Global Gynaecological Oncology Surgical Outcomes Collaborative (GO SOAR)

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Gynecological malignancies affect women in low- and middle-income countries at disproportionately higher rates compared with high-income countries, yet practice guidelines do not routinely account for resource disparities between regions. Often research on which guidelines are based is centered within high-income countries, excluding low- and middle-income country partners due to ethical, political, and logistical considerations. This results in outcomes difficult to reproduce and recommendations difficult to implement in low- and middle-income countries with limited resources. Inclusion is vital to be able to identify context-specific solutions and to ensure high quality surgical care in low resource settings.

The Global Gynaecological Oncology Surgical Outcomes Collaborative (GO SOAR) was founded in January 2021 with the aim of developing a global network of gynecological oncologists (ensuring equal representation of both high-income countries and low- and middle-income countries) that has the long-term ability to collaborate on outcome studies and collect real-world outcome data to evaluate prevalent practice and advise country group-specific policy formation to reduce international disparities in surgical outcomes. The GO SOAR Collaborative has four key mandates. The first is to set the research agenda through research prioritization in gynecological oncology. Priority setting is increasingly recognized as essential for directing finite resources to support research that maximizes public health benefits and drives health equity. The second is to gather high quality data via a centralized database accessible to all institutions that perform gynecological oncology surgery. The third is to build sustainable international research by producing protocols/guidelines, and the fourth to train the researchers and leaders of tomorrow by providing open access to all GO SOAR training materials. In combination, this will help provide safe and effective surgical care in gynecological oncology globally.

The GO SOAR Collaborative has been heavily involved in research and training across low- and middle-income country regions. The Collaborative has developed educational material and set up educational workshops in collaboration with the Egyptian Gynecological Oncology Society (EGOS) to train local clinicians across Egypt in genetic counseling for familial gynecological cancers. The Collaborative has delivered GO SOAR1 (NCT04579861), a multicenter, international, prospective cohort study evaluating international variations in post-operative morbidity and mortality following gynecological oncology surgery. A total of 73 centers in 26 countries (11 high-income countries, 15 low- and middle-income countries) in seven world regions contributed data. The Collaborative has just launched the GO SOAR2 study (NCT05523804), which compares survival following interval/delayed cytoreductive surgery/no surgery (chemotherapy alone) and evaluates international variations in prevalent practice and access to cytoreductive surgery for women with stage III–IV epithelial ovarian cancer. In addition, the GO SOAR international database has been established allowing all participating institutions to audit local practice and implement changes, whilst contributing patient level data reported using standardized electronic forms for use in GO SOAR studies helping inform and drive international policy change.

The collaborative research by GO SOAR is about delivering rapid benefit to patients and engagement of wider communities. Using our model of...
Corners of the world

engagement in local communities (Figure 1), this generates data using streamlined and available resources. GO SOAR has an ethos of inclusivity, and listening to collaborators is key to understanding the most pressing research needs, providing a voice for them to influence international studies on behalf of their patients, which is particularly important in global regions where researchers are under-represented and have limited access to resources.

The legacy of collaborative work is that the networks can be transformed to become sustainable, fundable, and self-sufficient. The connections and infrastructure can be set up to remain intact after the primary study has finished and can address new research questions. The practice of exclusion of low- and middle-income country partners in high impact factor research needs to change, and the GO SOAR Collaborative is working hard to help level the playing field. As a community, we need to put patient benefit first and fully support global collaborative research.

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