

Toolkit to Increase Receipt of Ovarian Cancer Care from a Gynecologic Oncologist



September 2021

Acknowledgements

CDC would like to thank the ovarian cancer demonstration sites and their key partners for their work on this project:

- Iowa Department of Public Health
 - Iowa Cancer Consortium
 - Iowa Cancer Registry
 - University of Iowa

- Michigan Department of Health and Human Services
 - Michigan Oncology Quality Consortium
 - Michigan Ovarian Cancer Alliance

- Rhode Island Department of Health
 - Rhode Island Ovarian Cancer Survivorship Task Force
 - The Partnership to Reduce Cancer in Rhode Island

Suggested Citation:

Centers for Disease Control and Prevention. *Toolkit to Increase Receipt of Ovarian Cancer Care from a Gynecologic Oncologist*. US Dept of Health and Human Services; 2021.

Contents

Introduction	03
Background	03
CDC Demonstration Project	03
About this Toolkit	05
Strategy 1: Increasing Knowledge and Awareness of Role and Importance of Gynecologic Oncologists	07
Provider Education	07
Patient Education	18
General Public Education	22
Partnership Development and Enrichment	23
Strategy 2: Improving Models of Care	24
Referral Systems	25
Patient Navigation	26
Strategy 5: Expanding and Enhancing the Gynecologic Oncologist Workforce	27
Use of Survivors to Teach Students	27
Appendix A: Ovarian Cancer-Specific Tools and Resources	29
Appendix B: General Resources	32
Appendix C: Strategies and Approaches Not Implemented by the Demonstration Sites	34
References	37

List of Abbreviations

Abbreviations commonly used in this Toolkit

CCC	Comprehensive Cancer Control
CDC	US Centers for Disease Control and Prevention
CME	Continuing medical education
IDPH	Iowa Department of Public Health
MDHHS	Michigan Department of Health and Human Services
MIOCA	Michigan Ovarian Cancer Alliance
MOQC	Michigan Oncology Quality Consortium
NCCCP	National Comprehensive Cancer Control Program
OB/GYN	Obstetrician-gynecologist
RIDOH	Rhode Island Department of Health
UIHC	University of Iowa Hospitals and Clinics

Introduction

Background

Ovarian cancer is the fifth leading cause of cancer death among women in the United States and the second most common type of female reproductive cancer.¹ In part because ovarian cancer often presents with non-gynecologic symptoms such as frequent urination and back pain, most patients are diagnosed at an advanced stage.² The US Preventive Services Task Force recommends against annual screening for ovarian cancer with available methods (blood tests and ultrasound), as evidence indicates screening does not reduce mortality and can lead to unnecessary surgical interventions in women without ovarian cancer.³

In contrast, treatment studies have yielded very effective evidence-based treatment protocols, and studies have shown that adherence to these protocols leads to improved survival among patients.^{3,4} Evidence-based standard care is defined as receipt of surgery, chemotherapy, and testing for germline mutations.⁴ Significant predictors of whether women receive standard care include treatment by a gynecologic oncologist and treatment in a high-volume or low-volume hospital or cancer center. As a result, several organizations, including the Society for Gynecologic Oncologists, the American College of Obstetricians and Gynecologists, and the National Comprehensive Cancer Network (NCCN) have consistently recommended that treatment for ovarian cancer is provided by a gynecologic oncologist.⁴

CDC Demonstration Project

To help increase dissemination and implementation of this key message, a review of the literature was conducted to identify evidence-based and promising practices that facilities or community-based public health programs might implement to increase ovarian cancer care receipt from a gynecologic oncologist. The literature review revealed a lack of strategies with a strong base of evidence for effectiveness. However, we identified several promising approaches with the potential for increasing receipt of ovarian cancer care from a gynecologic oncologist. The 25 promising approaches were grouped into 5 strategic areas:

- Increasing knowledge and awareness of the role and importance of gynecologic oncologists.
- Improving models of care.
- Improving payment structures.
- Improving and increasing insurance coverage for gynecologic oncologist care.
- Expanding or enhancing the gynecologic oncologist workforce.

Information about these approaches were documented in a preliminary Action Plan for the National Comprehensive Cancer Control Program (NCCCP). Awardees of this CDC-funded program, which utilizes a coalition-based approach to engage health care providers, health care specialists, and other community leaders, to plan and implement key strategies to prevent and control cancer in their communities, were asked to participate in a demonstration project to assess self-selected Action Plan

Toolkit to Increase Receipt of Ovarian Cancer Care From a Gynecologic Oncologist

approaches in their community to increase receipt of ovarian cancer care from a gynecologic oncologist. A compilation of the promising approaches was also published in the *Journal of Women's Health*.⁵

Purpose of the Demonstration Project

From April 2019 to December 2020, three NCCCP awardees worked in a contractual relationship with CDC to implement and evaluate select approaches from the Action Plan. The purpose of this demonstration project was to:

- Deepen the evidence base for strategies that have promise for increasing gynecologic oncologist treatment for ovarian cancer.

- Increase receipt of care by a gynecologic oncologist among women with ovarian cancer.
- Demonstrate how NCCCP awardees are uniquely positioned in the local community to implement environmental and health system change strategies that support best practices in ovarian cancer care.

Approaches Implemented by the Demonstration Sites

The demonstration sites implemented seven approaches from three strategic categories. Each demonstration site selected its promising strategies for this project based on feasibility of implementation and the needs of its local population.

Exhibit 1. Strategic Approaches Implemented by Demonstration Site

Strategy 1: Increasing Knowledge and Awareness of the Role and Importance of Gynecologic Oncologists

	Iowa	Michigan	Rhode Island
Provider education	Yes	Yes	Yes
Patient education	Yes	Yes	No
General public education	Yes	Yes	Yes
Partnership development and enrichment	No	No	Yes

Strategy 2: Improving Models of Care

	Iowa	Michigan	Rhode Island
Referral systems	Yes	No	No
Patient navigation	No	Yes	No

Strategy 5: Expanding or Enhancing the Gynecologic Oncologist Workforce

	Iowa	Michigan	Rhode Island
Use of survivors to teach students	No	No	Yes

Following completion of the demonstration projects, the [Action Plan to Increase Receipt of Ovarian Cancer from a Gynecologic Oncologist](https://www.cdc.gov/cancer/ovarian/gynecologic-oncologist/) (<https://www.cdc.gov/cancer/ovarian/gynecologic-oncologist/>) was revised to include the findings from the demonstration sites and steps to consider for putting these promising strategies into action.

Toolkit to Increase Receipt of Ovarian Cancer Care From a Gynecologic Oncologist



About this Toolkit

- To provide a comprehensive packet of evidence-based materials from CDC and its partners to help increase ovarian cancer care by gynecologic oncologists in all populations and settings in the United States.
- To provide general guidance and examples of select approaches that NCCCP awardees can use to support ovarian cancer control by increasing evidence-based treatment guidelines (that is, receipt of care from a gynecologic oncologist) in their jurisdictions.
- To help comprehensive cancer control planners adapt approaches that NCCCP has demonstrated as being effective and those that appear promising, to their population affected by ovarian cancer.

Who can use the toolkit, and how?

- NCCCP awardees and their coalition members can use the toolkit to plan for, implement, and evaluate strategic approaches that meet their local needs for promoting awareness of the role and importance of gynecologic oncologists

and increase referrals to gynecologic oncologists for ovarian cancer care.

How is the toolkit organized?

- The approaches in this toolkit are organized by strategic category.
- Tools and resources for approaches that the demonstration sites carried out are included, by strategic category, in this toolkit.
- **Exhibit 2** on the following page lists the tools and resources developed by the demonstration sites and identifies the approach(es) the tool addresses.
- **Appendix A** includes ovarian cancer-specific supporting tools and resources developed or compiled by CDC and its national partners.
- **Appendix B** describes cancer-related tools and resources developed by CDC and its national partners that can be applied to ovarian cancer.
- **Appendix C** includes a description of promising practices that were not approaches implemented by the demonstration sites.

Toolkit to Increase Receipt of Ovarian Cancer Care From a Gynecologic Oncologist

Exhibit 2. Resources Developed by Demonstration Sites by Strategy and Approach

Demonstration Sites' Approaches	Strategy 1. Increasing knowledge and awareness of role and importance of Gynecologic Oncologists				Strategy 2. Improving models of care		Strategy 5. Expanding or enhancing the Gynecologic Oncologists workforce
	Provider education	Patient education	General public education	Partnership development and enrichment	Use of referral systems	Patient navigation	Use of survivors to teach students
Iowa							
Understanding Your Ovarian Cancer Treatment	No	Yes	No	No	No	No	No
Patients with Ovarian Cancer: Improving Health Outcomes	Yes	No	No	No	Yes	No	No
Iowa in Cancer Report	Yes	Yes	Yes	No	No	No	No
Ovarian Cancer In Iowa (webinar)	Yes	No	No	No	No	No	No
Michigan							
Ovarian Cancer Patient Checklist	No	Yes	No	No	No	No	No
A Roadmap for Ovarian Cancer: Know the Signs and Symptoms, Work with a Gynecologic Oncologist	No	Yes	Yes	No	No	No	No
Ovarian Cancer Checklist for Primary Care and OB-GYN Physicians: Considering a Gynecologic Oncology Referral?	Yes	No	No	No	No	No	No
Ovarian cancer education podcasts: <ul style="list-style-type: none"> ▪ New Diagnosis ▪ Treatment Options 	Yes	Yes	No	No	No	No	No
Ovarian Cancer Patient Navigation Manual	No	No	No	No	No	Yes	No
Rhode Island							
Identifying Ovarian Cancer Symptoms: Promoting Early Diagnosis, Treatment, and Improved Outcomes through Rapid Referral (webinar)	Yes	No	No	No	No	No	No
Making a Difference: Expediting Diagnosis of Ovarian Cancer (roundtable)	Yes	No	No	No	No	No	No
Survivors Teaching Students®	No	No	No	No	No	No	Yes
Rhode Island Ovarian Cancer Resources Toolkit	Yes	Yes	Yes	No	No	No	No
Rhode Island Ovarian Cancer Survivorship Task Force	No	No	No	Yes	No	No	No



Strategy 1: Increasing Knowledge and Awareness of Role and Importance of Gynecologic Oncologists

This approach aims to increase knowledge and awareness of health care providers, patients, and the public on the role of and importance of gynecologic oncologists for the receipt of standard of care for ovarian cancer treatment. Approaches also address partnership development and enrichment related to the promotion of gynecologic oncology care.

