

Audit on availability of timely CT in managing ovarian cancer patients who received neoadjuvant chemotherapy



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Introduction

Timely computer tomography (CT) scan to review locally advanced ovarian cancer patients' disease extent after neoadjuvant chemotherapy is crucial in treatment planning and facilitate earlier debulking surgery. Current evidence shows that interval debulking is best done within the first 4 cycles of neoadjuvant chemotherapy. Lack of CT after the 3rd cycle of chemotherapy may hinder surgical planning and potentially lead to inferior survival.

Methods

We retrospectively reviewed the clinical information including the desired and actual CT appointment dates of patients with stage IIIC or IV ovarian cancer patients requiring neoadjuvant chemotherapy that were first seen in Department of Clinical Oncology, TMH from 1st January, 2018 till 30th June, 2018.

Results

A total of 13 patients were included. For patients who needed follow up imaging after 3 cycles of chemotherapy, only 57.1% had follow up imaging at planned time. For patients initially planned to review after 5 cycles of chemotherapy, only 50% had follow up imaging at planned time.

Reasons for the delay in CT include insufficient information conveyed by referring clinicians to radiologists using radiology request form (only 66.7% with sufficient information on CT form) and failure to document the desired follow-up CT date by clinicians before 1st dose of chemotherapy (only 69.2% with documentation done).

Remedial actions include establishing a workflow with radiologists to arrange CT and advocating better documentation of desired CT appointment date at new case visit.

Conclusion

Timely CT before interval debulking for cancer of ovary is often not available because of inadequate communication in the booking process and failure to clearly document the desired CT date. Remedial actions followed by re-audit will be arranged.