BGCS Position statement on findings from the National Ovarian Cancer Feasibility Pilot – Variation in treatment report

The National Ovarian Cancer Feasibility Pilot is a collaboration jointly funded by the BGCS, Ovarian Cancer Action and Target Ovarian Cancer action and conducted in collaboration with the National Cancer Registration and Analysis Service. The audit is part of an ongoing commitment for the BGCS to improve the quality of care for women with gynaecological cancer in the UK. Unlike bowel cancer, lung cancer, oesophago-gastric cancer and breast cancer, the government has not funded a national ovarian cancer audit despite it being a key recommendation of the Chief Medical Officer in 2014 (Dame Sally Davies CMO annual report 2014). Whilst survival for ovarian cancer in England is increasing it is still low by international comparisons. The BGCS notes the significant variation in survival and treatment rates identified by this report, in particular the proportion of women with no record of chemotherapy or surgery across cancer alliances in England. These disparities are most significant for older patients.

We will be working with regional representatives on BGCS council to ensure that these results are highlighted to cancer centers and units and leadership in cancer alliances. It will be important for providers across each alliance to identify best practice and work collaboratively so that these can be shared and implemented. The BGCS notes that such work is already ongoing in the Midlands; proposed solutions include a regional Multi-Disciplinary Team (MDT) meeting where patients that are not managed by standard treatment paradigms can be discussed and expertise shared, support in identifying which patients would benefit from further surgery after their initial treatment and collaborative working across alliance to enable alignment of resource and of expertise. Other examples of best practice include working with acute oncology services to identify women with possible ovarian cancer admitted in outlier wards and ensuring that decision making for these patients is done in conjunction with gynaecological oncology MDTs. Cancer alliances will also need to carefully monitor pathways of women once referred to secondary care as pathways have been altered to minimize COVID exposure.

An enhanced commitment to careful, comprehensive and uniformly high quality prospective data collection will be pivotal to understanding differences in survival and instituting improvements in care. More research is needed to identify the contributors to the variation in MDT decision making and treatments across England. This includes understanding more fully differences in local organizational factors such as skill mix, access to theatre time, intensive care support, postoperative nursing care and the accessibility of systemic treatments at diagnosis and recurrence; all of these are likely to play a key role. The audit does not shed light on access to primary care and diagnosis; this is likely to be very relevant in understanding MDT decision making – particularly in women not receiving any anti- cancer treatment.

We reiterate our call for a sustained national ovarian cancer audit to ensure that the variability of the use of surgery and chemotherapy and survival identified in the reports is monitored carefully and disparities are reduced. It is also important for this vital work to be synchronized across Wales, Northern Ireland and Scotland so that variations in treatment and survival are identified and addressed. The BGCS also calls for commissioners and cancer care providers to engage with the complexity of ovarian cancer care and surgery and agree appropriate tariffs for this care. We remain committed to working with our charity partners, stakeholders and patients to achieve best outcomes for women with ovarian cancer.