Provider Education

Educating health care providers about the role and importance of gynecologic oncologists may help increase the likelihood that women with ovarian cancer are referred to a gynecologic oncologist for treatment.^{3,5,6,7,8,9,10,11,12,13} Furthermore, it may be useful to provide education to specific subspecialties of health care providers. For instance, in one study, most gynecologists in community hospitals were reluctant to provide

Approaches for Strategy 1: Increasing knowledge and awareness of role and importance of gynecologic oncologists.

- Provider education
- Patient education
- Public education
- Partnership development and enrichment

All of these approaches were implemented by the demonstration sites that are described in this section.

routine referrals of all women with ovarian cysts to oncology centers because it narrows their range of clinical activities.¹⁴ In another study, OB/GYNs with more experience in gynecology surgery were more accurate in diagnosing and appropriately referring patients to a gynecologic oncologist.¹⁵

Toolkit to Increase Receipt of Ovarian Cancer Care From a Gynecologic Oncologist



Patients with Ovarian Cancer: Improving Health Outcomes

[PDF-310KB] (<https://canceriowa.org/wp-content/uploads/2021/02/Ovarian-Cancer-Handout-for-Providers.pdf>)

This two-page educational handout aims to increase awareness of the role of and importance of gynecologic oncologists in treating women diagnosed with ovarian cancer among other health care providers (primary care physicians, OB/GYNs, and general surgeons). In addition, this handout includes findings from Iowa's formative studies related to perceived and actual barriers women face in receiving guideline-recommended treatment for ovarian cancer as well as options and processes for referring patients to gynecologic oncologists.

Lastly, contact information about surrounding health care centers with gynecologic oncologists (verified telephone number and weblink) was included in this handout to promote awareness and use of these referral lines. The Iowa team set out to improve the referral process informed by findings from its formative studies. Through discussions with gynecologic oncologists and care coordinators at University of Iowa Hospitals and Clinics (UIHC), they learned about different ways to make a referral and that the quickest way to reach the Division of Gynecologic Oncology and schedule the referral was by telephone.

The Iowa team is working with the UIHC coordinators to assess satisfaction with the referral number through its current survey.

Considerations for implementation:

- Emphasize that gynecologic oncologists are the only subspecialists with specific training to treat ovarian cancer.
- Use formative studies and material and message testing to ensure that the concepts and language used will be well received by the target audience and not viewed as offensive.
- Include hyperlinks to patient education materials for providers to download and share with those they diagnose with or suspect of having ovarian cancer.
- Include partner logos to enhance the handout's credibility.
- Include guidance on the call to action (making a referral to a gynecologic oncologist).
 - As needed, provide guidance for the different health care systems in the state that have gynecologic oncologists.

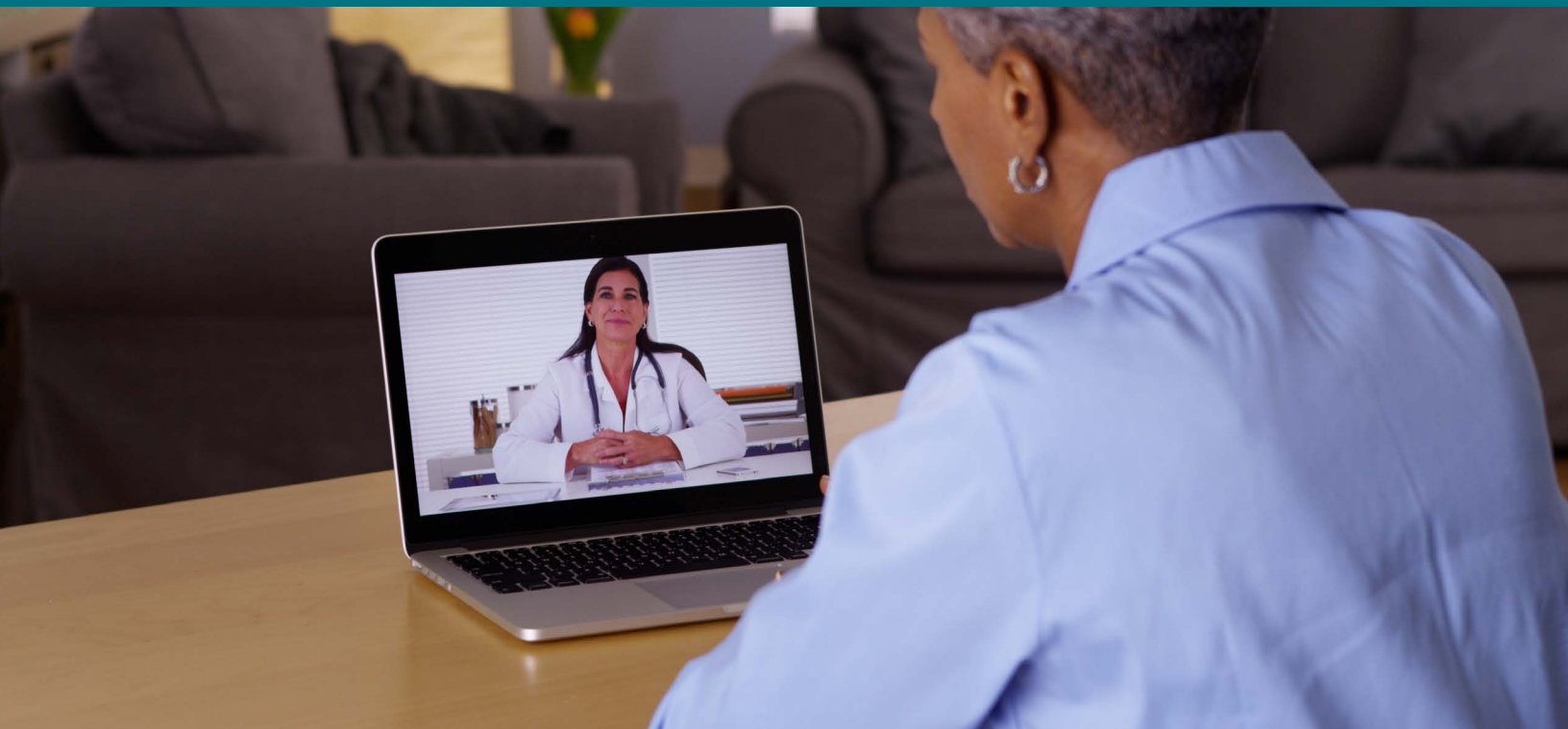
Considerations for dissemination and marketing:

- Post the handout on multiple cancer-related websites targeting health care providers.
- Mail printed copies and electronic links to OB/GYNs, primary care physicians, and oncologists.
- Discuss and promote the handout during training events for providers such as webinars.

Considerations for evaluation:

- When possible, track and monitor frequency with which the handout is downloaded from websites.

Toolkit to Increase Receipt of Ovarian Cancer Care From a Gynecologic Oncologist



[Ovarian Cancer in Iowa \(Webinar\)](https://cme-learning.brown.edu/iowaOC) (<https://cme-learning.brown.edu/iowaOC>)

This webinar is for physicians, physician-residents, and physician fellows in primary care, family medicine, obstetrics and gynecology, oncology, surgery, and general medicine; nurse practitioners; physician assistants; medical students; and other allied members of the health care field. The webinar addresses the state of ovarian cancer in Iowa and promotes the benefits of surgical referrals to gynecologists for ovarian cancer care from the perspectives of an ovarian cancer survivor and a gynecologic oncologist. During the webinar, participants are also provided access to the provider handout, [Patients with Ovarian Cancer: Improving Health Outcomes](#), developed to assist with referrals to gynecologic oncologists in the state of Iowa.

The objectives state that after participation in the webinar, the learner should be able to:

- Describe the epidemiology of ovarian cancer.
- Identify the need for referral of ovarian cancer patients to gynecologic oncologists for surgical care.
- Discuss the benefits of a surgical referral to a gynecologic oncologist for ovarian cancer patients.
- Employ new resources available in Iowa for a gynecologic oncologist to discuss the importance of surgical care with patients with confirmed or suspected ovarian cancer.

The Iowa Department of Public Health (IDPH) partnered with Brown University's Office of Continuing Medical Education (CME) to produce and host the webinar event. Brown University also developed a flyer and promoted the event to members of its listservs.

Toolkit to Increase Receipt of Ovarian Cancer Care From a Gynecologic Oncologist

Considerations for implementation:

- Share local data supporting the information and practices presented to health care providers. Local data may be available from the jurisdiction's cancer registry database.
- Record and archive events for CME credit to increase reach.

Considerations for dissemination and marketing:

- Allow at least four weeks for promotion of the webinar. Due to challenges related to COVID-19, the Iowa team only had two weeks to market the live event but would have preferred extra time.
- Promote the event to providers who evaluate or diagnose patients with suspected ovarian cancer and whose role includes making referrals for treatment (primary care providers and OB/GYNs).
- Use partnerships and listservs to promote the event to wide range of health care provider organizations (for example, schools of medicine and schools of public health; hospitals, particularly departments of obstetrics and gynecology; public health departments; national organizations; professional associations; other NCCCP awardees).

Considerations for evaluation:

- Measure the effect of the training webinar on participants' knowledge, attitudes, and intentions for referring patients to a gynecologic oncologist for care and treatment. This assessment could be done through a pre- and post-course or retrospective pre- and post-survey.

