

Corners of the world

Table 1 Quality indicators in the ovarian cancer program

Quality indicators	Goal
<i>Patient care</i>	
Proportion of patients with complete surgical resection in upfront debulking or interval debulking surgery	>65%
Proportion of patients receiving antibiotic prophylaxis 60 min before starting cytoreductive surgery	100%
Proportion of patients receiving pharmacological anti-thrombotic prophylaxis within 24 hours of cytoreduction	100%
Proportion of patients who presented operative site infection during the 30 days after the procedure	<5%
Proportion of patients who start adjuvant chemotherapy within 42 days after debulking surgery	100%
Proportion of patients who completed the EORTC-QLQC30 quality of life questionnaire before starting cancer treatment	100%
Proportion of patients who completed the EORTC-QLQC30 quality of life questionnaire after completing cancer treatment	100%
<i>Infrastructure</i>	
Number of cytoreductive surgeries performed per surgeon per year	≥100 Minimum required: ≥20
Surgeries supervised or performed by surgeons operating on at least 20 patients a year	≥95%
Rate of primary debulking surgeries	≥50%
Surgery performed by a gynecologic oncologist specifically dedicated to gynecological cancer management	Yes
Center participating in clinical trials in gynecologic oncology	Yes
Treatment planned and reviewed at a multidisciplinary team meeting	≥90%
Required pre-operative workup	≥95%
Pre-operative, intra-operative, and post-operative management	Yes
Minimum required elements in operative reports	90%
Minimum required elements in pathology reports	>90%
Structured prospective reporting of post-operative complications	100%
Adapted from Fotopolou et al. ⁹ Quality indicators for advanced ovarian cancer surgery from the European Society of Gynaecological Oncology (ESGO): 2020 update. <i>Int J Gynecol Cancer</i> 2020;30:436–40.	

each of these phases. There is the participation of a multidisciplinary team made up of 20 specialties, state-of-the-art technology, and infrastructure. The center has quality indicators adapted and aligned with international

standards⁹ (Table 1). Active work has also been done on educating women and strengthening their support networks, through patient-focused symposiums (Figure 2). Currently this program is in the self-evaluation phase and is

waiting to complete the accreditation by the Joint Commission International.

Ovarian cancer care is challenging, especially in developing countries. The introduction of quality programs and management centralization of this condition will improve not only care, but clinically relevant outcomes in our population.

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Funding This study was funded by AstraZeneca sponsorship Nintex 372.

Competing interests None declared.

Patient consent for publication Not applicable.

Ethics approval Not applicable.



Figure 2 Patient symposium, May 2022.

Provenance and peer review Not commissioned; internally peer reviewed.



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To cite Sanabria D, Fernández MC, Hurtado N, *et al.* *Int J Gynecol Cancer* Published Online First: [please include Day Month Year]. doi:10.1136/ijgc-2022-003899

Accepted 18 August 2022

Int J Gynecol Cancer 2022;**0**:1–3.
doi:10.1136/ijgc-2022-003899

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