Characteristics of Long-Term Survivors of Epithelial Ovarian Cancer

Rosemary D. Cress, DrPH, Yingjia S. Chen, MPH, Cyllene R. Morris, PhD, Megan Petersen, MD, and Gary S. Leiserowitz, MD

(Obstet Gynecol 2015;126:491–7)

1. In your clinical setting, how often do you see women who are cancer survivors? What types of cancer are most commonly seen in your clinical population? What is your general approach to well-woman care among cancer survivors?

2. In this study, women with ovarian cancer were divided into four cohorts: those who survived greater than 10 years were compared to patients who survived less than 2 years, those who survived at least 2 years but no more than 5 years, and those who survived at least 5 years but no more than 10 years. Why do you think that these survival intervals were chosen? Discuss whether or not these intervals are clinically significant.

3. Tumor biology (cancer stage, grade, and histology) was found to have the strongest association with survival and, apart from age, none of the other covariates examined were significant after controlling for other covariates. Discuss ovarian cancer staging, grading, and histology. What was the most common stage, grade, and histology in the present study? What was the survival of women with these characteristics?

4. Low-grade, low-stage cancers had the best survival rates. Discuss how women with low-grade, low-stage cancer might present. How might operative approach influence the stage of these tumors?

5. The authors stated that there were nearly twice as many cases categorized as grade III and IV as grade I and II, but grade information was missing in 27% of cases. Discuss how this might have influenced the results of this study. Discuss sensitivity analyses and how you might determine the possible effect of loss to follow-up on the conclusions of this study.

6. In the tables, the authors list the odds ratios for various tumor characteristics and demographic factors on length of survival. Discuss the difference between odds ratios and relative risk and what clinical designs one or the other statistical measure should be used for.

7. In the multivariable regression analysis, multiple confounders were accounted for. Discuss the Bonferroni correction for multiple comparisons. Do you think the authors should have considered correcting for multiple comparisons? Why or why not?

8. Discuss how you currently counsel women newly diagnosed with an ovarian malignancy. How do the current findings influence how you will counsel patients?