Toolkit to Increase Receipt of Ovarian Cancer Care From a Gynecologic Oncologist



[2020 Cancer in Iowa Report](https://shri.public-health.uiowa.edu/wp-content/uploads/2020/03/2020-SHRI-Annual-Report.pdf) [PDF-1.1MB](https://shri.public-health.uiowa.edu/wp-content/uploads/2020/03/2020-SHRI-Annual-Report.pdf)

[\(<https://shri.public-health.uiowa.edu/wp-content/uploads/2020/03/2020-SHRI-Annual-Report.pdf>\)](https://shri.public-health.uiowa.edu/wp-content/uploads/2020/03/2020-SHRI-Annual-Report.pdf)

Developed annually, this report conveys the status of cancer cases and deaths in Iowa to the public, health care providers, and patients. The report includes a breakdown of new cases and cancer deaths by county and the top 10 cancer types by sex; estimates of the number of cancer survivors; and a section on questions to ask when diagnosed with cancer and ways to cope with your emotions. The 2020 edition includes a special section on ovarian cancer that provides information on staging, screening, prevention, ongoing research, and treatment—including the importance of receipt of care by a gynecologic oncologist.

The Iowa team promoted this report among providers, patients, and the public to complement its patient and provider education handouts. More than 1,500 email addresses and more than 700 Twitter followers received communications promoting this report. The Iowa team also promoted the report during the Ovarian Cancer in Iowa webinar for health care providers. From when it was posted in March 2020 to April 19, 2021, the report was downloaded 761 times from the Iowa Cancer Registry website.

Considerations for dissemination and marketing:

- Cross-promote report with other educational materials and during related events such as webinars.
- Post report on multiple websites.
- Share report or link to report by mail, email, and in newsletters and other communications to partners.

Considerations for evaluation:

- Track and monitor frequency with which the report is downloaded from websites.



Toolkit to Increase Receipt of Ovarian Cancer Care From a Gynecologic Oncologist



Ovarian Cancer Checklist for Physicians: Considering a Gynecologic Oncology Referral?

[PDF 525KB] (<https://www.moqc.org/wp-content/uploads/MOQC-OCChecklistDoctor.pdf>)

Working in collaboration, the Michigan Department of Health and Human Services (MDHHS) and the Michigan Oncology Quality Consortium (MOQC) developed a checklist for providers. This checklist includes recommended tests and the steps for making a referral to a gynecologic oncologist that a primary care physician or OB/GYN should take when a patient is suspected of having or has been diagnosed with ovarian cancer.

The near-final draft of the checklist was shared with providers during a Michigan Surgical Quality Collaborative practice meeting in December 2020. A survey of meeting participants showed that 95% of responding providers indicated that after reviewing this checklist, participants strongly agreed or agreed with a statement that they intend to refer ovarian cancer patients to a gynecologic oncologist.

As of December 31, 2020, there had been 11 downloads of the checklist from the MDHHS' cancer webpage, which posted the published final checklist.

Considerations for implementation:

- Draw upon previous studies and/or subject matter experts to develop checklist content.

Considerations for dissemination and marketing:

- Work with communication staff to develop a media campaign to promote checklist.
- Publish checklist on cancer-related websites.
- Promote checklist at meetings for health care providers, such as the MOQC quality initiative meetings.

Considerations for evaluation:

- Track and monitor frequency of checklist downloads from websites.

Toolkit to Increase Receipt of Ovarian Cancer Care From a Gynecologic Oncologist



Ovarian Cancer Education Podcast Series (<https://www.moqc.org/initiatives/gynecologic-oncology/ovarian-cancer-education-podcasts/>)

This podcast series helps physicians and patients learn about ovarian cancer from each other, connect, and share stories and knowledge. For the demonstration project, the Michigan team and its partners developed the first two podcasts and plan to continue to add to this series. Download metrics were collected through December 2020.

- **New Diagnosis.** This podcast focuses on ovarian cancer diagnosis and includes patient and health care provider perspectives on ovarian cancer symptoms, diagnosis, when to seek a referral to a gynecologic oncologist, and advice to ovarian cancer patients and their loved ones. The podcast includes interviews with two ovarian cancer survivors who share their diagnosis experiences. Two gynecologic oncologists offer clinical information to supplement the survivors' experiences. Published online in September 2020, the New Diagnosis podcast had 108 downloads from October to December 2020.
- **Treatment Options.** This podcast focuses on treatment options for ovarian cancer, including surgery and chemotherapy. The Treatment Options podcast was published online in December 2020 and was downloaded 24 times that month.

Considerations for implementation:

- Highlight the importance of referral to a gynecologic oncologist for ovarian cancer care and treatment from multiple perspectives. This includes:
 - Health care providers discussing the importance and benefits from a clinical perspective.
 - Ovarian cancer survivors discussing the importance and benefits from their personal experiences.

Considerations for dissemination and marketing:

- Link to podcasts through ovarian cancer-related webpages.
- Promote and share link to networks and partners via email, newsletters, and during events and meetings.

Considerations for evaluation:

- Track and monitor frequency of podcast downloads from websites.

Toolkit to Increase Receipt of Ovarian Cancer Care From a Gynecologic Oncologist



[Identifying Ovarian Cancer Symptoms: Promoting Early Diagnosis, Treatment and Improved Outcomes Through Rapid Referral \(Webinar\)](https://cme-learning.brown.edu/RapidOnDemand#overlay-context=RapidOnDemand/group-tabs-node-course-default1) (<https://cme-learning.brown.edu/RapidOnDemand#overlay-context=RapidOnDemand/group-tabs-node-course-default1>)

This one-hour webinar for health care providers, coordinated by the Rhode Island Department of Health (RIDOH) and the Rhode Island Ovarian Cancer Survivorship Task Force, discusses the importance of early diagnosis of ovarian cancer and illustrates the benefits of rapid referral to gynecologic oncologists for care and treatment.

The objectives state that after participation in the webinar, learners should be able to:

- Identify signs and symptoms of ovarian cancer.
- Describe the incidence of ovarian cancer nationally and in Rhode Island.
- Identify survivorship and quality of life advantages for patients referred to gynecologic oncologists rapidly after diagnosis.
- Outline evidence-based guidelines for effective symptom workup and indication for referral to gynecologic oncologist.
- Identify risk factors including genetic syndromes.
- Understand the national protocols for genetic counseling and testing eligibility.

RIDOH partnered with Brown University's Office of CME to produce and host its event. Brown University also developed a flyer and promoted the event to members of its listservs and the health department's and task force's networks. More than 100 participants from four states and Puerto Rico attended the

live webinar on October 26, 2020. Evaluation data show significant increases in participants' self-reported knowledge, awareness, and abilities following the webinar (see **Action Plan to Increase Receipt of Ovarian Cancer Care from Gynecologic Oncologists** for additional detail on the evaluation findings). A [recording of the live session](https://cme-learning.brown.edu/DifferenceOnDemand) (<https://cme-learning.brown.edu/DifferenceOnDemand>) is available for CME credit at no cost through November 9, 2022.

Considerations for implementation:

- Identify and engage a dynamic speaker who is well respected among colleagues to bolster event and content credibility.
- Schedule the live event for times that health care providers are most likely to participate (during lunch or at the end of the business day).
- Record and archive events for CME credit to increase reach.
- Offer CME credits to encourage participation.

Considerations for dissemination and marketing:

- Promote events through multiple channels (email, newsletters, meetings, social media) via partner organizations and networks, including to NCCCP-funded awardees.

Considerations for evaluation:

- Track the number of enrollees and participants.
- Develop and administer a pre- and post- or retrospective pre- and post-survey to assess changes in knowledge, attitudes, and intention to change referral practices resulting from the webinar.

Toolkit to Increase Receipt of Ovarian Cancer Care From a Gynecologic Oncologist



Making a Difference: Expediting Diagnosis of Ovarian Cancer (Roundtable) (<https://cme-learning.brown.edu/DifferenceOnDemand>)

Coordinated by the RIDOH and the Rhode Island Ovarian Cancer Task Force, this two-hour roundtable discussion with leading multidiscipline experts addresses patient presentation, symptoms, diagnostic evaluation, physical exam, and indicators and benefits for gynecologic oncology referral. It also illustrates the patient population at risk of carrying a cancer genetic mutation and the importance of counseling for ovarian cancer predisposition and targeted treatment. To discuss these issues from various perspectives, the roundtable included a gastroenterologist, an oncologist, an OB/GYN, a gynecologic oncologist, and a genetic counselor. In addition, a member of the planning committee read a survivor's story to protect the patient's privacy. Lastly, this roundtable also included brief presentations on the demonstration projects delivered respectively by the Rhode Island, Iowa, and Michigan teams.

The objectives state that after the webinar, participants should be able to:

- Identify the benefits of rapid referral of women with ovarian cancer to gynecologic oncologists.
- Recognize the factors that influence staging of ovarian cancer at diagnosis.
- Describe how speeding up the process of differential diagnosis can improve overall outcomes.

- Appreciate the importance of cancer genetic counseling and testing and its relationship to obtaining a comprehensive cancer family history.
- Have access to tools empowering primary care providers and specialists to improve outcomes for women with ovarian cancer.
- Learn about other collaborative projects associated with this grant including Rhode Island's Survivors Teaching Students® project and projects completed through groups in Iowa and Michigan.

RIDOH partnered with Brown University's Office of CME to produce and host its event. Brown University also developed a flyer and promoted the event to members of its listservs and the health department's and task force's networks, as well as the networks of the Iowa and Michigan demonstration sites, and by CDC to other NCCCP-funded organizations.

Fifty-six participants attended the virtual roundtable held on December 2, 2020 (see the **Action Plan to Increase Receipt of Ovarian Cancer Care from Gynecologic Oncologists** for additional detail on the evaluation findings). A [recording of the live session \(https://cme-learning.brown.edu/DifferenceOnDemand\)](https://cme-learning.brown.edu/DifferenceOnDemand) is available for CME credits at no cost through December 2, 2022.

Toolkit to Increase Receipt of Ovarian Cancer Care From a Gynecologic Oncologist

Considerations for implementation:

- Highlight the importance of referral to a gynecologic oncologist for ovarian cancer care and treatment from multiple perspectives. This includes:
 - Health care providers discussing the importance and benefits from a clinical perspective.
 - Ovarian cancer survivors discussing the importance and benefits from their personal experiences.
- Identify and engage dynamic moderators and panelists who have credibility and can connect with the audience.
- Coordinate individual and group meetings with the panelists to ensure they are familiar with the content and flow of the event as well as the web-conferencing platform, and to build rapport among the panelists.
- Allow time for participants to ask questions of and engage with the panelists.
- Schedule the live event for times that health care providers are most likely to participate (during lunch or at the end of the business day).
- Record and archive events for CME credit to increase reach.
- Offer CME credits to encourage participation.

