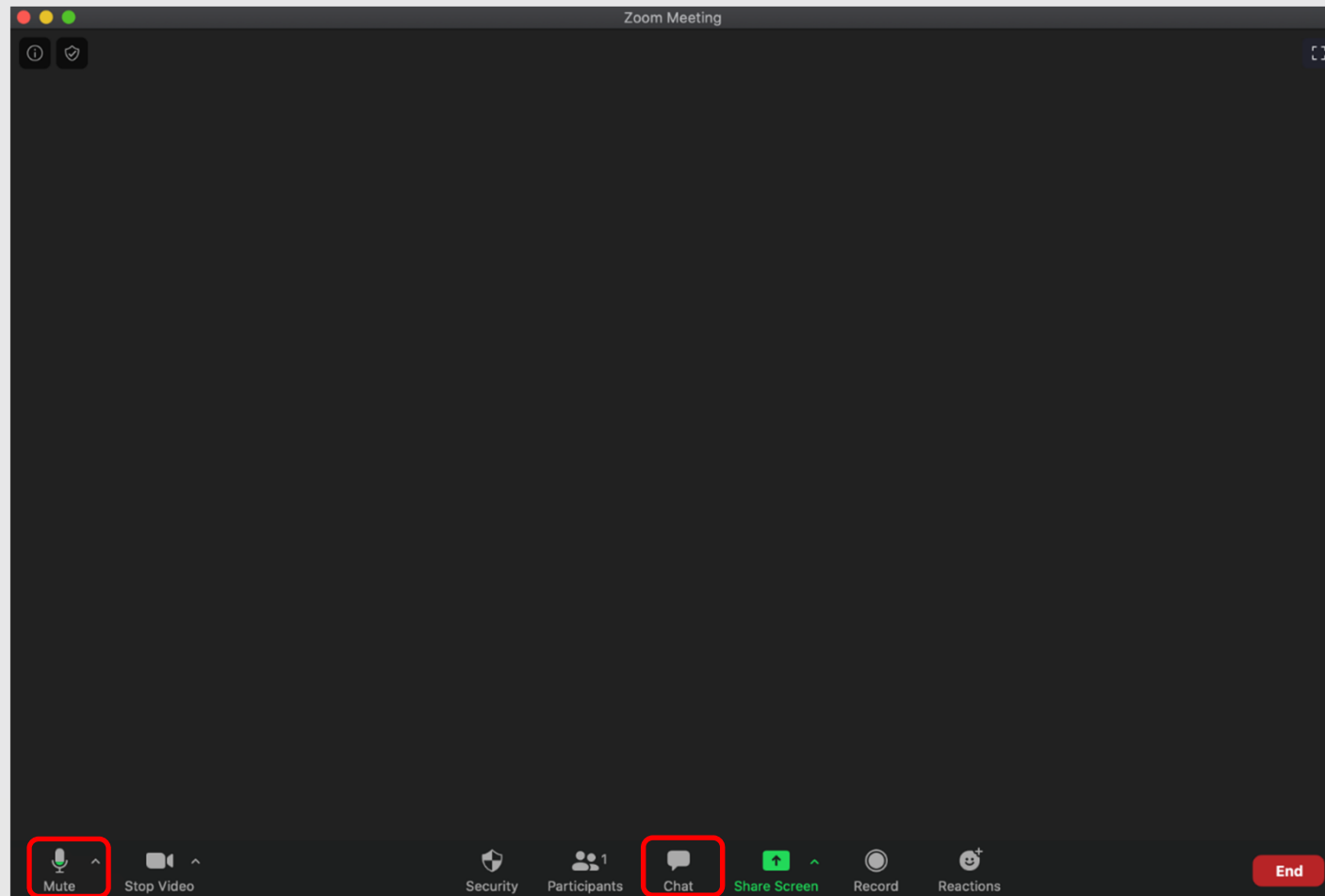


# Gynecology-Oncology Initiative

9:00 am – 12:00 pm

November 14, 2020

# Virtual Meeting



# Continuing Education Credits



## Accreditation Statements

The University of Michigan Medical School is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The University of Michigan Medical School designates this live activity for a maximum of **2.5 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



# Continuing Medical Education

## Learning objectives

- Utilize learned gynecologic oncology quality measures
- Integrate relevant content to provide cost-effective health care that does not compromise care quality
- Integrate relevant content to ensure multispecialty/multidisciplinary coordination of care
- Analyze and implement experience and improve practice



## Competencies

- Practice-based learning and improvement
- Professionalism
- Systems-based practice



# Agenda

Time		Presenter
9:00 am	Welcome	Vanessa Aron, BA
9:05 am	POQC Introduction Survivors Teaching Students	Amanda Itliong, MA
9:10 am	Data & Updates	Shitanshu Uppal, MD
10:00 am	<b>10 Minute Break</b>	
10:10 am	MiGHT Grant Update	Jennifer J. Griggs, MD, MPH
10:25 am	Ovarian Cancer Grant	Vanessa Aron, BA Audra Putt, MPH, CPH
11:05 am	<b>10 Minute Break</b>	
11:15 am	Next Steps/Open Discussion	Shitanshu Uppal, MD



# POQC Updates/STS

Amanda Itliong, MA



# Data and Updates

Shitanshu Uppal, MD



MICHIGAN ONCOLOGY  
QUALITY CONSORTIUM



[moqc.org](http://moqc.org)

