Over the 13-year period, the rate of patients undergoing UAS increased from 77% to 84% (p=0.019). Median number of UAS procedures was 1 (range, 1–7), remaining constant over time (p=0.129). The percentage of UAS procedures performed by consultants decreased over time, from 100% in the first quartile to 50% in the last (p<0.001). Procedures most commonly performed by consultants were cholecystectomy (89%), porta hepatis (76%) and liver resection (76%). The complete gross resection (CGR) rate increased from 18% to 46%