Considerations for dissemination and marketing:

- Promote events through multiple channels (email, newsletters, meetings, social media) via partner organizations and networks, including to NCCCP-funded awardees.

Considerations for evaluation:

- Track the number of enrollees and participants.
- Develop and administer a pre- and post- or retrospective pre- and post-survey to assess changes in knowledge, attitudes, and intention to change referral practices.

Toolkit to Increase Receipt of Ovarian Cancer Care From a Gynecologic Oncologist



Rhode Island Department of Health **Ovarian Cancer Resources Toolkit**

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

This toolkit provides resources empowering primary care providers and others involved with the medical care of women to recognize the symptoms of ovarian cancer and to expedite the diagnosis and referral process of patients to gynecologic oncologists.

The toolkit comprises epidemiology resources, guidelines and tools for providers, provider education resources, and patient education resources.

RIDOH distributed the toolkit to participants of its Roundtable **Making a Difference: Expediting Diagnosis of Ovarian Cancer** and emailed it to the 476 members of The Partners to Reduce Cancer in Rhode Island.

Considerations for implementation:

- Compile resources for review by subject matter experts to ensure credibility and comprehensiveness of topics covered.
- Include links to resources in multiple languages, when available.

Considerations for dissemination and marketing:

- Promote events through multiple channels (email, newsletters, meetings, social media) and during events via partner organizations and networks, including to NCCCP-funded awardees.

Considerations for evaluation:

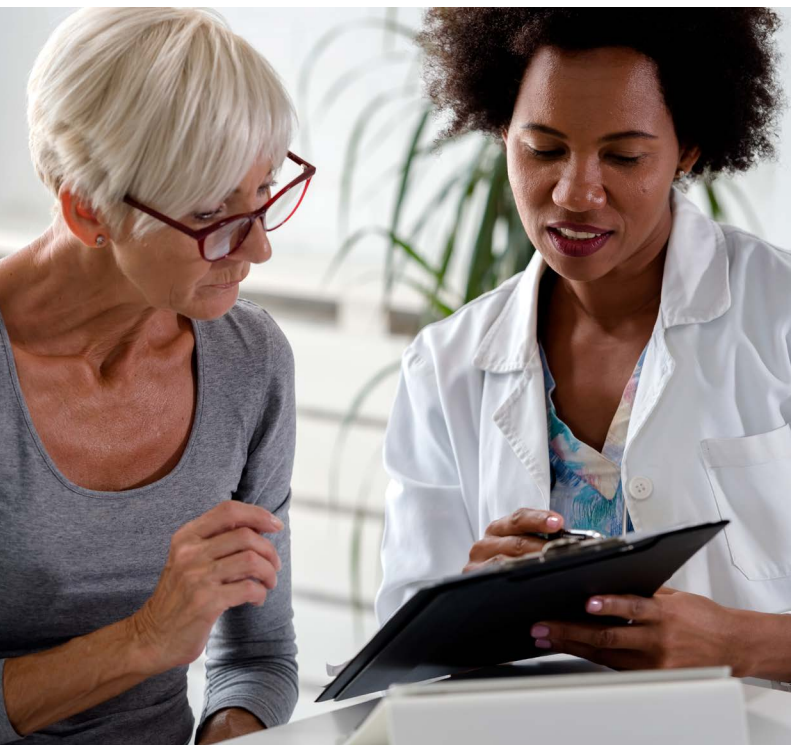
- When possible, track and monitor frequency of toolkit downloads from websites.

Toolkit to Increase Receipt of Ovarian Cancer Care From a Gynecologic Oncologist

Patient Education

This strategic approach involves informing patients on the benefit and importance of gynecologic oncologists to increase the likelihood that women with ovarian cancer will seek referral to a gynecologic oncologist for treatment^{11,16,17,18,19} and coaching them on how to advocate for themselves regarding their care and treatment for ovarian cancer.¹⁹

IDPH and MDHHS created patient education materials to increase awareness of the role and importance of gynecologic oncologists for women diagnosed with or suspected to have ovarian cancer. The materials also encourage patients to request a referral to a gynecologic oncologist, provide guidance for patients on what to expect regarding their care and treatment and include questions to ask their health care team about treatment options.



[Understanding Your Ovarian Cancer Treatment \[PDF-313KB\]](https://canceriowa.org/wp-content/uploads/2021/01/Handouts-for-patients-newly-diagnosed-with-ovarian-cancer.pdf)

<https://canceriowa.org/wp-content/uploads/2021/01/Handouts-for-patients-newly-diagnosed-with-ovarian-cancer.pdf>

The IDPH, in partnership with the Iowa Cancer Registry and the Iowa Cancer Consortium (both part of the UIHC), developed this two-page, educational handout to help women diagnosed with ovarian cancer understand the basics of treatment, learn the importance of requesting a referral to a gynecologic oncologist, and identify questions about treatment options they should ask their health care provider. The handout also encourages patients to request a referral to a gynecologic oncologist and includes the phone number to medical centers in Iowa that have a gynecologic oncologist.

Additional information on the Iowa team's process for developing this patient handout is available in its Bright Spot Strategy document, **Ovarian Cancer Survivors Help to Promote Ovarian Cancer Treatment by Gynecologic Oncologists.**

The Iowa team promoted its handout to providers as well as ovarian cancer patients because formative studies found that women recently diagnosed with ovarian cancer trust their providers to give them important and accurate information.

Toolkit to Increase Receipt of Ovarian Cancer Care From a Gynecologic Oncologist

Considerations for implementation:

- Draw upon formative studies to define the educational handout content, addressing perceptions and barriers as appropriate.
- Make the document user-friendly:
 - Use plain language as much as possible. Use medical terms only when necessary.
 - Write for a wide range of reading levels.
 - Use headers and sub-headers to guide readers.
 - Use boldface font to draw attention to important information.
 - Use text boxes, columns, and white space to make information easier for readers to follow and process.
- Engage patients, survivors, and health care providers to review educational material and provide constructive feedback (material and message testing). Engagement may be face-to-face or virtual, which was necessary in this case because of the COVID 19 pandemic.
 - Additional information on Iowa's approaches for engaging ovarian cancer survivors to inform patient education materials is available in its Bright Spot document, **Ovarian Cancer Survivors: A Valuable Resource in Informing Development of Materials Aimed at Promoting Gynecologic Oncologists' Role in Ovarian Cancer Treatment.**
- Conduct multiple rounds of material and message testing to ensure that revisions appropriately address previously received feedback.

Considerations for dissemination and marketing:

- Post handout on multiple cancer-related websites targeting patients and providers.
- Mail printed copies and electronic links to OB/GYNs, primary care physicians, and oncologists to share with their newly diagnosed ovarian cancer patients.
- Discuss and promote handout during training events for providers (such as webinars).

Considerations for evaluation:

- When possible, track and monitor frequency of handout downloads from websites.



2020 Cancer in Iowa Report [PDF-1.1MB] (<https://shri.public-health.uiowa.edu/wp-content/uploads/2020/03/2020-SHRI-Annual-Report.pdf>)

See page 11, provider education for resource description and considerations.

Toolkit to Increase Receipt of Ovarian Cancer Care From a Gynecologic Oncologist



Ovarian Cancer Patient Checklist

[PDF 868KB] (<https://www.moqc.org/wp-content/uploads/MOQC-OCChecklist-Patients.pdf>)

The Michigan Ovarian Cancer Alliance (MIOCA) and MOQC in partnership with MDHHS created a checklist for patients suspected of having or newly diagnosed with ovarian cancer. Patients complete the checklist with their health care team as they navigate their ovarian cancer testing, care, and treatment. The checklist aims to increase their knowledge of ovarian cancer risk and the importance of referrals to a gynecologic oncologist for treatment. In response to feedback from their materials and message testing, MDHHS developed a companion document, **A Roadmap for Ovarian Cancer: Know the Signs and Symptoms, Work with a Gynecologic Oncologist**, to educate patients on the content of the checklist.

To test the handout structure and messaging, MIOCA conducted multiple rounds of virtual focus groups with ovarian cancer survivors in different parts of the state. The Michigan team promoted its handout to ovarian cancer patients, survivors, and health care providers. The team also worked with its communications office to develop a media campaign.

Considerations for implementation:

- Engage patients and survivors to review educational material and provide constructive feedback (material and message testing). Engagement may be face-to-face or virtual, which was necessary in this case because of the COVID 19 pandemic.
- Conduct multiple rounds of material and message testing to ensure that revisions appropriately address previously received feedback.
- Determine whether patients can complete a checklist on their own or may need guidance from a health care provider, and use this to inform the dissemination plan.

Considerations for dissemination and marketing:

- Make handout available for download on health department and partners' webpages.
 - [Michigan Department of Health and Human Services \(www.michigan.gov/mdhhs/0%2C5885%2C7-339-71550_2955_2975_102183---%2C00.html\)](https://www.michigan.gov/mdhhs/0%2C5885%2C7-339-71550_2955_2975_102183---%2C00.html)
 - [Michigan Oncology Quality Consortium \(https://moqc.org/initiatives/gynecologic-oncology/ovarian-cancer-resources/\)](https://moqc.org/initiatives/gynecologic-oncology/ovarian-cancer-resources/)
- Share handout with networks of ovarian cancer patients and survivors.
- Develop media campaign to promote handout (and other resources) through mechanisms such as Facebook™ and Google™ ads.

Considerations for evaluation:

- Track and monitor frequency of handout downloads from websites.

