

Rhode Island Ovarian Cancer Roundtable: Approach and Lessons Learned



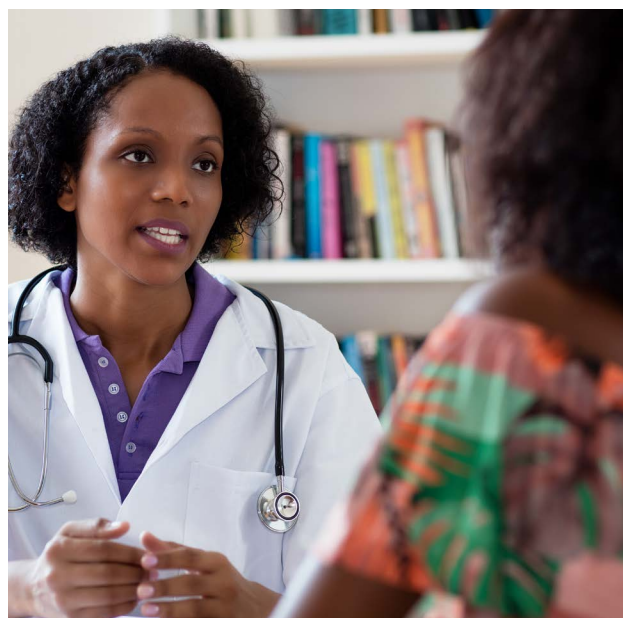
Annually, ovarian cancer accounts for about 2% to 3% of all new cases of cancer diagnosed among women in Rhode Island. Although it is the second most common gynecologic cancer diagnosed among Rhode Island women, ovarian cancer is the primary cause of death from gynecologic cancers in the state. Overall, 51% of patients diagnosed between 2004 and 2017 had distant stage at diagnosis, illustrating the difficulties in early diagnosis of ovarian cancer.¹

Ovarian Cancer Demonstration Project

When ovarian cancer is diagnosed at a later stage, the patient's chance of surviving is lower. But better survival outcomes are possible when patients are referred early to a gynecologic oncologist. In 2019, CDC funded a demonstration project to build evidence for effective strategies. The project focused on strategies designed to increase knowledge and awareness of gynecologic oncologists' role in ovarian cancer treatment and to increase the number of women diagnosed with or suspected to have ovarian cancer who receive care from a gynecologic oncologist.

The Comprehensive Cancer Control (CCC) Program in the Rhode Island Department of Health (RIDOH) was one of three National Comprehensive Cancer Control Program (NCCCP) awardees chosen for this project. Programs in Michigan and Iowa were also selected.

RIDOH and its partners convened a multi-disciplinary panel of health care providers to discuss current practices and introduce ideas that could improve outcomes. This CME event,



Making a Difference: Expediting Diagnosis of Ovarian Cancer: A Virtual Roundtable Discussion (<https://cme-learning.brown.edu/DifferenceOnDemand>), used a composite case study for panelists to examine and discuss practices that could facilitate earlier diagnoses of ovarian cancer and motivate more rapid referrals for appropriate care, thereby improving patient outcomes.

Planning for and Marketing the Roundtable

RIDOH formed the Rhode Island Ovarian Cancer Survivorship Task Force (the Task Force), comprised of survivors, providers, and advocates, to inform the selection of strategies implemented through Rhode Island's Ovarian Cancer Demonstration Project. This Task Force planned and implemented the Roundtable. Intended audiences included primary care providers

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and specialists such as gynecologists and gastroenterologists, nurses, other health care professionals engaged in the care of women, students, survivors, caregivers, public health professionals, and cancer advocates. The Task Force chose the roundtable format because it offered a platform for dynamic interaction of multidisciplinary health care providers for the intended audiences. **Making a Difference** featured the perspectives of medical professionals regularly involved in providing care to ovarian cancer patients. Panelists and the Task Force selected the learning objectives. RIDOH partnered with the Warren Alpert Medical School of Brown University, Office of Continuing Medical Education (Brown CME) to manage the live webcast, record, and archive this virtual Roundtable event.

To market the event, Brown CME created a flyer, listed the course online, and promoted the event to its extensive list of licensed health care providers. RIDOH, members of the Task Force, The Partnership to Reduce Cancer in Rhode Island, the Rhode Island/Southeast Massachusetts Chapter of Oncology Nurses Society, the Michigan Oncology Quality Consortium, the Iowa Cancer Consortium, and CDC also used their listservs to promote the Roundtable.

The Roundtable Event

Making a Difference panelists included an internist, a gastroenterologist, a gynecologic oncologist, a medical oncologist, a gynecologist, and a genetic counselor. The President of the Hospital Association of Rhode Island, who is the former President of the Rhode Island Senate, facilitated the panel. The Roundtable also featured presentations from the other sites for this demonstration project: the Michigan Department of Health

and Human Services and the Iowa Department of Public Health. Thought provoking discussion points included:

- Unlike some states, Rhode Island is fortunate to have enough gynecologic oncologists within a one-hour drive for residents. State residents can access specialty care easily.
- Ovarian cancer is sometimes diagnosed only after gastroenterologic causes are ruled out. Due to the rapid progression of disease, any delays in diagnosis and treatment for women who have ovarian cancer can affect subsequent staging and prognosis.
- Referral for transvaginal ultrasound for women with ambiguous symptoms may save lives.
- Health equity influences access to timely care. LGBTQ individuals, those without access to health insurance, and others can face barriers to prompt diagnosis and treatment.
- Use of family health history screening tools in primary care settings can result in referral of those eligible for genetic counseling and testing, which could lead to earlier detection.

