

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



JNS Cheng, WWL Yip, FCS Wong

Department of Clinical Oncology, Tuen Mun Hospital, New Territories West Cluster, Hospital Authority, Hong Kong SAR

Contact of corresponding author: cns325@ha.org.hk

## Introduction

Current evidence shows that interval debulking is best done  $\leq 4$  cycles of neoadjuvant chemotherapy. Timely follow up imaging during course of neoadjuvant chemotherapy is crucial for surgical planning and potentially may affect patient's outcomes. Previous audit done in 2019 noted timely follow up imaging before interval debulking for cancer of ovary was often not available. Hence Gyn-Onco-X ray multidisciplinary meeting (Gyn-Onco-X ray meeting) was introduced afterwards to improve the situation.

## Methods

We retrospectively reviewed the clinical information including the desired and actual follow up imaging 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, 2019 til 31st December, 2019. Current audit result was compared with audit done in previous year.

## Results

A total of 10 patients were included. For patients who needed follow up imaging after 3 cycles of chemotherapy, 75% in current audit while only 57.1% in 2019 audit had follow up imaging at planned time. For patients initially planned to review after 5 cycles of chemotherapy, 60% in current audit while only 50.0% in 2019 audit had follow up imaging at planned time. Compared with audit done in 2019, there was an improvement in proportion of patients with timely follow up imaging.

Despite the improvement, there were still patients with follow up imaging not done at planned time. Reasons for not having timely follow up imaging included chemotherapy delay during mid-course of neoadjuvant chemotherapy and follow up imaging planned at centers other than TMH.

Remedial actions include establishing a workflow for postpone follow up imaging in patients with chemotherapy delay and refer those patient initially planned follow up imaging at centers other than TMH to multidisciplinary meeting also.

## Conclusion

After introduction of Gyn-Onco-X ray meeting, better communication between gynecological surgeons, oncologists and radiologists was achieved. Therefore, a higher proportion of ovarian cancer patients could have timely follow up imaging before interval debulking surgery. However, there was still room for further improvements and remedial action would be further arranged.