

Sociodemographic and Clinical Factors Associated with Non-receipt of Ovarian Cancer (OC) Surgery in Rio de Janeiro State, Brazil

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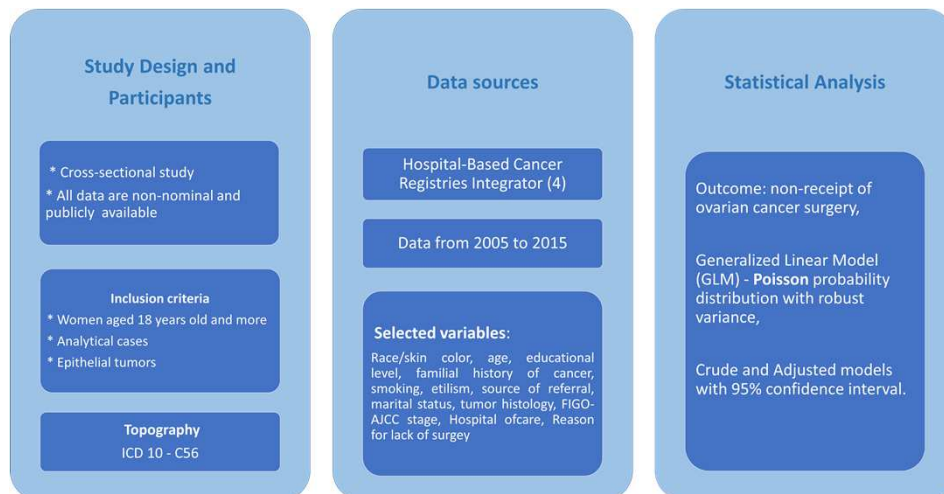
BACKGROUND

Ovarian Cancer Epidemiology	Social determinants to receive adequate treatment	Cytoreductive Surgery
<ul style="list-style-type: none"> ❖ 7,310 new cases are estimated in 2023 in Brazil (1), ❖ ASR: 5.01 cases per 100 hundred women, ❖ Ranks nineteenth in cancer incidence among Brazilian women, ❖ 3,921 deaths in 2020 (ASMR: 2.64 deaths per 100 hundred women) (2). 	<ul style="list-style-type: none"> ❖ Race/ethnicity disparities, ❖ Inequalities in access health services, ❖ Socioeconomic conditions, ❖ Geographical location of the hospital. 	<ul style="list-style-type: none"> ❖ Crucial to decrease death risk, ❖ Specialized surgeons in tertiary centers: higher rates of successful cytoreductive surgery and survival outcomes (3), ❖ Brazilian's National Cancer Institute, located in Rio de Janeiro city, capital of FU: establishes SUS oncological guidelines nationally and also share high regional patient demand.

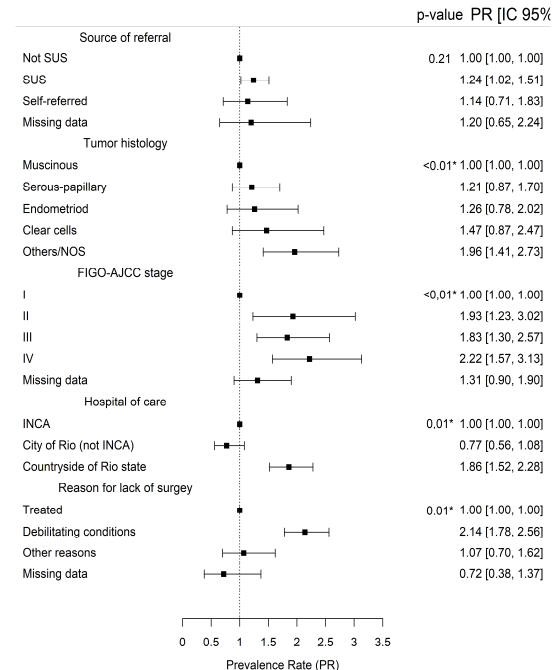
AIM

To associate sociodemographic, clinical, health system and geographic factors and non-performance of OC surgery in tertiary hospitals in the state of Rio de Janeiro, between 2005-2015

METHODS



RESULTS



- ❖ 1,191 women included;
- ❖ 34% (406) did not receive surgery during treatment;
- ❖ Histological subtype "Other/NOS" was 96% more likely to not receive surgery compared to Mucinous type;
- ❖ FIGO-AJCC stages II and III were 93% and 83%, respectively, more likely to not receive surgery compared to stage I;
- ❖ Women which had the referral by Brazilian Unified Health System (SUS) were 24% more likely to not receive surgery compared to those women came from not SUS;
- ❖ Women treated in the countryside of Rio de Janeiro state were 86% more likely to not receive surgery compared to women treated at the Brazilian National Cancer Institute (INCA);
- ❖ Debilitating conditions were the main reason to not undergoing surgery.

FINAL CONSIDERATIONS

- ❖ Non-receipt of surgery had higher prevalence in Rio de Janeiro (FU) rural area, possibly explained by a small number of ovarian cancer cases and lower availability of skilled gynecology teams in the interior of Rio de Janeiro (FU).
- ❖ Women not undergoing ovarian cancer were also more prevalent when referred by the Unified Health System (SUS), which may be related to social vulnerability by SUS users resulting in difficulties to timely treat early-stage disease, respectively.
- ❖ Proposed Solution: Public policies for professional training in ovarian cancer care, along with incentives for qualified teams to offer surgery in tertiary centers in the countryside of the state of Rio de Janeiro.

REFERENCES:

1. INCA, Estimativa 2023 : incidência de câncer no Brasil / Instituto Nacional de Câncer José Alencar Gomes da Silva., (2023); 2. Brasil, Atlas On-line de Mortalidade, (2023); 3. R.E. Bristow, J. Chang, C. Villanueva, A. Ziogas, V.M. Vieira, A Risk-Adjusted Model for Ovarian Cancer Care and Disparities in Access to High-Performing Hospitals, Obstet. Gynecol. 135 (2020) 328–339; 4. INCA, Registros hospitalares de cancer: planejamento e gestão, Brasil, 2010.