

OCATS



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Ovarian Cancer Awareness & Treatment in Saskatchewan

A SUPPORT & ACTION GROUP FOR PEOPLE AFFECTED BY GYNECOLOGICAL CANCERS

RECOMMENDATIONS

To control ovarian cancer with earlier detection and proper treatment sooner.

The lifetime risk of being diagnosed with epithelial ovarian cancer, one of the most common types of ovarian cancer, is about 1 in 65 women. The majority of women with this type of disease are diagnosed in later stages, often with metastasis or spread of the cancer at the time of initial surgery. This is associated with an overall poor prognosis. Ovarian cancer is the leading cause of death from gynecologic malignancies in the developed world.

Because women with ovarian cancer in Saskatchewan are not receiving the same/best care and treatments that are available to women in other centres in Canada there are specific actions that can be taken now to provide better care earlier. Because there are no screening programs for ovarian cancer and many ovarian cancer patients are misdiagnosed due to a lack of awareness about the signs and symptoms among medical professionals and women in general, proper treatment is delayed. Unfortunately, this leaves ovarian cancer patients in Saskatchewan to share their stories with medical students, family doctors, clinics and other women to raise awareness. Predominantly these are women who are currently in treatment and are very ill with little energy and time left. Our policy makers can support these women by facilitating change based on the following recommendations.

Most Canadian cancer centres provide care to ovarian cancer patients in a dedicated gynecologic oncology unit/program and this type of program is not available in Saskatchewan. The focus of our recommendations is to target the development and implementation of gynecologic oncology units in Regina and Saskatoon to provide care for all types of gynecologic cancer. Relative to ovarian cancer, these programs deliver the following three interventions and are known to significantly improve the length of survival of women diagnosed with the disease:

- 1. The services of certified gynecologic oncology physicians are priority. Thorough surgical staging and removal of maximum cancer (abdominal debulking) is most effective when provided by a certified gynecologic oncologist rather than a general gynecologist. Optimal treatment following surgery is determined by the information obtained during surgery. This specialist then determines optimal treatment decisions. Currently there is one certified gynecologic oncologist (and one partly trained gynecologist practising as a sub specialist) practicing in Regina in a freestanding medical office, and is not providing fulltime care at a hospital or cancer centre. In Saskatoon the situation is different, there are two gynecologic specialists working within a hospital setting, but still not within a proper gynecologic oncology program/unit. Many Saskatchewan women are subjected to unnecessary surgery because the initial surgery was not performed effectively by the gynecologic oncologist.*

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Recommendations – The recruitment, services and retention of a minimum of two certified gynecologic oncologists with proper remuneration and support in both Regina and Saskatoon; with Health Regions implementing policies that require surgical cases presenting with a possibility of cancer to be performed by a gynecologic oncologist. This is required to support Saskatchewan women suffering from all gynecologic cancers, specifically ovarian cancer in which long term survival is linked to appropriate care provision during initial and subsequent surgeries, as well as initial and subsequent treatment. This service is available other Canadian jurisdictions. The women of Saskatchewan should not be exempted from proper treatment by specialists. Recruitment for a second certified gynecologic oncologist for Regina and provision of a competitive salary and proper working conditions within gynecologic oncology in Saskatchewan should begin immediately.

2. *The provision of clinically appropriate chemotherapy is vital to extend survival time for women with ovarian cancer. Several clinical trials have shown that intraperitoneal (IP) chemotherapy, in which anticancer drugs are delivered directly into the abdomen, extends survival for some women with ovarian cancer compared to chemotherapy delivered only by vein (IV). The most recent trial showed women treated with both IP and IV chemotherapy lived an average of 16 months longer than women who received only IV chemotherapy. The National Cancer Institute (NCI) released the statement that based on the results of eight phase III clinical trials doctors are encouraged to follow surgery for ovarian cancer with a combination of two drug-delivery methods including IV and IP chemotherapy. The combined approach extends overall survival for women with advanced ovarian cancer compared to IV therapy alone. This treatment is available in several Canadian cancer centre gynecologic oncology programs and is becoming the standard of practice in Canada and is supported by The Society of Gynecologic Oncology of Canada. Again, the development and delivery of new and evidence supported chemotherapy treatment services requires the lead of a certified gynecologic oncologist. Now that Saskatchewan has these specialists, there is no reason to deny the most appropriate chemotherapy for our women.*

Recommendation – The implementation of a gynecologic oncology program/units in Regina and in Saskatoon is vital to ensure the delivery of new, promising cancer therapies. Intraperitoneal (IP) chemotherapy is currently only available to those women suffering from advanced ovarian cancer that have the knowledge of the treatment and sufficient financial resources to move and live in participating Canadian or US centres.