# Our Group – Where Are We Today?

2018 → 2020

18  
practices\* = 34  
surgeons



GOAL

14  
practices = 29  
surgeons

2 practices  
to be recruited

5  
surgeons

Beaumont  
• Royal Oak/Troy  
• Oakwood

2 practices  
N/A

2  
surgeons

• Dr. Guy Boike  
• Dr. Vinay Malviya

TODAY

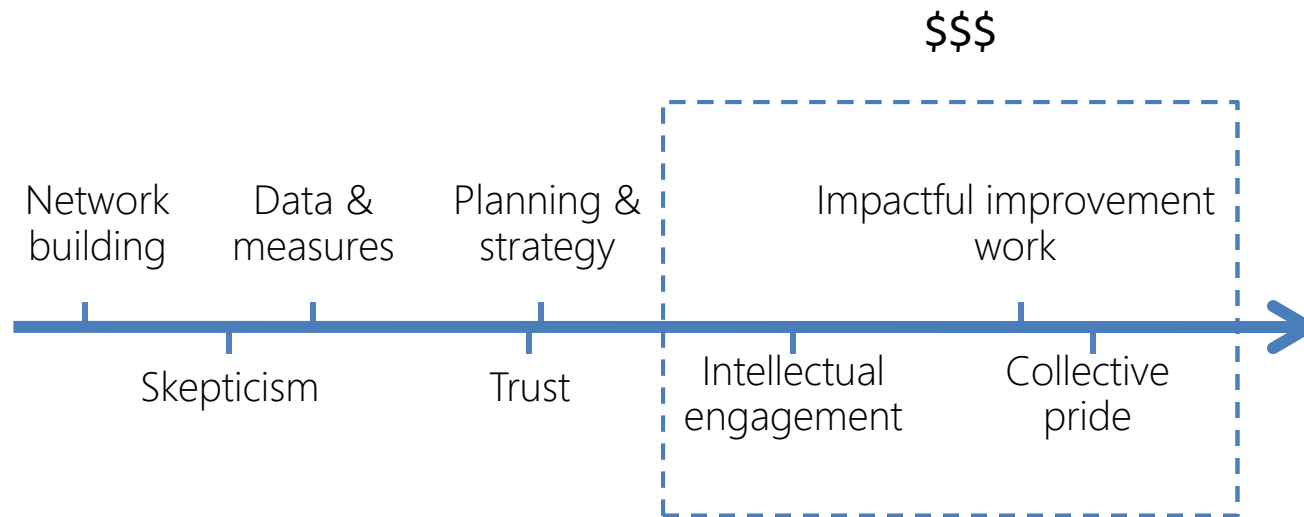
MOQC

MICHIGAN ONCOLOGY  
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\*Adjusted from 17 to 18 practices with addition of Midland MI  
Note: 2020 # of surgeons = 36; includes 1 locum & recruited surgeons into State  
N/A=not reachable or have indicated to MOQC not interested in joining



# Evolution of Successful CQI Programs



## Round 1 2020 Important Dates

### Charts abstracted January 7 – June 4, 2020

	Patients in Initial Therapy/Treatment (all cross cutting & disease measures)	Patients who have Died (End of Life)
Dx dates	December 2, 2018 – March 31, 2020	Dx with invasive cancer on or before March 31, 2020
First office visit	December 1, 2018 – May 31, 2020  Not required to be within office visit window (below) – occur within dx window and end of visit window date	December 1, 2018 – May 31, 2020
Two visits with provider	October 1, 2019 – May 31, 2020	Two office visits within 9 months of date of death (DoD)  DoD occurred between June 1, 2018 and March 31, 2020

Notes for Graph Interpretation:

0% and no bar graph = “0” in number / “x” number in denominator

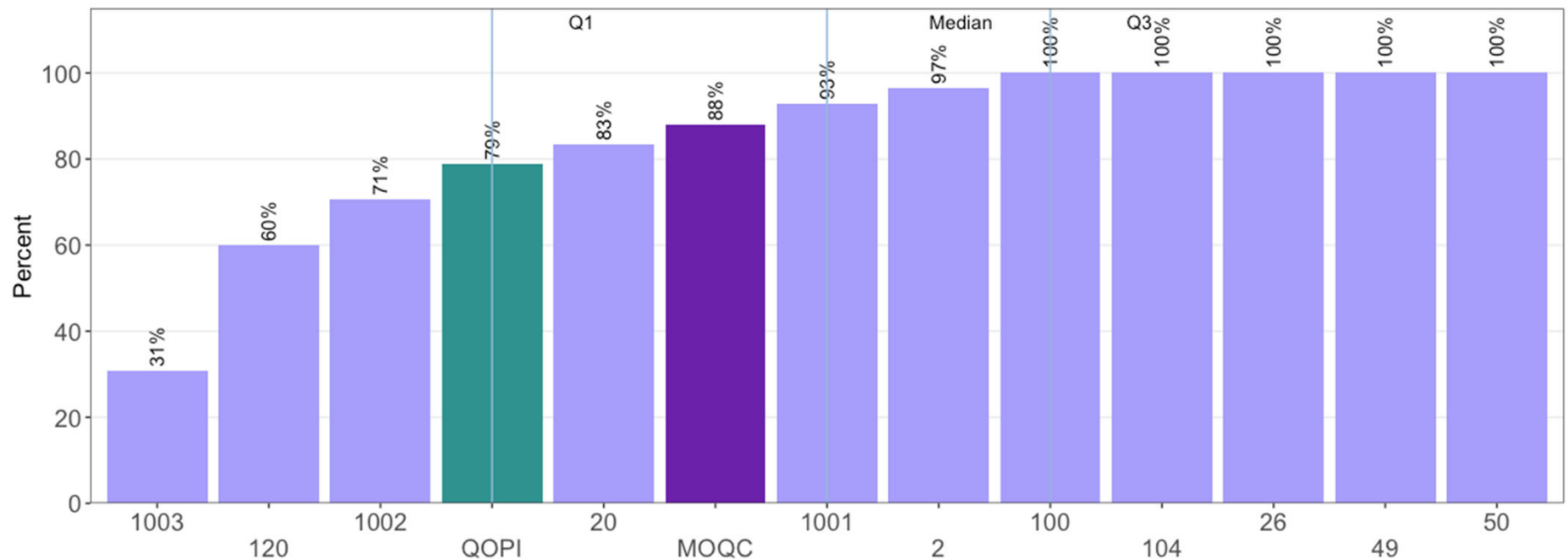
No percentage (%) and no bar graph = no denominator for calculation



# GynOnc November 2020 Meeting

R1 2020

Pain addressed appropriately by second office visit and during most recent office visits  
N = 182

