



Réseau de
cancérologie
Rossy

Rossy
Cancer
Network

Gynecology Cancer Trajectories (Dr. Joanne Alfieri, Dr. Shannon Salvador)

Of the 90 cancers that affect Canadian women, Ovarian and Endometrial cancers rank 4th in incidence and deaths. Endometrial cancer is one of only two cancers in Canada in which the incidence as well as the cancer-specific-deathrate has been rising year over year across all ages, ethnic groups, and social class. Ovarian cancer has one of the highest case fatality rates compared to other common cancers

The RCN funded GYNE-ONC integrated disease site has as a primary aim, to optimize patient care across the RCN hospitals. There is a unique opportunity to integrate and coordinate the patient care trajectory pathway. The 5 primary goals of the GYNE-ONC Integrated team are:

1. Standardization of patient care:

- a. Standardized investigations and treatments as per national/international guidelines and established criteria for joint tumour board
- b. Equity of access to germline and somatic testing for treatment managements
- c. Equity of access for molecular testing for treatment management

2. Access to Trials:

- a. For open trials, ensure timely access to patients through coordinated tumor board
- b. Strategically open clinical trials in both RCN tertiary care sites to increase access for patients

3. Distress Screening:

- a. Distress screening using validated and robust patient self-reporting tools (ex. Edmonton Symptom Assessment System, NCCN Distress Thermometer) will be performed throughout the trajectory of care for gynecologic cancer patients.
- b. The screening process will identify at risk patients who will require further evaluation and follow-up interventions by the physician team, nursing, and allied health.
- c. Patient satisfaction, with an emphasis on navigation services will be evaluated after the patient has gone through a pre-determined portion of their trajectory.

4. Capture Quality of Care Benchmarking:

- a. Improve quality of care by systematically measuring quality of care benchmarks including:
 - i. -Time from referral to consultation
 - Time from diagnosis to surgery
 - Pathology reporting time
 - Time from surgery to adjuvant chemotherapy start time

- Radiation consultation to treatment start
- Coordination of chemoradiation starts facilitated by nurse navigator

5. Integrated Clinical Database:

- a. Establish common database to capture clinical outcomes with standardize data collection inputs