

Many ovarian cancer patients denied by-the-book care, study says

March 12 2013, by Kathleen Doheny, Healthday Reporter



Result: They're 30 percent more likely to die over five-year span, researchers find.

(HealthDay)—Nearly two-thirds of ovarian cancer patients don't receive recommended treatment that could extend their lives, U.S. researchers have found.

For patients who didn't get care that follows the National Comprehensive Cancer Network (NCCN) [clinical practice guidelines](#), the risk of dying within five years of follow-up was 30 percent greater compared to women who got recommended [treatment](#), said researcher Dr. Robert Bristow, director of [gynecologic oncology](#) at the School of Medicine of the University of California, Irvine.

Low-volume hospitals—those that treat few cases of ovarian cancer—are less likely than larger hospitals to follow the established recommendations for ovarian cancer, according to the study.

The findings lend support to the guidelines, Bristow said.

Women facing treatment for ovarian cancer, he said, should ask their doctor: "How many ovarian [cancer patients](#) do you treat a year?" If the answer is two, "You probably don't want to be one of those patients," Bristow said.

Each year, about 22,000 new cases of ovarian cancer are diagnosed in the United States, and more than 15,000 women die of it, according to the [American Cancer Society](#).

For the study, Bristow and his colleagues analyzed the treatment and results for more than 13,000 women with ovarian cancer, using data reported to the California Cancer Registry from 1999 through 2006.

That time period was selected because there was no overall change in treatment approaches during those years, Bristow said. Such changes might have affected the results, scheduled for presentation Monday at the Society of Gynecologic Oncology annual meeting in Los Angeles.

Half the women studied were younger than 61, and the majority, 70 percent, had advanced cancer. First, the researchers looked to see how many women got treatment as recommended by the cancer network. The network is an alliance of 21 cancer centers that develops treatment guidelines.

Only 4,952, or 37 percent, got the recommended treatment.

Bristow's team looked at patient-related and health care system factors that might predict better adherence to treatment guidelines. They found the number of cases of ovarian cancer treated by the hospital and by individual doctors played a role.

"The high-volume hospitals, which did 20 or more cases a year, and high-volume physicians, which did 10 or more a year, were significantly more likely to administer treatment that was adherent to NCCN guidelines," Bristow said.

But even high-volume hospitals weren't always in compliance with the guidelines. High-volume hospitals delivered appropriate care 51 percent of the time, compared to 34 percent by low-volume facilities. High-volume doctors delivered appropriate care 48 percent of the time, compared to 34 percent by low-volume doctors.

Most of the women got care at low-volume facilities by doctors with little experience treating [ovarian cancer](#).

Treatments include surgery and chemotherapy. In many cases, doctors provided some of the recommended care—either chemo or surgery—but not both, Bristow found.

In some cases, Bristow said, it's not possible to follow guidelines. For instance, an elderly women with other health issues, such as congestive heart failure, probably couldn't tolerate chemotherapy, he said.

A California-based expert, Dr. Mark Wakabayashi, said the finding "echoes previous findings and my own clinical practice." Wakabayashi, division chief of gynecologic [oncology](#) at the City of Hope Comprehensive Cancer Center, said he has treated many women whose previous cancer care did not follow these guidelines.

Compared to the national norms, survival statistics at high-volume centers are higher, he said.

But many [women](#) don't have access to a high-volume center. In those cases, he suggested they ask their doctor: "Do you follow NCCN

guidelines?"

Data and conclusions presented at medical meetings are typically considered preliminary until published in a peer-reviewed medical journal.

More information: For more on the national guidelines for cancer treatment, visit the [National Comprehensive Cancer Network](#).

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