Toolkit to Increase Receipt of Ovarian Cancer Care From a Gynecologic Oncologist



[A Roadmap for Ovarian Cancer: Know the Signs and Symptoms, Work With a Gynecologic Oncologist \[PDF192.8KB\] \(https://www.michigan.gov/documents/mdhhs/ARoadMapforOvarianCancer_707815_7.pdf\)](https://www.michigan.gov/documents/mdhhs/ARoadMapforOvarianCancer_707815_7.pdf)

This two-page, educational handout aims to increase knowledge about the signs and symptoms of ovarian cancer and awareness of the role of gynecologic oncologists in ovarian cancer treatment among women with suspected or diagnosed ovarian cancer. This handout also provides an overview of the role a gynecologic oncologist plays during cancer treatment and how women in Michigan can be referred to a gynecologic oncologist.

MDHHS developed this handout in response to the feedback received when testing the **Ovarian Cancer Patient Checklist**. The survivors noted that explanations for the terms and topics noted in the checklist would be helpful for women suspected of having or newly diagnosed with ovarian cancer.

The Michigan team promoted this resource to ovarian cancer patients, survivors, and health care providers. The team also worked with its communications office to develop a media campaign. From October to December 2020 the handout was downloaded 20 times from the health department's website.

Considerations for implementation:

- Draw upon previous research (community scan) to define educational handout content, addressing perceptions and barriers as appropriate.
- Draw upon the experiences of survivors to identify the information needs of those suspected of having or newly diagnosed with ovarian cancer.

Considerations for dissemination and marketing:

- Make checklist available for download on health department and partners' webpages.
 - [Michigan Department of Health and Human Services \(www.michigan.gov/mdhhs/0%2C5885%2C7-339-71550_2955_2975_102183-%2C00.html\)](https://www.michigan.gov/mdhhs/0%2C5885%2C7-339-71550_2955_2975_102183-%2C00.html)
 - [Michigan Oncology Quality Consortium \(https://moqc.org/initiatives/gynecologic-oncology/ovarian-cancer-resources/\)](https://moqc.org/initiatives/gynecologic-oncology/ovarian-cancer-resources/)
- Share checklist with networks of ovarian cancer patients and survivors.
- Develop media campaign to promote checklist (and other resources) through mechanisms such as Facebook™ and Google™ ads.

Considerations for evaluation:

- Track and monitor frequency of handout downloads from websites.
- Track and monitor frequency of checklist downloads from websites.

Toolkit to Increase Receipt of Ovarian Cancer Care From a Gynecologic Oncologist



[Ovarian Cancer Education Podcast Series](https://www.moqc.org/initiatives/gynecologic-oncology/ovarian-cancer-education-podcasts/) (<https://www.moqc.org/initiatives/gynecologic-oncology/ovarian-cancer-education-podcasts/>).

See page 13, provider education for resource description and considerations.



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

See page 17, provider education for resource description and considerations.

General Public Education

Educating the public increases knowledge and awareness of risks and symptoms for ovarian cancer and may increase the likelihood that women with ovarian cancer or their caregivers ask to be referred to a gynecologic oncologist for treatment.^{5,7,9,20}



[2020 Cancer in Iowa Report](https://shri.public-health.uiowa.edu/wp-content/uploads/2020/03/2020-SHRI-Annual-Report.pdf) [PDF-1.1MB] (<https://shri.public-health.uiowa.edu/wp-content/uploads/2020/03/2020-SHRI-Annual-Report.pdf>).

See page 11, provider education for resource description and considerations.



[A Roadmap for Ovarian Cancer: Know the Signs and Symptoms, Work with a Gynecologic Oncologist](https://www.michigan.gov/documents/mdhhs/ARoadMapforOvarianCancer_707815_7.pdf) [PDF192.8KB] (https://www.michigan.gov/documents/mdhhs/ARoadMapforOvarianCancer_707815_7.pdf).

See page 21, patient education for resource description and considerations.



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

See page 17, provider education for resource description and considerations.

Toolkit to Increase Receipt of Ovarian Cancer Care From a Gynecologic Oncologist



Partnership Development and Enrichment

Partnering with local, state, and national patient advocacy groups and other key partners can help you plan, implement, and disseminate activities. Partners can also help amplify the message and educate providers, patients, and the public about the best treatment for gynecologic cancers.^{5,21}



Rhode Island Ovarian Cancer Survivorship Task Force

To inform the selection, planning, and execution of promising strategic approaches, RIDOH worked with the state's comprehensive cancer control (CCC) coalition, The Partnership to Reduce Cancer in Rhode Island, to convene the Rhode Island Ovarian Cancer Survivorship Task Force. The task force brought together ovarian cancer survivors and providers from various cancer-related partner organizations within the state, including Women & Infants Hospital Program in Women's Oncology, The University of Rhode Island College of Nursing, Ovarian Cancer Research Alliance, The Partnership to Reduce Cancer in Rhode Island, RIDOH's CCC program, and Brown University's Office

of CME. Task force members drew upon their expertise, knowledge, and networks to conceptualize and plan for the **webinar** and **roundtable**, to promote offering the **Survivors Teaching Students®** workshops to local colleges and universities, and to develop the **toolkit**.

Although the task force was convened for the purposes of the demonstration project, it has since become a part of the Partnership to Reduce Cancer (PRCI) in Rhode Island, a group of survivors, caregivers, health care providers, and advocates "who are working together to reduce the burden of cancer in Rhode Island."

For additional information about the process and considerations for engaging partners and forming the task force, please contact:

George Andoscia, MPH
Policy, Systems & Environmental
Change Specialist
Comprehensive Cancer Control Program
Division of Community Health & Equity
Rhode Island Department of Health
George.Andoscia@Health.RI.gov

Toolkit to Increase Receipt of Ovarian Cancer Care From a Gynecologic Oncologist



Strategy 2: Improving Models of Care

Strategic approaches for improving models of care aim to develop or enhance systems of care to make referrals and access to gynecologic oncologists easier for women suspected of having or diagnosed with ovarian cancer. The demonstration sites focused on two of these approaches: referral systems and patient navigation.

Approaches for Strategy 2: Improving models of care.

- Centralization and regionalization of care
- Guest operations
- Sharing of physicians in public and private settings
- Patient-centered medical home model
- Multidisciplinary care
- Referral systems*
- Patient navigation*
- Telemedicine
- Centers of excellence in gynecology oncology
- Quality improvement plan

*Approaches implemented by the demonstration sites that are described in this section. Descriptions of the other approaches are available in **Appendix C**.

Toolkit to Increase Receipt of Ovarian Cancer Care From a Gynecologic Oncologist

Referral Systems

Referral systems help ensure patients with ovarian cancer have the benefits of high-volume surgeons and centers with appropriate ancillary services.^{14,18,22} Specific approaches such as the use of electronic health systems^{8,23} may help the development and use of these referral systems.



[Patients with Ovarian Cancer:](#)

[Improving Health Outcomes](#)

[\[PDF-310KB\] \(https://canceriowa.](#)

[org/wp-content/uploads/2021/02/Ovarian-Cancer-Handout-for-Providers.pdf\)](#)

See page 8, provider education for additional information.

Considerations for implementation:

- Explore and verify barriers, including identifying at which clinic or health care system the provider experienced the barrier, barrier frequency, and whether the barrier relates specifically to making referrals to a gynecologic oncologist for ovarian cancer care and treatment.
- Engage partners and providers to identify various referral mechanisms and the challenges associated with each to identify the most efficient method.

Considerations for dissemination and marketing:

- Incorporate referral information into other tools and resources such as provider education handouts, webinars, and academic detailing.

Considerations for evaluation:

- Monitor use of referral mechanism over time.

Toolkit to Increase Receipt of Ovarian Cancer Care From a Gynecologic Oncologist

Patient Navigation

Helping patients with communication and transportation needs could increase the number of women who receive care from a gynecologic oncologist following a diagnosis.^{3,9,11,16,24}



1-800 Line Monitored by Nurse Navigator

To connect patients diagnosed with or those at high risk for ovarian cancer to gynecologic oncologists throughout the state and to provide ovarian cancer resources, MDHHS expanded its breast, cervical, colorectal, and lung cancer patient navigation system to include ovarian cancer. In partnership with MOQC and gynecologic oncologist offices, MDHHS developed a process to streamline patient referrals to reduce the time a patient must wait to be seen. A community scan conducted by MIOCA before the demonstration project identified relevant resources that were incorporated into the navigation process. MDHHS developed a patient navigation manual that outlines the processes and resources for supporting a referral to a gynecologic oncologist. A nurse serves as the patient navigator for this hotline.

MDHHS promoted the patient navigation line via its partners' listservs and coalition newsletters. In addition, its communications office developed and conducted a social media campaign that included Facebook™ and Google™ ads promoting the patient navigation line that ran in October and November 2020. MDHHS collected analytics data from its social media campaign and tracked the number of Michigan patients with ovarian cancer who called the patient navigation

system. In December 2020, also the end of the demonstration project, two patients had used the navigation system. MDHHS is continuing to track use of the navigation system and measure intention among patients to seek a referral to a gynecologic oncologist.

For additional information about the patient navigation manual, contact:

Debbie Webster, BSN, RN, LMSW
Cancer Patient Navigation Consultant
Michigan Department of Health and Human
Services

WebsterD1@Michigan.gov

Considerations for implementation:

- Engage partners early in the planning process to understand barriers that providers and patients encounter when making a referral to or seeking treatment from a gynecologic oncologist for ovarian cancer.
- Identify and test processes that could help overcome stated barriers.
- If a cancer-related patient navigation hotline exists, use the same number but create a protocol for ovarian cancer.

Considerations for dissemination and marketing:

- Promote navigation line to providers via listservs, coalitions, and other partner agencies.
- Use social media to promote patient navigation line to the public.

Considerations for evaluation:

- Track number of calls to the navigation line and topics for which assistance is required.

Strategy 5: Expanding and Enhancing the Gynecologic Oncologist Workforce

In addition to encouraging referrals to gynecologic oncologists for ovarian cancer care and treatment, it is important to expand and enhance the gynecologic oncologist workforce to meet the demands of increased referrals and to provide high-quality care when treating women for ovarian cancer.

