Targeting ovarian cancer: Researcher finds disparities in access to the top-quality care that boosts survival

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Dr. Robert Bristow, the Philip J. DiSaia Chair in Gynecologic Oncology and director of UC Irvine's Division of Gynecologic Oncology, says poor and African American women have diminished chances of surviving ovarian cancer because of unequal access to newest treatment. Credit: Paul R. Kennedy

Dr. Robert Bristow believes a decidedly low-tech approach could significantly enhance the survival rate for ovarian cancer, even though it's the deadliest women's reproductive cancer, claiming 15,000 lives each year; it has no reliable screening or prevention methods; and its research funding is about one-sixth the amount for breast cancer.

"We don't have to redesign a molecule to improve the outcome for women with ovarian cancer," says Bristow, the Philip J. DiSaia Chair in Gynecologic Oncology and director of UC Irvine's Division of

Gynecologic Oncology. “Recent research has shown that the most profound impact on survivorship occurs when women get proper care from surgeons trained in the latest techniques for treating ovarian cancer.”

In March, he presented to the Society of Gynecologic Oncology a study of 50,000 ovarian cancer patients finding that poor women and African Americans were less likely to receive the highest standards of care, leading to worse outcomes than for white and affluent patients.

“Not all women are benefiting equally from improvements in ovarian cancer care,” Bristow says. “The reasons behind these disparities are not entirely clear, which is why we need additional research.”

The study’s goal was to quantify differences related to race and socioeconomic status among women being treated for epithelial ovarian carcinomas – cancer that forms on the surface of an ovary. It also aimed to determine whether their care adhered to National Comprehensive Cancer Network treatment guidelines.

Bristow and colleagues found that five-year survival rates varied significantly. (Improvement in ovarian cancer care is measured in length of survival after diagnosis rather than a “cure” rate.)

Among those whose care met NCCN standards, the rate for white women was 41.4 percent, compared with 33.3 percent for African American women. Among those whose care did not meet NCCN standards, the rate for white women was 37.8 percent, compared with 22.5 percent for African American women. Those on Medicaid or without insurance faced a 30 percent increased risk of death. Poor women – defined as having an annual household income of less than $35,000 – had worse survival rates regardless of race.

Bristow's study was part of an effort by the Society of Gynecologic Oncology and colleagues at the Mayo Clinic and Washington University in St. Louis to assess the quality and outcomes of ovarian cancer care in the U.S.

In November, Bristow led a symposium at UC Irvine that attracted gynecologic surgeons from 10 countries – including Australia, Poland and Denmark – to learn the latest surgical and chemotherapy techniques for treating ovarian cancer.

"This is helping us understand the kind of advanced expertise we need to bring to women in Denmark," said Dr. Pernille Jensen of Odense University Hospital. Her nation is planning to consolidate ovarian cancer treatment from five sites to one in order to concentrate surgical expertise and improve the level of care women receive.

"There is a great need to raise the education level of fellowship-trained surgeons," Bristow says. "Under the best circumstances, treating ovarian cancer is challenging, because there's no screening tool available to detect the disease in its early stages."

Since only 20 to 30 percent of ovarian cancers are diagnosed while still confined to the primary site, it's critical that surgeons can effectively treat it in advanced stages after the cancer has spread to areas such as the liver, the lungs and nearby lymph nodes.

Even women with late-stage ovarian cancer can see survival rates significantly higher than those treated with traditional approaches.

"For example, we've known for several years that the combination of intravenous chemotherapy and intraperitoneal chemo – in which the drugs are injected directly into the abdominal cavity – greatly improves survival," Bristow says. "Yet too many cancer centers rely solely on IV

chemo.”

He says the symposium will become an annual event, with UC Irvine and colleagues at Washington University in St. Louis hosting in alternate years.

More information: Clinical Gynecologic Oncology

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