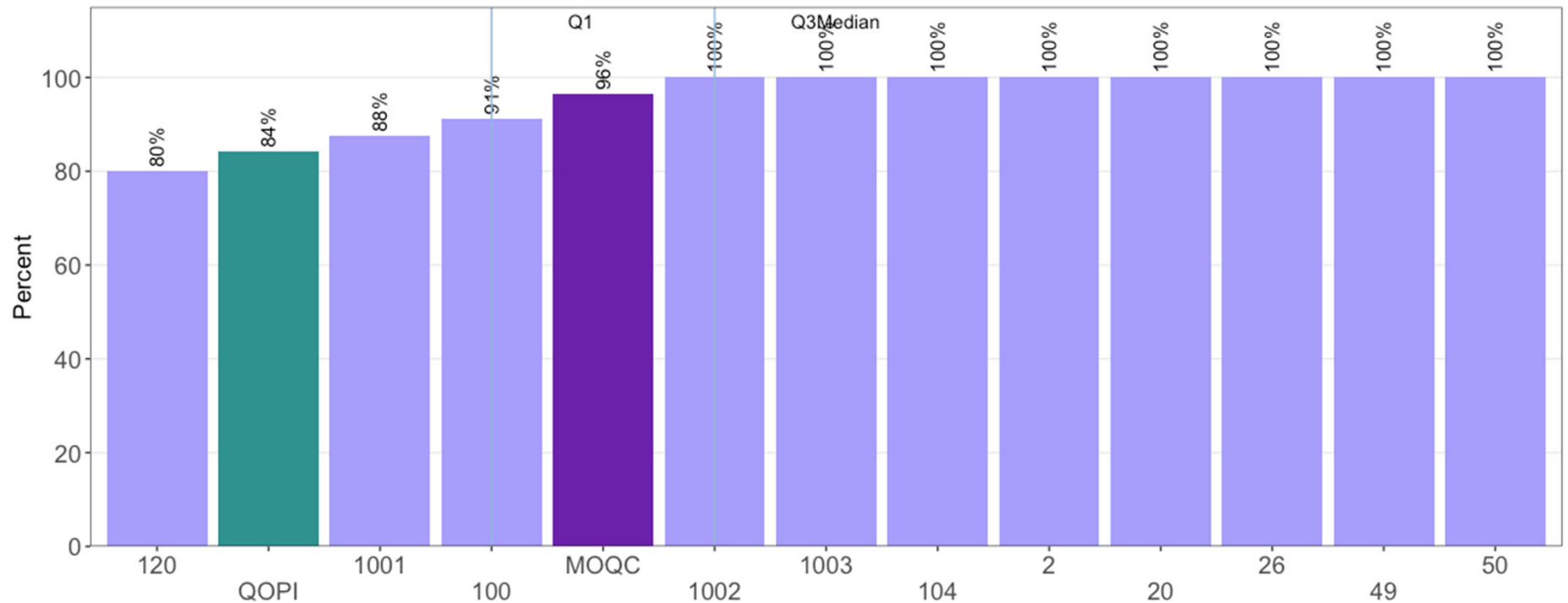


**QOPI Measure CORE6e - Practice and Comparative Groups  
R1 2020**

Note: Practices with no eligible cases in the denominator and/or missing data are not shown.



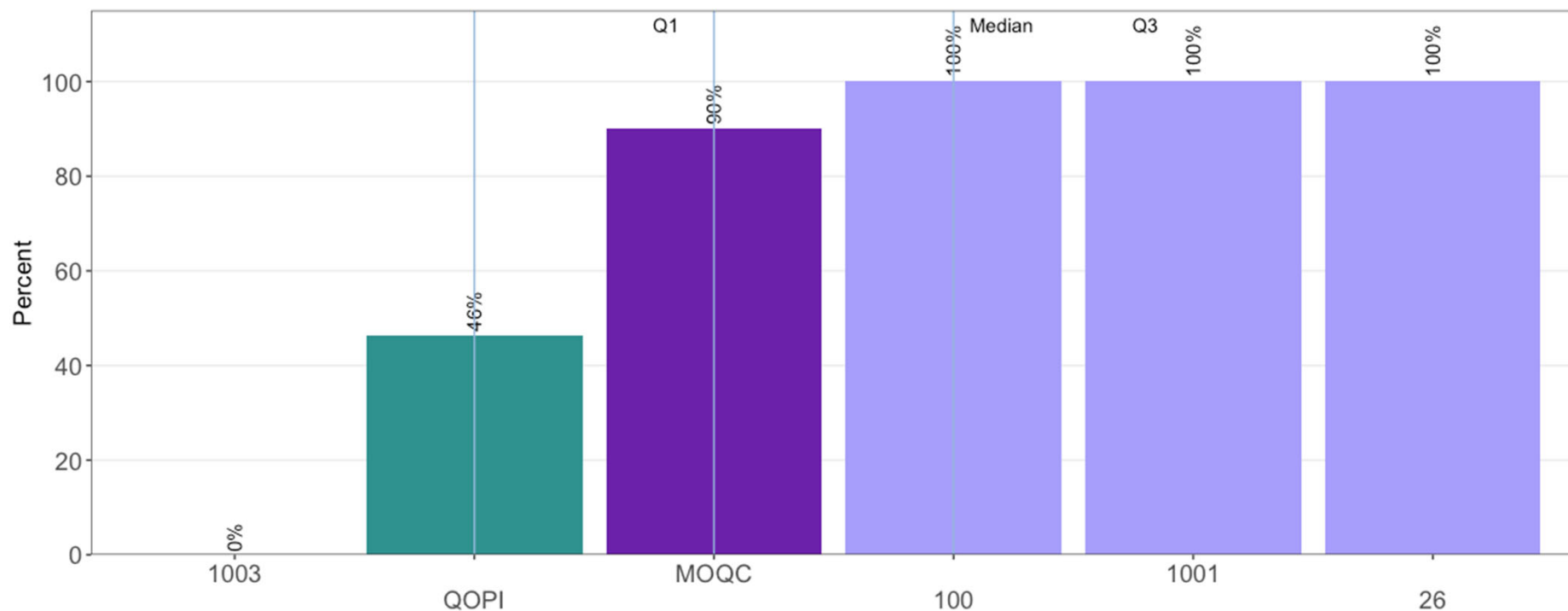
# Signed patient consent for chemotherapy N = 141



## QOPI Measure CORE14 - Practice and Comparative Groups R1 2020

Note: Practices with no eligible cases in the denominator and/or missing data are not shown.

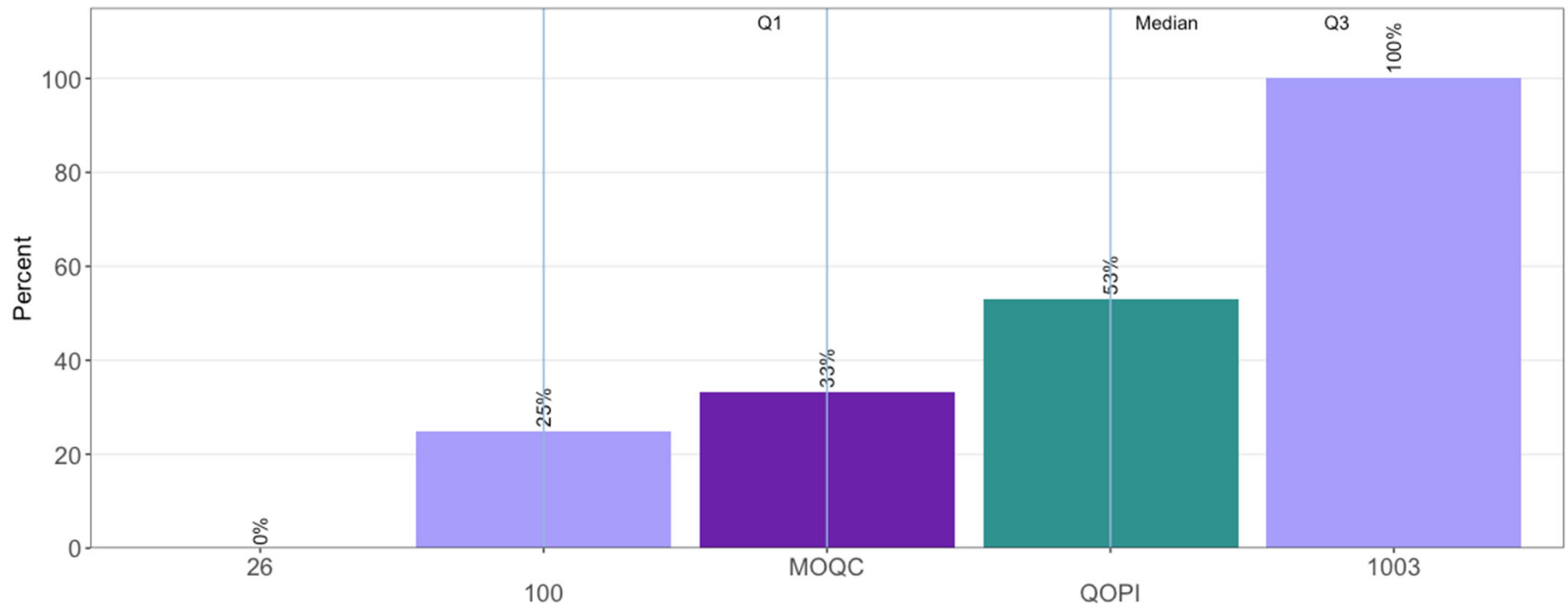
# Tobacco cessation counseling administered or patient referred in past year N = 10



## **QOPI Measure CORE22bb - Practice and Comparative Groups R1 2020**

Note: Practices with no eligible cases in the denominator and/or missing data are not shown.