3. *Pre diagnosis and post surgical care and treatment for women with gynecologic cancers is essential in improving survival outcomes, especially for women affected by ovarian cancer because it is one of the most lethal of all cancers and has a much higher rate of recurrence than other cancers. Women presenting with a combination of symptoms should be immediately referred to the gynecologic oncologist or receive the proper diagnostic testing and then be referred directly to a gynecologic oncologist for proper testing and determination of timing and performing surgical procedures to remove the cancer tumours and perform the debulking and staging procedures. The proper initial testing, diagnosis, surgery and treatment will prevent more recurring ovarian cancers and will save on expensive chemotherapy treatments, improve quality of life and extend length of survival.*

Recommendation – The implementation of gynecologic oncology program/units in Regina and in Saskatoon is fundamental to ensure the delivery of education of new and life saving processes within the field of gynecologic care for women to the medical community ensuring proper initial diagnosis and effective surgery, and to ensure proper on-going care of patients to prevent and treat recurrence. This will save lives.

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4. *The provision of comprehensive, coordinated and appropriate multidisciplinary care is required to support cancer care in Saskatchewan. Currently, only partial multidisciplinary care is provided at the Regina clinic i.e. some patients receive social work care, many do not or some patients meet with the dietician, most do not. Patients with cancer are increasingly considered as living with a chronic disease requiring many years of ongoing support and health care services. Many patients experience mental health issues i.e. depression and may have to access assistance on a pay per service arrangement, again a service that is available to those with the ability to afford care. Without a gynecologic oncology program/unit, our specialists do not have effective access to multidisciplinary care. Patient needs may include one or more of the following specialties to provide ongoing care to prepare, implement, and evaluate an individualized care plan:*
- *Gynecologic Oncology Administrators*
 - *Social Work*
 - *Nursing (Gynecologic Nursing)*
 - *Pathology (An existing Pathologist trained and specializing in gynecologic cancers through the Gynecologic Oncology program/unit)*
 - *Nutritionist or Dietician*
 - *Pharmacist*
 - *Psychologist*
 - *Alternative and Complimentary Therapist, Naturopath*
 - *Physiotherapist*
 - *Massage Therapist*
 - *Support Group Leader*

Recommendation – The plan and implementation of appropriate, multidisciplinary care within or in partnership with a gynecologic oncology unit/program is vital to the ongoing support of women cancer patients in Saskatchewan. These services may, in part, be available within the health region but do not target cancer patients specifically. Patient recovery and wellness, both physical and psychological, must target needs in a holistic way. Our cancer centers provide excellent primary cancer care services but can improve patient care and ultimately outcomes through a team of health care providers skilled to provide holistic care.

5. *Patients presenting with symptoms of gynecologic cancers require immediate diagnostic testing to diagnose these cancers earlier – currently the only method to improve survival outcomes for ovarian cancer patients. These diagnostic tools include CA125 blood tests, transvaginal ultrasound and/or CT scans. Research shows promise in the area of using a combination of CA125 blood testing and transvaginal ultrasound as a future screening tool until a more effective blood test is discovered. But in Saskatchewan currently it seems rare that even women with symptoms are being given these simple diagnostic tests - often because the general practitioner is unaware of symptoms or proper diagnostic testing, the long waitlist for quality transvaginal ultrasound by a skilled and experienced radiologist or the patient is not referred properly to the gynecologic oncologist.*

Recommendation – The plan and implementation of appropriate, multidisciplinary care within or in partnership with a gynecologic oncology unit/program must be augmented with additional funding for diagnostic tools. Purchase of additional appropriate ultrasound equipment and the immediate investment in training of technicians will ensure significant improve in treatment and survival outcomes for all Saskatchewan patients, especially ovarian cancer patients.