Use of Survivors to Teach Students

Ovarian cancer survivors and their caregivers can share stories of diagnosis, treatment, and survival, along with facts about the disease, with future health care providers.²⁵



Survivors Teaching Students®

The Ovarian Cancer Research Alliance developed the Survivors Teaching Students® curriculum for medical and health care students, including physicians, physicians' assistants, nurses, social workers, and pharmacists. These one-hour workshops aim to reinforce clinical information about ovarian cancer and enlighten students about women's experiences when diagnosed with and being treated for ovarian cancer, as well as issues faced by ovarian cancer survivors. Key messages delivered during the trainings include:

- Ovarian cancer has the highest death rate of all gynecologic cancers.
- Most women are diagnosed at late stages, with metastatic disease.

Approaches for Strategy 5: Expanding/enhancing the gynecologic oncologist workforce.

- Fellowship training programs
- Academic detailing
- Promoting gynecologic oncology specialty within medical schools
- Utilize survivors in teaching students*
- Hospital credentialing policies

*Represents approaches implemented by the demonstration sites that are described in this section. Descriptions of the other approaches are available in **Appendix C**.

- There is no routine screening test for ovarian cancer.
- Survival rates improve dramatically for women who are diagnosed in early stages.
- The presentation of ambiguous symptoms and common referrals to gastrointestinal specialists and other health care professionals who are not gynecologic oncologists can delay diagnosis and may lead to worse prognoses for patients.

RIDOH and the Rhode Island Ovarian Cancer Survivorship Task Force worked to have these workshops offered at five Rhode Island colleges and universities. Over the course of the demonstration project, 167 students

Toolkit to Increase Receipt of Ovarian Cancer Care From a Gynecologic Oncologist

participated in the eight workshops offered. In late 2019 and early 2020, the workshops were in-person but were offered virtually in the latter part of 2020 due to COVID-19. The workshop evaluation showed improvements in knowledge of ovarian cancer and the role and importance of a gynecologic oncologist, as well as intent and comfort level for referring women to a gynecologic oncologist for care and treatment.

Considerations for implementation:

- Work with the Ovarian Cancer Research Alliance to offer Survivors Teaching Students® workshops to schools of medicine and other allied health and related fields, such as nursing, physician assistant, pharmacy, public health, and social work.
- Use networks, partnerships, and other relationships with colleges and universities to offer Survivors Teaching Students® as a workshop, either in-person or virtually.

Considerations for dissemination and marketing:

- Not applicable.

Considerations for evaluation:

- Administer pre- and post-workshop surveys to assess changes in knowledge, attitudes, intentions, and abilities to refer to a gynecologic oncologist.

APPENDIX A: OVARIAN CANCER-SPECIFIC TOOLS AND RESOURCES

The following resources provide information about ovarian cancer that may be useful when implementing the promising-specific strategies and approaches.

Overview Documents

[Action Plan to Increase Receipt of Ovarian Cancer Care From Gynecologic Oncologists](https://www.cdc.gov/cancer/ovarian/gynecologic-oncologist/)
(<https://www.cdc.gov/cancer/ovarian/gynecologic-oncologist/>).

This document provides an overview of promising approaches with the potential for increasing receipt of ovarian cancer care from a gynecologic oncologist. The Action Plan also includes findings from the demonstration sites and considerations for implementation and evaluation for the approach overall.

[Potential Strategies to Increase Gynecologic Oncologist Treatment for Ovarian Cancer](https://doi.org/10.1089/jwh.2021.0178)
(<https://doi.org/10.1089/jwh.2021.0178>).

This peer-reviewed manuscript describes the approach for development of the initial Action Plan that guided the demonstration project.

[Ovarian Cancers: Evolving Paradigms in Research and Care](http://www.nap.edu/catalog/21841/ovarian-cancers-evolving-paradigms-in-research-and-care)
(www.nap.edu/catalog/21841/ovarian-cancers-evolving-paradigms-in-research-and-care)

by the National Academies of Sciences, Engineering, and Medicine. This 2016 report “examines the state of the science in ovarian cancer research, identifies key gaps in the evidence base and the challenges to addressing those gaps, considers opportunities for advancing ovarian cancer research, and examines avenues for translation and dissemination of new findings

and communication of new information to patients and others. This study makes recommendations for public- and private-sector efforts that could facilitate progress in reducing the incidence of morbidity and mortality from ovarian cancers.⁴ The report is available for free download.

Ovarian Cancer Websites

[CDC’s Ovarian Cancer website](http://www.cdc.gov/cancer/ovarian/)
(www.cdc.gov/cancer/ovarian/).

This site provides basic information on ovarian cancer in plain language, statistics, and other resources.

[American Cancer Society’s Ovarian Cancer website](http://www.cancer.org/cancer/ovarian-cancer.html)
(www.cancer.org/cancer/ovarian-cancer.html).

This site includes resources for patients or those with a loved one who may have or was diagnosed with ovarian cancer. Topics include general information about ovarian cancer; causes, risk factors, and prevention; early detection, diagnosis, and staging; treating ovarian cancer; and survivorship.

[Ovarian Cancer Research Alliance](https://ocrahope.org)
(<https://ocrahope.org>).

This site provides resources for patients, including information on clinical trials and organization-funded research.

Resources

[National Comprehensive Cancer Network’s Guidelines for Ovarian, Fallopian Tube, and Primary Peritoneal Cancer](http://www.nccn.org/guidelines/guidelines-detail?category=1&id=1453)
(www.nccn.org/guidelines/guidelines-detail?category=1&id=1453).

Toolkit to Increase Receipt of Ovarian Cancer Care From a Gynecologic Oncologist



Strategy 1: Increasing Knowledge and Awareness of Role and Importance of Gynecologic Oncologists

Provider Education

Gynecologic Cancer Awareness Month Social Media Toolkit 2020

(<https://smhs.gwu.edu/cancercontroltap/resources/gynecologic-cancer-awareness-month-social-media-toolkit-2020>).

Patient Education

Patient education guidance

Just Diagnosed

(<https://ocrahope.org/patients/just-diagnosed/>)

Patient education handouts/fact sheets

Ovarian Cancer Fact Sheet

[PDF 532KB] (https://www.cdc.gov/cancer/ovarian/pdf/ovarian_facts.pdf)

Ovarian Cancer Early Detection, Diagnosis, and Staging

(<https://www.cancer.org/cancer/ovarian-cancer/detection-diagnosis-staging.html>)

Treating Ovarian Cancer

(<https://www.cancer.org/cancer/ovarian-cancer/treating.html>)

After Treatment

(<https://www.cancer.org/cancer/ovarian-cancer/after-treatment.html>)

Survivor stories

Ovarian Cancer Survivor Stories

(<https://www.cdc.gov/cancer/ovarian/stories/index.htm>)

General Public Education

Factsheets/handouts

Basic Information About Ovarian Cancer

(https://www.cdc.gov/cancer/ovarian/basic_info/index.htm)

About Ovarian Cancer

(<https://ocrahope.org/patients/about-ovarian-cancer/>)

Graphics

Gynecologic Cancer Awareness Month Social Media Toolkit 2020

[PDF 441KB] (<https://smhs.gwu.edu/cancercontroltap/sites/cancercontroltap/files/Gynecologic%20Cancer%20Awareness%20Month%20Social%20Media%20Toolkit%202020.pdf>)

Infographics

Taking Action to Lower Your Breast and Ovarian Cancer Risk

[PDF 4MB] (https://www.cdc.gov/cancer/breast/young_women/bringyourbrave/pdf/TakeAction_Infographic_General.pdf)

Taking Action to Lower Your Breast and Ovarian Cancer Risk (for African American Women) [PDF 3 MB]

(https://www.cdc.gov/cancer/breast/young_women/bringyourbrave/pdf/TakeAction_Infographic_AfricanAmerican.pdf)

Taking Action to Lower Your Breast and Ovarian Cancer Risk (for Jewish Women)

[PDF 4MB] (https://www.cdc.gov/cancer/breast/young_women/bringyourbrave/pdf/TakeAction_Infographic_Jewish.pdf)

Toolkit to Increase Receipt of Ovarian Cancer Care From a Gynecologic Oncologist



Strategy 2: Improving Models of Care

Patient Navigation

[Find a Disease Fund: Ovarian Cancer](#)

(<https://www.panfoundation.org/disease-funds/ovarian-cancer/>)



APPENDIX B: GENERAL RESOURCES

The following tools and resources provide additional information about cancer-related strategies and approaches that are not specific to but can be adapted for ovarian cancer. These include websites and materials related to the promising strategies.

Resource Repository

[Gynecologic Cancer Awareness Month Social Media Toolkit 2020](https://smhs.gwu.edu/cancercontroltap/resources/gynecologic-cancer-awareness-month-social-media-toolkit-2020)

(<https://smhs.gwu.edu/cancercontroltap/resources/gynecologic-cancer-awareness-month-social-media-toolkit-2020>).



Strategy 1: Increasing Knowledge and Awareness of Role and Importance of Gynecologic

Oncologists

Patient Education

[Choosing Your Treatment Team](http://www.cancer.org/treatment/finding-and-paying-for-treatment/choosing-your-treatment-team.html)

(www.cancer.org/treatment/finding-and-paying-for-treatment/choosing-your-treatment-team.html).