## Infertility risks discussed prior to chemotherapy with patients of reproductive age N = 6

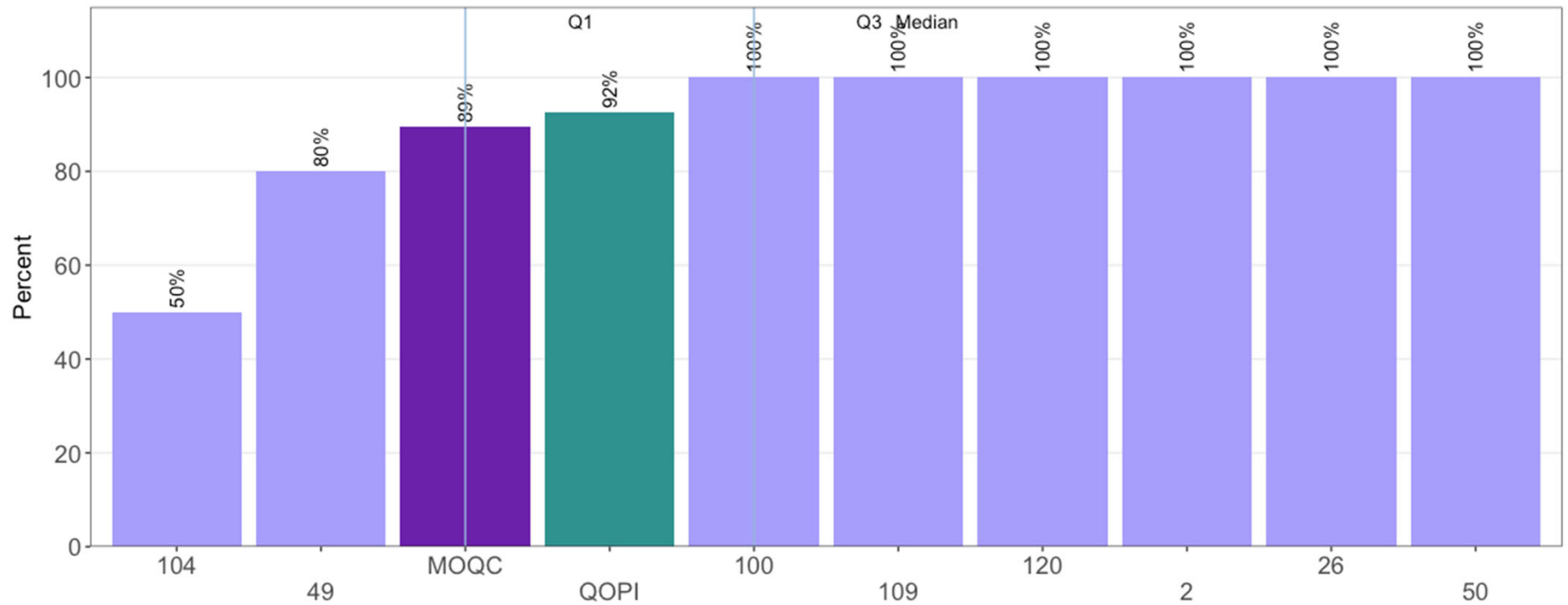


### QOPI Measure SMT33 - Practice and Comparative Groups R1 2020

Note: Practices with no eligible cases in the denominator and/or missing data are not shown.

# End of Life Measures

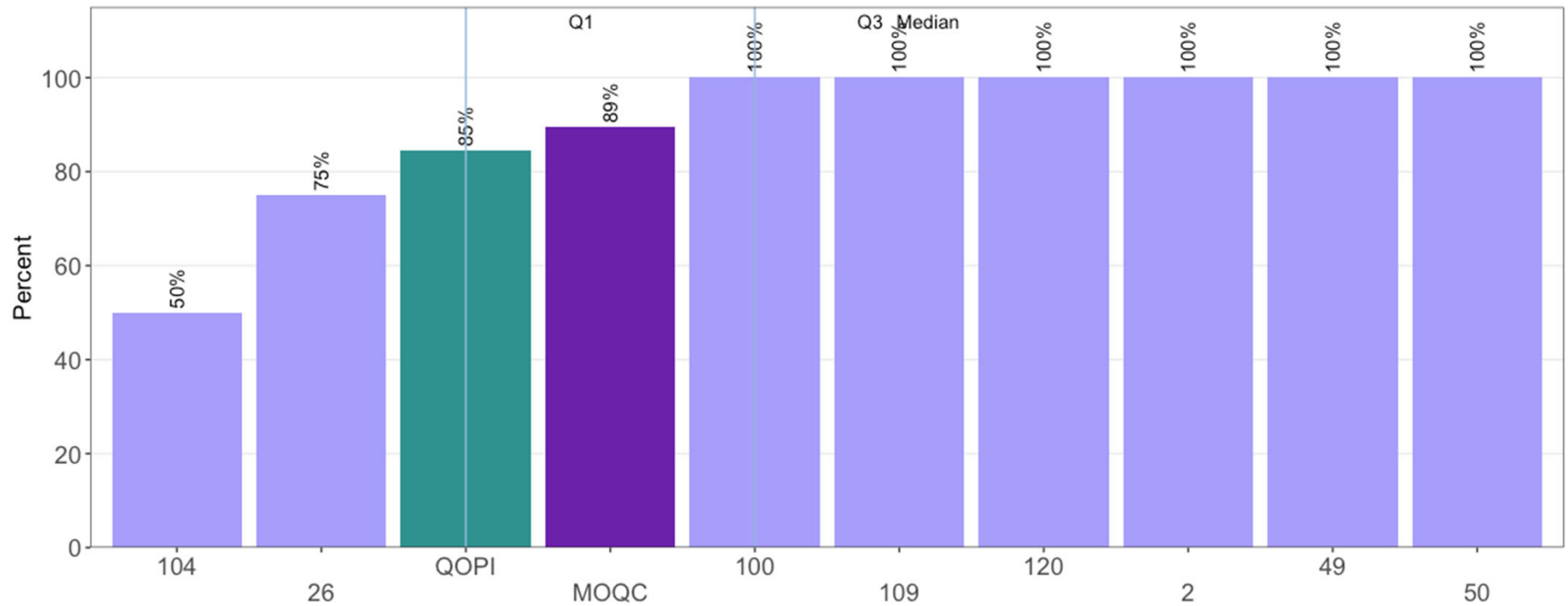
Pain addressed appropriately  
N = 19



**QOPI Measure EOL38 - Practice and Comparative Groups  
R1 2020**

Note: Practices with no eligible cases in the denominator and/or missing data are not shown.

