

**Poster 25: Ovarian cancer patient characteristics associated with seeking a second opinion at a gynecologic oncology university practice**

**Presenting Author:** Vignesh Ramchandran, MD, UCLA

Topic

Ovarian

Objectives

To identify ovarian cancer patient characteristics associated with seeking a second opinion in gynecologic oncology and the impact on treatment outcomes.

Methods

The electronic medical record at a single large academic center was queried by diagnosis code to obtain charts of patients diagnosed with gynecologic malignancies between 2018-2023. 119 charts pertaining to patients diagnosed with ovarian cancer were reviewed of which 27 patients were identified as seeking a second opinion. Demographic and treatment factors of interest were obtained through independent chart review. Python 3.8.8 was used to perform statistical analysis.

Results

Of the 119 charts reviewed for this study, 27 patients (23%) presented seeking a second opinion for ovarian cancer treatment. Based on self-identified race, 62% of these patients identified as White, 19% as Hispanic or Latinx, 14% as Asian, and 4% as Black or African-American. The most common disease presentation was recurrent disease (14/27 patients) followed by Stage 4 disease (7/14 patients), and Stage 1 disease (3/27 patients). Of the patients with recurrence, 35% had platinum resistant disease. The majority of patients had prior chemotherapy (24/27 patients) and prior surgery (22/27 patients) before presenting for consultation. 20/27 of these patients were initially treated at an academic center prior to presentation to UCLA. The majority of these patients presented from within the same state (23/27 patients) and 11/27 patients were within 25 miles travel distance. The average length of time between consultations (initial and second opinion) was 29 days. Pathology review of tissue was requested for 4/27 patients, and 6/27 patients were discussed at an interdisciplinary tumor board prior to treatment recommendation. Chemotherapy with platinum agent, or other single/combination therapy was the most common treatment recommendation (12/27 patients), especially for patients who presented with Stage IV disease (57%) or recurrent disease (50%). Targeted therapy including PARPi, immunotherapy, and endocrine therapy was recommended for 4/14 patients presenting with recurrent disease (28%). 33% of patients presented searching for clinical trials however of those patients only 11% successfully enrolled during the study period. Ultimately, 20/27 patients received the same recommendation as their initial consulting provider. Of those patients who received a differing opinion, 43% proceeded with the treatment recommendation of the initial oncologic provider. The most common treatment change was enrollment in clinical trials (2/4 patients). The average time from initial consultation to treatment was 49 days.

Conclusions

Our data suggests that while many patients are seeking second opinions for their ovarian cancer treatment, only a small percentage have meaningful treatment changes. There was

an average delay of nearly two months from initial consultation to treatment initiation. Further study of resources, cost, and treatment variance in gynecologic oncology is warranted.