[The Doctor-Patient Relationship](https://www.cancer.org/treatment/finding-and-paying-for-treatment/choosing-your-treatment-team/the-doctor-patient-relationship.html)

(<https://www.cancer.org/treatment/finding-and-paying-for-treatment/choosing-your-treatment-team/the-doctor-patient-relationship.html>)

Partnership Development and Enrichment

[An Overview of Public Health Reaching Across Sectors \(PHRASES\)](https://r4phtc.org/an-overview-of-public-health-reaching-across-sectors/)

(<https://r4phtc.org/an-overview-of-public-health-reaching-across-sectors/>)

[PHRASES: Using Message Framing Tools to Build and Sustain Cross-Sector Partnerships](https://r4phtc.org/phrases-using-message-framing-tools-to-build-and-sustain-cross-sector-partnerships/)
(<https://r4phtc.org/phrases-using-message-framing-tools-to-build-and-sustain-cross-sector-partnerships/>)

[Building Equity into Your Network of Partners](http://www.countyhealthrankings.org/learn-from-others/webinars/building-equity-into-your-network-of-partners)

(www.countyhealthrankings.org/learn-from-others/webinars/building-equity-into-your-network-of-partners)

[The Practical Playbook II: Building Multisector Partnerships that Work](http://www.practicalplaybook.org/page/ppb2-table-contents)

(www.practicalplaybook.org/page/ppb2-table-contents)



Strategy 2: Improving Models of Care

Patient Navigation

[Advancing the Field of Cancer Patient Navigation: A Toolkit for Comprehensive Cancer Control Professionals](https://smhs.gwu.edu/cancercontroltap/sites/cancercontroltap/files/PN%20Toolkit%20FINAL_0.pdf) [PDF-15MB]
(https://smhs.gwu.edu/cancercontroltap/sites/cancercontroltap/files/PN%20Toolkit%20FINAL_0.pdf)

[Implementing the Commission on Cancer Standard 3.1 Patient Navigation Process: A Road Map for Comprehensive Cancer Control Professionals and Cancer Program Administrators](https://cancercenter.gwu.edu/sites/default/files/coc_navigation_standard_road_map.pdf)

[PDF-1.2MB] (https://cancercenter.gwu.edu/sites/default/files/coc_navigation_standard_road_map.pdf)

Toolkit to Increase Receipt of Ovarian Cancer Care From a Gynecologic Oncologist

Managing Treatment Costs

Patient Assistance and Reimbursement Guide 2021

[PDF-12MB] (https://www.accc-cancer.org/docs/documents/publications/patient-assistance-and-reimbursement-guide-2021-q3.pdf?sfvrsn=1250d986_2)

Managing the Cost of Cancer Care: Financial Considerations

(www.cancer.net/navigating-cancer-care/financial-considerations)

APPENDIX C: STRATEGIES AND APPROACHES NOT IMPLEMENTED BY THE DEMONSTRATION SITES

The following promising approaches were not implemented by the demonstration sites but may be appropriate for certain populations and communities served by the NCCCP. Discussions with partners, providers, and care delivery systems in the local area may determine whether these approaches are feasible within a given community. A description of the approach informed by findings from the literature review is included.



Strategy 2. Improving Models of Care

Centralization and Regionalization of Care

In this model of care, less-specialized hospitals within a network, region, or defined catchment area refer women to centers with higher patient volumes and interdisciplinary collaboration to receive care for ovarian cancer, including specialized units with interdisciplinary collaboration among a team of multiple specialized physicians.^{14,16,22,26,27,28,29,30,31,32,33,34,35,36}

Guest Operations

In this approach, gynecologic oncologists from oncology centers travel to community hospitals to perform cancer surgery there, together with the local gynecologists.³⁷ Similarly, traveling systems or mobile clinics can make gynecologic oncologists available in rural or other areas where there is a shortage.^{16,38,39}

Sharing of Physicians in Public and Private Settings

This shared physician practice model involves specialists and subspecialists seeing patients and conducting procedures in both public and private hospitals.²²

Patient-Centered Medical Home Model

In this approach, a single health care provider (a “team captain”) with multidisciplinary training in gynecologic cancer coordinates care for a woman with a suspected or diagnosed gynecologic cancer. The team captain leads a group of health care professionals (the team) who work together on behalf of the woman facing a gynecologic cancer diagnosis.²³

Multidisciplinary Care

Using a model of multidisciplinary care for ovarian cancer, practitioners from multiple specialties create a consolidated ovarian cancer care plan that includes treatment recommendations from all care team members.^{22,32,36,40,41}

Telemedicine

Using phone and/or videoconferencing to allow gynecologic oncologists to consult on patient cases is especially useful in geographic areas where the number of available gynecologic oncologists is low.^{3,9,16,17,18,22,23,27,36,42,43}

Toolkit to Increase Receipt of Ovarian Cancer Care From a Gynecologic Oncologist

Centers of Excellence in Gynecologic Oncology

This approach involves providing incentives for hospitals to become centers of excellence in gynecologic oncology.²³

Quality Improvement Plan

Implementing quality indicators through a formal quality improvement program resulted in improvements to guideline-adherent care, especially for high-volume centers.⁴⁴



Strategy 3. Improving Payment Structures

Reimbursement Policies That Discourage Receipt of Ovarian Cancer Care from Non-Specialized Health Care Providers

This option involves changing reimbursement policies to discourage providers that do not have specialty training in gynecologic oncology from providing care to women with gynecologic cancer.²³

Reimbursement Policies That Encourage Multidisciplinary Care

Implementing reimbursement policies to reward optimization of the care team process is another option for improving payment structures. The team captain is compensated for coordinating the care required for women with gynecologic cancer, and care by ancillary service providers is appropriately valued and compensated. Such efforts are likely to decrease the cost of care because of better use of health care resources, avoidance of unnecessary diagnostic studies, and reduction in emergency room visits and hospitalizations.²³

Implement Payment Methods That Ensure Women with Gynecologic Cancer Are Provided the Highest Quality, Well-Coordinated Care

Payment structures for ovarian cancer treatment should align with the standard of care, with an emphasis on care being provided by gynecologic oncologists. They should also include coordination of care, adherence to management guidelines, meeting benchmarks on meaningful quality parameters, and achieving good patient satisfaction.²³



Strategy 4. Improving and Increasing Insurance Coverage for Gynecologic Oncologist Care

Allow Appeals for Insurance Coverage Denials

Allowing gynecologic oncologists to appeal coverage denials is an option that is available to other subspecialties.¹⁶

Cover Travel Expenses for Patients Who Must Travel to Receive Gynecologic Cancer Treatment

Subsidizing patients' travel costs for gynecologic cancer treatment is helpful to those with transportation challenges.³⁸

Refer Patients to In-Network Hospitals

Referring patients to a treatment center that accepts their insurance helps ensure financial coverage for treatment.⁸

Toolkit to Increase Receipt of Ovarian Cancer Care From a Gynecologic Oncologist



Strategy 5: Expanding and Enhancing the Gynecologic Oncologist Workforce

Fellowship Training Programs

Expanding fellowship training programs to include the gynecologic oncology specialty is a means of increasing the workforce in this field.^{8,26,36,45,46}

Academic Detailing

This approach involves increasing the number of physicians who specialize in gynecologic oncology and influencing changes in practice through peer-to-peer educational outreach. With its roots in pharmaceutical detailing, this model aims to improve prescribing practices by physicians. It has improved care quality and helped to build priority for change in clinicians and leadership.³

Promoting the Gynecologic Oncology Specialty in Medical Schools

Encouraging medical schools to promote the gynecologic oncology specialty in their programs to increase the number of gynecologic oncologists defines this approach.⁴⁷

Hospital Credentialing Policies

Revising hospital credentialing policies to encourage the delivery of ovarian cancer care and treatment by providers with specialty training in gynecologic oncology can help expand this workforce.²³

REFERENCES

- ¹U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999–2018): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; www.cdc.gov/cancer/dataviz, June 2021.
- ²U.S. Preventive Services Task Force. Screening for ovarian cancer: U.S. Preventive Services Task Force recommendation statement. *JAMA*. 2018;319(6):588–594. <https://doi.org/10.1001/jama.2017.21926>
- ³Committee on the State of the Science in Ovarian Cancer Research; Board on Health Care Services; Institute of Medicine; National Academies of Sciences, Engineering, and Medicine. *Ovarian Cancers: Evolving Paradigms in Research and Care*. Washington (DC): National Academies Press (US); April 25, 2016.
- ⁴Rim SH, Hirsch S, Thomas CC, et al. Gynecologic oncologists involvement on ovarian cancer standard of care receipt and survival. *World Journal of Obstetrics and Gynecology*. 2016;5(2):187–196. <https://doi.org/10.5317/wjog.v5.i2.187>
- ⁵Cowan RA, Shuk E, Byrne M, et al. Factors associated with use of a high-volume cancer center by Black women with ovarian cancer. *J Oncol Pract*. 2019;15(9): e769–e776. <https://doi.org/10.1200/JOP.18.00741>
- ⁶White KM, Walton RJ, Zhao GW, et al. Patterns of surgical care for women with ovarian cancer in New South Wales. *The Australian & New Zealand Journal of Obstetrics & Gynaecology*. 2020;60(4):592–597. <https://doi.org/10.1111/ajo.13180>
- ⁷Jelicic L, Brooker J, Shand L, et al. Experiences and health care preferences of women with ovarian cancer during the diagnosis phase. *Psycho-Oncology*. 2019;28(2):379–385. <https://doi.org/10.1002/pon.4952>
- ⁸Collins Y, Holcomb K, Chapman-Davis E, Khabele D, Farley JH. Gynecologic cancer disparities: A report from the Health Disparities Taskforce of the Society of Gynecologic Oncology. *Gynecologic Oncology*. 2014;133(2):353–361. <https://doi.org/10.1016/j.ygyno.2013.12.039>
- ⁹Stewart SL, Townsend JS, Puckett MC, Rim SH. Adherence of primary care physicians to evidence-based recommendations to reduce ovarian cancer mortality. *Journal of Women's Health*. 2016;25(3):235–241. <https://doi.org/10.1089/jwh.2015.5735>
- ¹⁰Hess LM, Stehman FB, Method MW, Weathers TD, Gupta P, Schilder JM. Identification of the optimal pathway to reach an accurate diagnosis in the absence of an early detection strategy for ovarian cancer. *Gynecologic Oncology*. 2012;127(3):564–568. <https://doi.org/10.1016/j.ygyno.2012.08.029>