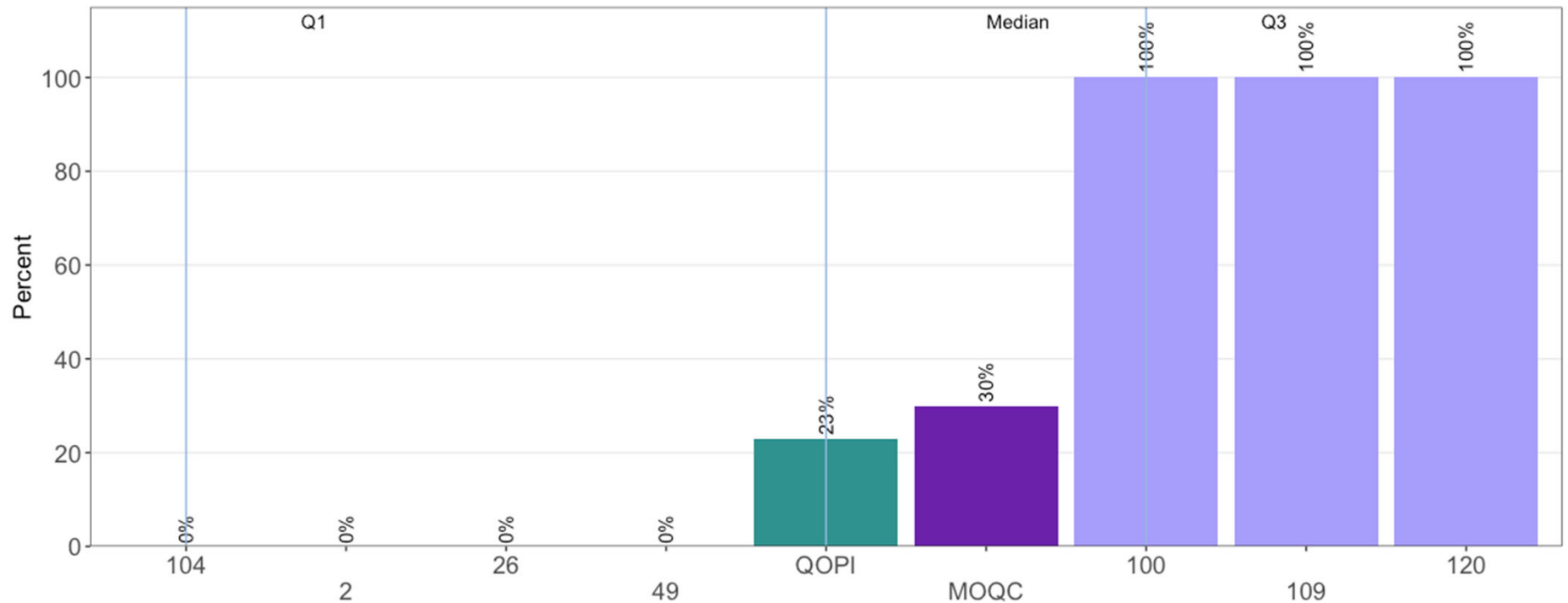
## Dyspnea addressed appropriately N = 19



### QOPI Measure EOL41 - Practice and Comparative Groups R1 2020

Note: Practices with no eligible cases in the denominator and/or missing data are not shown.

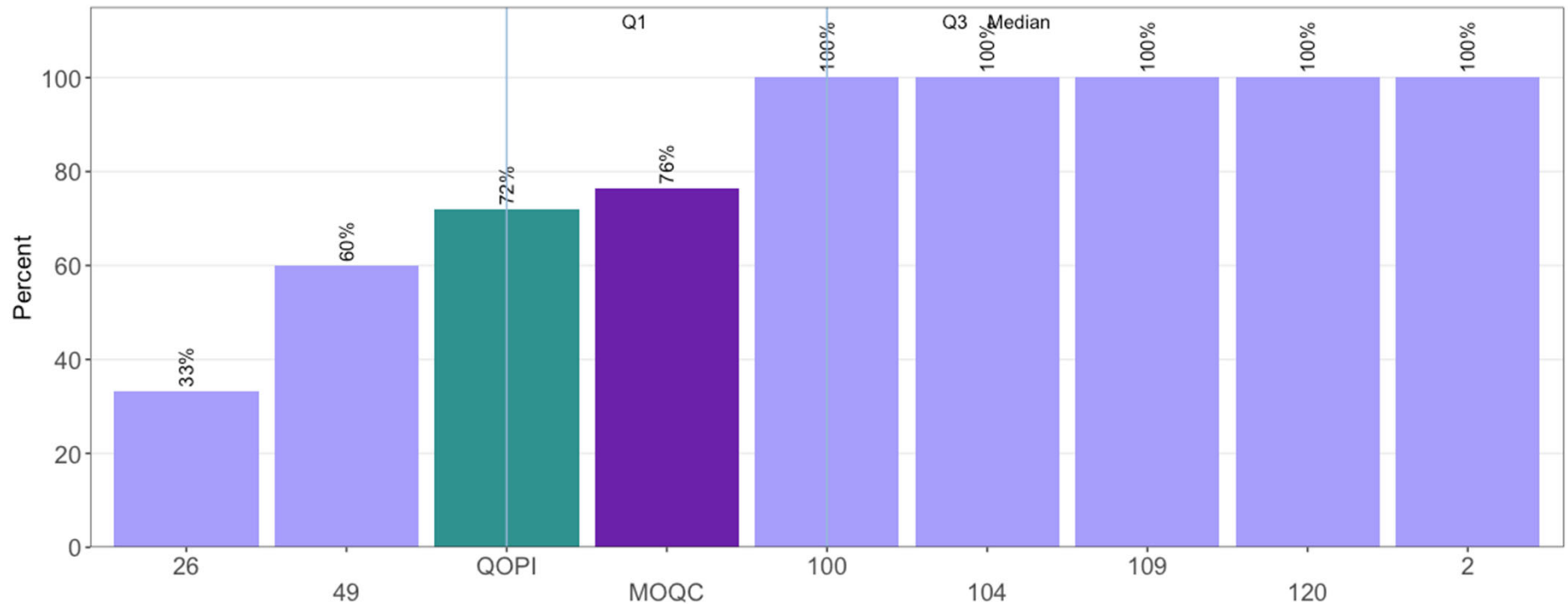
# Hospice enrollment within 3 days of death (Lower score better) N = 10



## QOPI Measure EOL44 - Practice and Comparative Groups R1 2020

Note: Practices with no eligible cases in the denominator and/or missing data are not shown.

