

Poster 14: Improving Timely Adjuvant Chemotherapy After Cytoreductive Surgery for Ovarian Cancer: Evaluation of an SGO Quality Indicator in a Rural Academic–Community Setting

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Topic
Ovarian

Objectives

The Society of Gynecologic Oncology (SGO) recommends initiation of adjuvant chemotherapy within 42 days of cytoreductive surgery for epithelial ovarian, fallopian tube, and primary peritoneal cancers. Delays in chemotherapy have been associated with worse survival. We evaluated adherence to this quality metric in a rural, predominantly Hispanic population treated within a hybrid academic–community cancer program.

Methods

We conducted a retrospective cohort study of patients undergoing primary or interval cytoreductive surgery for ovarian cancer from 2018 to 2024 using our institutional cancer registry. Data collected included demographics, histology, site of chemotherapy delivery (academic vs community), and time from surgery to initiation of adjuvant chemotherapy.

Results

A total of N=127 women underwent cytoreductive surgery for ovarian cancer, among which 21 patients did not meet criteria for adjuvant chemotherapy. Among eligible patients, the mean age was 58 years (range 17–89 years), and 50% were Hispanic. Median time to chemotherapy was 53 days (range 17–128 days). Only 25 patients (29%) initiated chemotherapy within 42 days of surgery. Among treated patients, 62% had high-grade serous histology, and 42% received chemotherapy outside the academic center.

Conclusions

In this rural, hybrid academic–community setting, adherence to the SGO-recommended 42-day benchmark was low (< 33%), underscoring a critical gap in timely cancer care delivery. These findings highlight a significant opportunity for quality improvement. Expansion of targeted interventions including nurse navigation, culturally and linguistically tailored outreach, and improved coordination between academic and community oncology providers may help improve timely chemotherapy administration and adherence to guideline-recommended care.