Toolkit to Increase Receipt of Ovarian Cancer Care From a Gynecologic Oncologist

- ¹¹ Stewart SL, Rim SH, Richards TB. Gynecologic oncologists and ovarian cancer treatment: avenues for improved survival. *Journal of Women's Health*. 2011;20(9):1257-1260. <https://doi.org/10.1089/jwh.2011.3053>
- ¹² Gostout BS, Pachman DR, Lechner R. Recognizing and treating ovarian cancer. *Minnesota Medicine*. 2012;95(3):40-42.
- ¹³ Urban RR, He H, Alfonso R, Hardesty MM, Gray HJ, Goff BA. Ovarian cancer outcomes: predictors of early death. *Gynecologic Oncology*. 2016;140(3):474-480. <https://doi.org/10.1016/j.ygyno.2015.12.021>
- ¹⁴ Sinno A, Li X, Thompson R, Tanner E, et al. Trends and factors associated with radical cytoreductive surgery in the United States: a case for centralized care. *Gynecologic Oncology*. 2017;145(3):493-499. . <https://doi.org/10.1016/j.ygyno.2017.03.020>
- ¹⁵ Chua KJC, Patel RD, Trivedi R, et al. Accuracy in referrals to gynecologic oncologists based on clinical presentation for ovarian mass. *Diagnostics* 2020;10(2):106. <https://doi.org/10.3390/diagnostics10020106>
- ¹⁶ Duska LR. Access to quality gynecologic oncology care: A work in progress. *Cancer*. 2018;124(13):2680-2683. <https://doi.org/10.1002/cncr.31391>
- ¹⁷ Rim SH. *Ovarian cancer treatment decisions: Accessing gynecologic oncology care*. Dissertation. University of North Carolina Chapel Hill; 2016.
- ¹⁸ Warren JL, Harlan LC, Trimble EL, Stevens J, Grimes M, Cronin KA. Trends in the receipt of guideline care and survival for women with ovarian cancer: a population-based study. *Gynecologic Oncology*. 2017;145(3):486-492. <https://doi.org/10.1016/j.ygyno.2017.03.016>
- ¹⁹ Cowan R, Esposito-Amery P, Seier K, et al. Ovarian cancer care delivery: diversity in public perception and access to care. *International Journal of Gynecologic Cancer*. 2019;29:A123. <https://doi.org/10.1136/ijgc-2019-IGCS.295>
- ²⁰ Stewart SL, Harewood R, Matz M, et al. Disparities in ovarian cancer survival in the United States (2001-2009): findings from the CONCORD-2 study. *Cancer*. 2017;123(Suppl 24):5138-5159. <https://doi.org/10.1002/cncr.31027>
- ²¹ Stewart SL, Lakhani N, Brown PM, Larkin OA, Moore AR, Hayes NS. Gynecologic cancer prevention and control in the National Comprehensive Cancer Control Program: progress, current activities, and future directions. *Journal of Women's Health*. 2013;22(8):651-657. <https://doi.org/10.1089/jwh.2013.4465>
- ²² Boyd LR, Novetsky AP, Curtin JP. Ovarian cancer care for the underserved: are surgical patterns of care different in a public hospital setting? *Cancer*. 2011;117(4):777-783. <https://doi.org/10.1002/cncr.25490>
- ²³ Society of Gynecologic Oncology. *Creating a new paradigm in gynecologic cancer care: policy proposals for delivery, quality and reimbursement*. A Society of Gynecologic Oncology White Paper, Online, 2013. Accessed February 18, 2019 . https://www.sgo.org/wp-content/uploads/2012/09/Practice_Summit_Report_FINAL.pdf [PDF-1.9MB]

Toolkit to Increase Receipt of Ovarian Cancer Care From a Gynecologic Oncologist

- ²⁴ Villanueva C, Chang J, Bartell SM, Ziogas A, Bristow R, Vieira VM. Contribution of geographic location to disparities in ovarian cancer treatment. *Journal of the National Comprehensive Cancer Network*. 2019;17(11):1318–1329. <https://doi.org/10.6004/jnccn.2019.7325>
- ²⁵ Ovarian Cancer Research Alliance. Survivors Teaching Students® website. Accessed February 18, 2019. <https://ocrahope.org/get-involved/survivors-teaching-students/>
- ²⁶ Minig L, Padilla-Iserte P, Zorrero C. The relevance of gynecologic oncologists to provide high-quality of care to women with gynecological cancer. *Frontiers in Oncology*. 2016;5:308. <https://doi.org/10.3389/fonc.2015.00308>
- ²⁷ Ramzan AA, Behbakht K, Corr BR, Sheeder J, Guntupalli SR. Minority race predicts treatment by non-gynecologic oncologists in women with gynecologic cancer. *Annals of Surgical Oncology*. 2018;25(12):3685–3691. <https://doi.org/10.1245/s10434-018-6694-0>
- ²⁸ Ricci S, Tergas AI, Long Roche K, et al. Geographic disparities in the distribution of the U.S. gynecologic oncology workforce: A Society of Gynecologic Oncology study. *Gynecologic Oncology Reports*. 2017;22:100–104. <https://doi.org/10.1016/j.gore.2017.11.006>
- ²⁹ Stewart SL, Cooney D, Hirsch S, et al. The effect of gynecologic oncologist availability on ovarian cancer mortality. *World Journal of Obstetrics and Gynecology*. 2014;3(2):71–77. <https://doi.org/10.5317/wjog.v3.i2.71>
- ³⁰ Cowan RA, O’Cearbhaill RE, Gardner GJ, et al. Is it time to centralize ovarian cancer care in the United States? *Annals of Surgical Oncology*. 2016;23(3):989–993. <https://doi.org/10.1245/s10434-015-4938-9>
- ³¹ Fung-Kee-Fung M, Kennedy E, Biagi J, et al. The optimal organization of gynecologic oncology services: a systematic review. *Current Oncology*. 2015;22(4):e282–e293. <https://doi.org/10.3747/co.22.2482>
- ³² Keyver-Paik MD, Abramian A, Domröse C, et al. Integrated care in ovarian cancer “IgV Ovar”: results of a German pilot for higher quality in treatment of ovarian cancer. *Journal of Cancer Research and Clinical Oncology*. 2016;142:481–487. <https://doi.org/10.1007/s00432-015-2055-6>
- ³³ Woo YL, Kyrgiou M, Bryant A, Everett T, Dickinson HO. Centralisation of services for gynaecological cancer. *The Cochrane Database of Systematic Reviews*. 2012;2012(3):CD007945. <https://doi.org/10.1002/14651858.CD007945.pub2>
- ³⁴ Bristow RE, Chang J, Ziogas A, Gillen DL, Bai L, Vieira VM. Spatial analysis of advanced-stage ovarian cancer mortality in California. *American Journal of Obstetrics and Gynecology*. 2015;213(1):43 e1–e8. <https://doi.org/10.1016/j.ajog.2015.01.045>
- ³⁵ van Altena AM, van den Akker PAJ, de Hullu JA, et al. Efficacy of a regional network for ovarian cancer care. *Obstetrics and Gynecology*. 2013;122(3):668–675. <https://doi.org/10.1097/AOG.0b013e3182a054ee>

Toolkit to Increase Receipt of Ovarian Cancer Care From a Gynecologic Oncologist

- ³⁶ Canadian Partnership Against Cancer. Pan-Canadian standards for gynecologic oncology online, 2018. Accessed February 18, 2019. <https://s22457.pcdn.co/wp-content/uploads/2019/01/Pan-Canadian-Standards-Gynecologic-Oncology-EN.pdf> [PDF-2MB]
- ³⁷ Peters ITA, van Haaften C, Trimbos JB. If the mountain does not come to Mohammad: the significance of guest operations for early-stage ovarian cancer. *Journal of Gynecologic Surgery*. 2014;30(5):265–272 <https://doi.org/10.1089/gyn.2013.0088>
- ³⁸ University of Colorado. *Cancers, such as ovarian, endometrial, and uterine, are best treated by a gynecologic oncologist, but millions of women don't have access to one*; 2018. Accessed February 18, 2019. <https://cancer.coloradowomenshealth.com/cancer-care-geographic-barriers/>
- ³⁹ Kaufman M, Cruz A, Thompson J, et al. A review of the effects of healthcare disparities on the experience and survival of ovarian cancer patients of different racial and ethnic backgrounds. *Journal of Cancer Metastasis and Treatment*. 2019;5(13). <https://doi.org/10.20517/2394-4722.2018.25>
- ⁴⁰ Horvath LE, Yordan E, Malhotra D, et al. Multidisciplinary care in the oncology setting: historical perspective and data from lung and gynecology multidisciplinary clinics. *Journal of Oncology Practice*. 2010;6(6):e21–e26. <https://doi.org/10.1200/JOP.2010.000073>
- ⁴¹ Triarico S, Capozza MA, Mastrangelo S, Attinà G, Maurizi P, Ruggiero A. Gynecological cancer among adolescents and young adults (AYA). *Annals of translational medicine*. 2020;8(6):397. <https://doi.org/10.21037/atm.2020.02.41>
- ⁴² Shalowitz DI, Vinograd AM, Giuntoli li RL. Geographic access to gynecologic cancer care in the United States. *Gynecologic Oncology*. 2015;138(1):115–120. <https://doi.org/10.1016/j.ygyno.2015.04.025>
- ⁴³ Shalowitz DI, Moore CJ. Telemedicine and gynecologic cancer care. *Obstetrics and Gynecology Clinics of North America*. 2020;47(2):271–285. <https://doi.org/10.1016/j.ogc.2020.02.003>
- ⁴⁴ White KM, Seale H, Harrison R. Enhancing ovarian cancer care: a systematic review of guideline adherence and clinical variation. *BMC Public Health*. 2019;19(1):296. <https://doi.org/10.1186/s12889-019-6633-4>
- ⁴⁵ Sullivan SA, Stringer E, Van Le L. A review of gynecologic oncology in the global setting: educating and training the next generation of women's health providers. *Obstetrical and Gynecological Survey*. 2019;74(1):40–49. <https://doi.org/10.1097/OGX.0000000000000630>
- ⁴⁶ Erem AS, Appiah-Kubi A, Konney TO, et al. Gynecologic oncology sub-specialty training in Ghana: a model for sustainable impact on gynecologic cancer care in sub-Saharan Africa. *Frontiers in Public Health*. 2020;8:603391. <https://doi.org/10.3389/fpubh.2020.603391>
- ⁴⁷ Cass I, Duska LR, Blank SB, et al. Stress and burnout among gynecologic oncologists: A Society of Gynecologic Oncology evidence-based review and recommendations. *Gynecologic Oncology*. 2016;143:421–427. <https://doi.org/10.1016/j.ygyno.2016.08.319>