Hospice enrollment, or documented discussion (Combined measure 42 or 46)  
N = 17

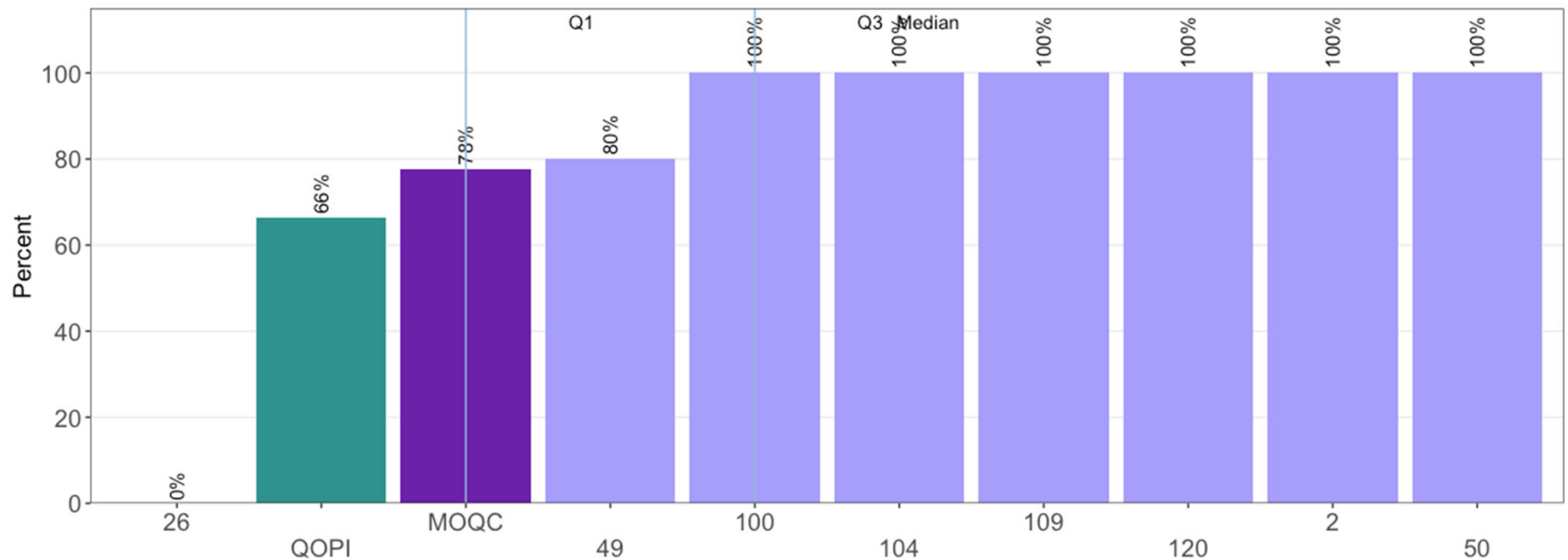


**QOPI Measure EOL47a - Practice and Comparative Groups  
R1 2020**

Note: Practices with no eligible cases in the denominator and/or missing data are not shown.



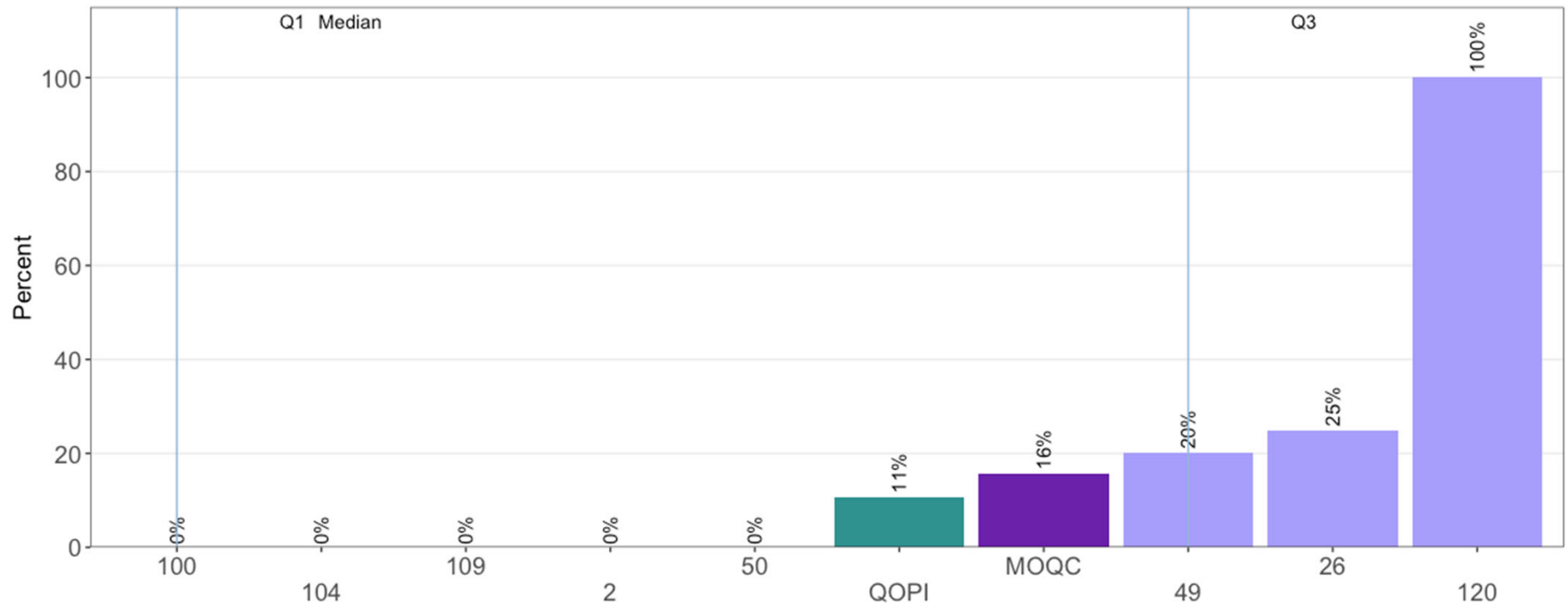
Palliative care referral/services, or documented discussion  
(Combined measure 43 or 46)  
N = 18



**QOPI Measure EOL47b - Practice and Comparative Groups  
R1 2020**

Note: Practices with no eligible cases in the denominator and/or missing data are not shown.