Overall, the panelists' discussions concluded there are potential survival benefits of rapid referral to gynecologic oncologists; timely use of differential diagnostic tests can hasten diagnoses; and use of familial cancer history tools to determine eligibility for genetic testing and counseling may save lives.

Evaluation

Brown CME tracking showed that 56 individuals attended and listened to the live Roundtable event, and an additional

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14 individuals had viewed the Roundtable on-demand as of May 2021. The Task Force and Brown CME also developed and administered a retrospective pre- and post-test survey to gather information about attendees and assess the outcomes of the event. Upon completion of the survey and an evaluation form (pre-approved by CME accreditors), 41 of the 70 total Roundtable attendees received CME/CEU credits.

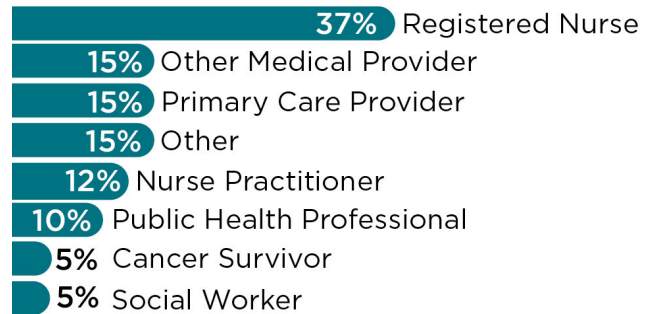
The survey asked attendees to rate their awareness, knowledge, intentions, and perceived ability on topics of ovarian cancer care and the role of the gynecologic oncologist in caring for women with ovarian cancer, and to rate the Roundtable overall using 5-point Likert scales. Several clinically meaningful and statistically significant increases in the following key areas were found in the post-Roundtable survey results compared to pre-Roundtable:

- Awareness of the benefits of rapid referral of women with ovarian cancer to gynecologic oncologists.
- Knowledge of the factors that influence staging of ovarian cancer at diagnosis.
- Knowledge of how expediting the process of differential diagnosis can improve overall outcomes.
- Ability to appreciate the importance of cancer genetic counseling and testing and its relationship to obtaining a comprehensive cancer family history.

Facilitators, Challenges, and Lessons Learned in Planning and Implementation

The COVID-19 pandemic affected the planning and implementation of the Roundtable. Infectious disease control measures in Rhode Island required that planning committee

Most of the Roundtable participants (78%) were health care providers



*Total is more than 100% because participants could select more than one response.

meetings and the Roundtable itself be transitioned to virtual platforms. This may have helped to increase attendance at planning committee meetings and the Roundtable, but it complicated event logistics, adding complexity to the preparation of panelists and event facilitation. Additionally, RIDOH CCC Program staff members had to balance their work on the Roundtable with helping the statewide response to COVID-19. As the COVID-19 pandemic continues, online platforms and virtual meetings have become more usual, so those barriers may not be as substantial to some programs in the future.

The greatest facilitators of success in the planning and implementation of this Roundtable were the generous contributions of knowledge, contacts, and time by the members of the Task Force planning committee. Their lived and professional experiences as health care providers and cancer survivors and their passion for provider education resulted in the selection of well-qualified speakers and panelists. Formation of a focused, public-private partnership supported by staff from the state's CCC program helped make the Task Force members' participation possible.

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This process reinforced the importance of engaging cancer survivors and experienced medical education professionals in the production of oncology provider education opportunities. The personal experiences of survivors engaged in Rhode Island's Roundtable planning process transformed what had been planned as a simple clinical update into an event that challenged health care providers to rethink the human costs of delayed diagnoses. This may motivate them

to make changes in their practice that result in better care delivery and improved patient outcomes. Brown CME's expertise in procuring accreditation for CME/CEU activities, event marketing and promotion, production, recording, archiving, and evaluating the Roundtable for CME credit was invaluable. Other NCCCP awardees seeking to convene provider education roundtable events or webinars can seek the services of similar organizations.

More from Rhode Island's Ovarian Cancer Demonstration Project



Identifying Ovarian Cancer Symptoms: Promoting Early Diagnosis, Treatment, and Improved Outcomes Through Rapid Referral Webinar

(<https://cme-learning.brown.edu/RapidOnDemand>)



Making a Difference: Expediting Diagnosis of Ovarian Cancer: A Virtual Roundtable Discussion

(<https://cme-learning.brown.edu/DifferenceOnDemand>)



Rhode Island Department of Health Ovarian Cancer Resources Tool Kit

[PDF-243KB] (<https://health.ri.gov/publications/toolkits/2020RI-Ovarian-Cancer-Resources.pdf>)

¹ Rhode Island Cancer Registry. The Burden of Ovarian Cancer in Rhode Island. Rhode Island Department of Health; 2020. <https://health.ri.gov/publications/databriefs/2020GynecologicalCancers.pdf> [PDF-1.3MB]