## Chemotherapy administered within the last two weeks of life N = 19



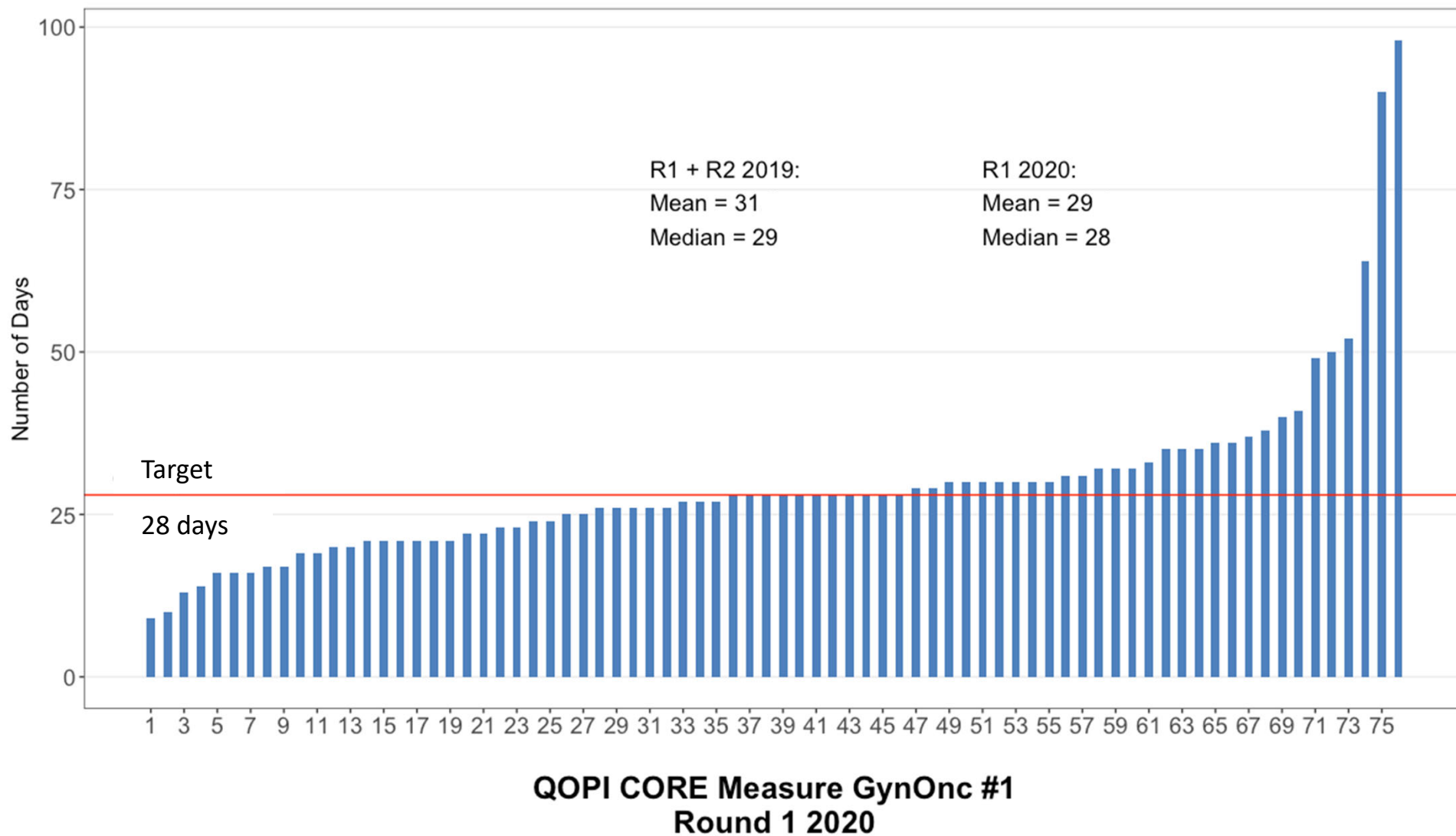
### QOPI Measure EOL48 - Practice and Comparative Groups R1 2020

Note: Practices with no eligible cases in the denominator and/or missing data are not shown.

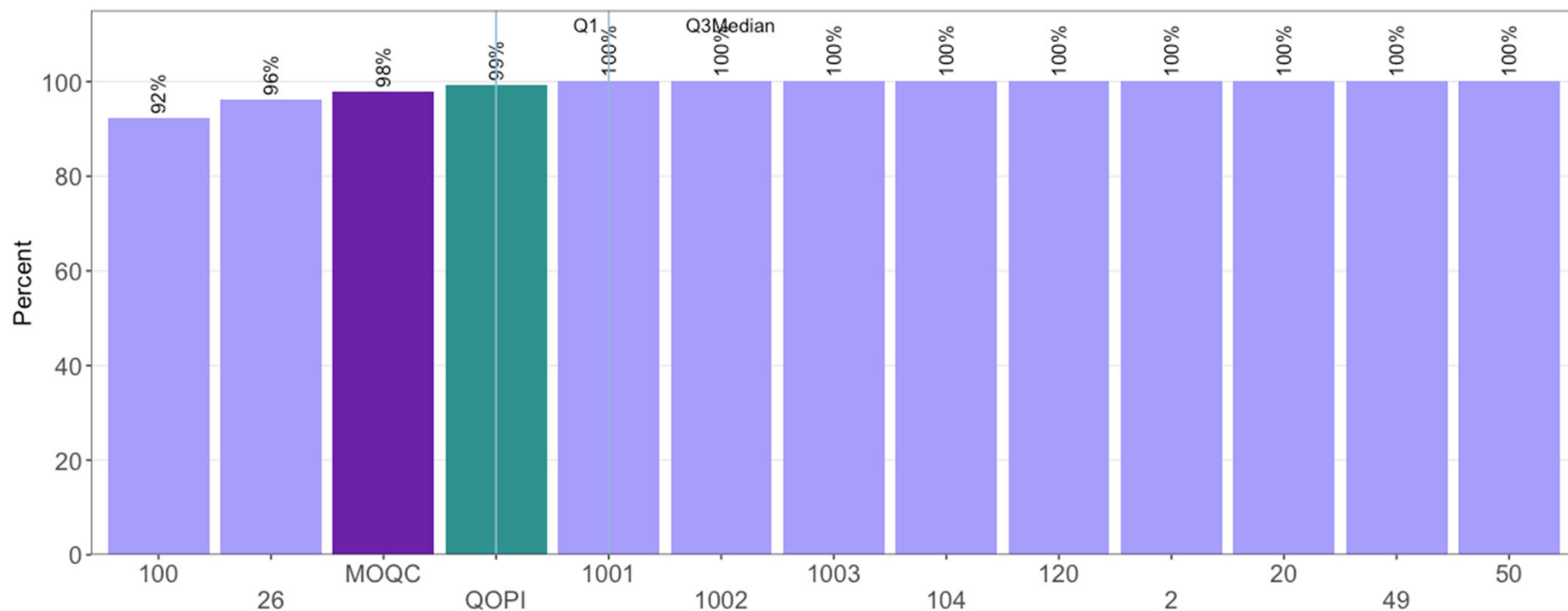
# Gyn Onc Measures - Ovarian

# Days between Cytoresduction and 1st Day of Chemotherapy

N = 76



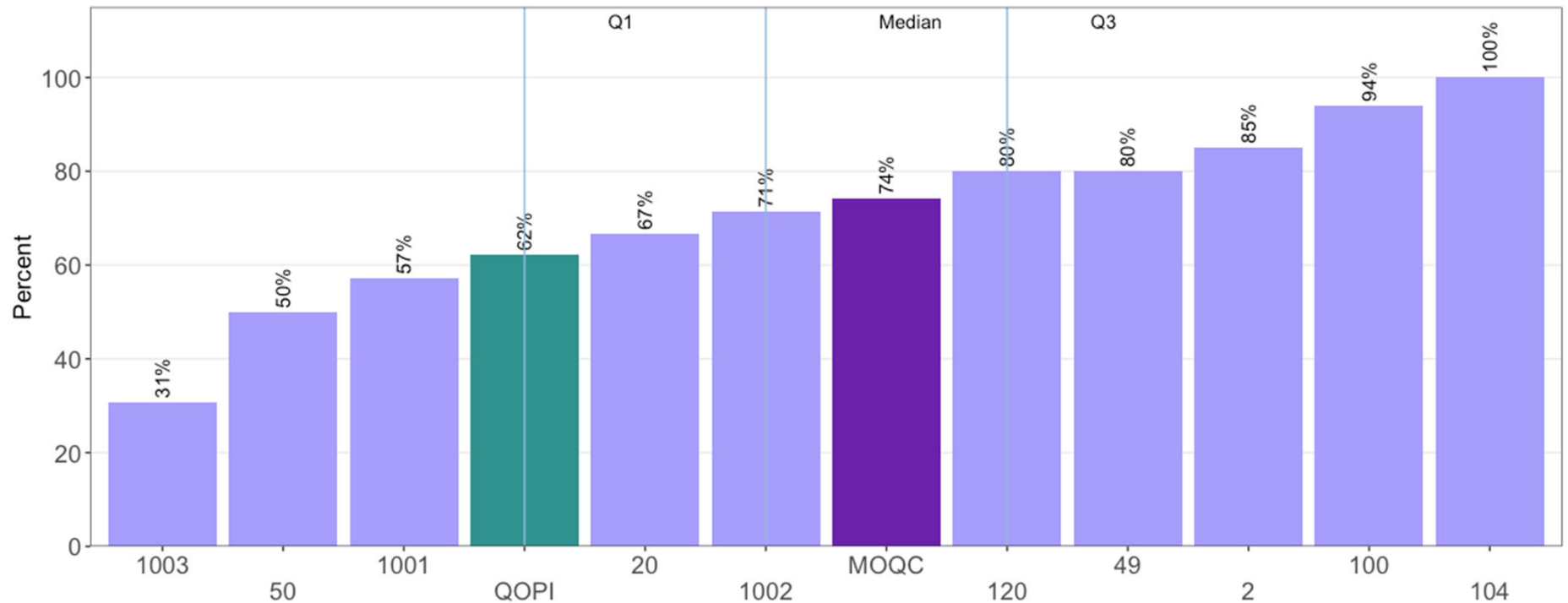
# Patients with ovarian cancer referred to genetic testing/counselling N = 144



## **QOPI Measure GynOnc #2 - Practice and Comparative Groups R1 2020**

Note: Practices with no eligible cases in the denominator and/or missing data are not shown.

Operative report with documentation of residual disease (Optimal/Suboptimal)  
N = 135



**QOPI Measure GYNONC90g - Practice and Comparative Groups  
R1 2020**

Note: Practices with no eligible cases in the denominator and/or missing data are not shown.

# Value Based Reimbursement Summary

- Criteria for qualification
  1. 100% Attendance at Biannual Meetings (1 physician per practice)
  2. Operative report with documentation of residual disease within 48 hours of cytoreduction
    - Current: 74%
    - Goal: 70%
  3. Days from cytoreduction to chemotherapy
    - Current: 29 days
    - Goal: 28 days or less



# Future State

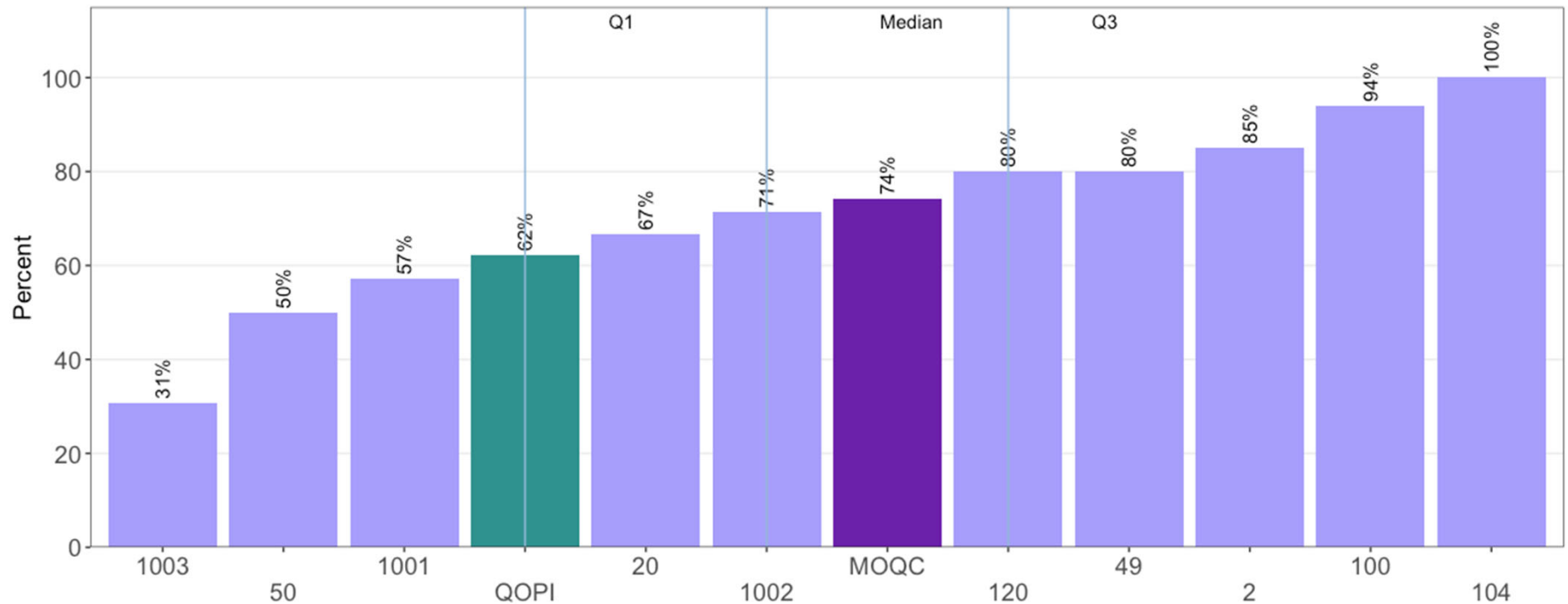
- Database Updates
  - Retired Measures
    - Consensus?
  - Abstracting all gynecologic charts, not just ovarian
    - Consensus?
  - MSQC Partnership (hysterectomy database)
- Possible VBR Measures
  - Opioid Utilization
  - Surgical Site Infections/Readmission/Reoperations etc. from MSQC
  - VTE
    - VTE Calculator
    - <https://moqc.github.io/vte-calculator/>





# Quality Project: Operative Note

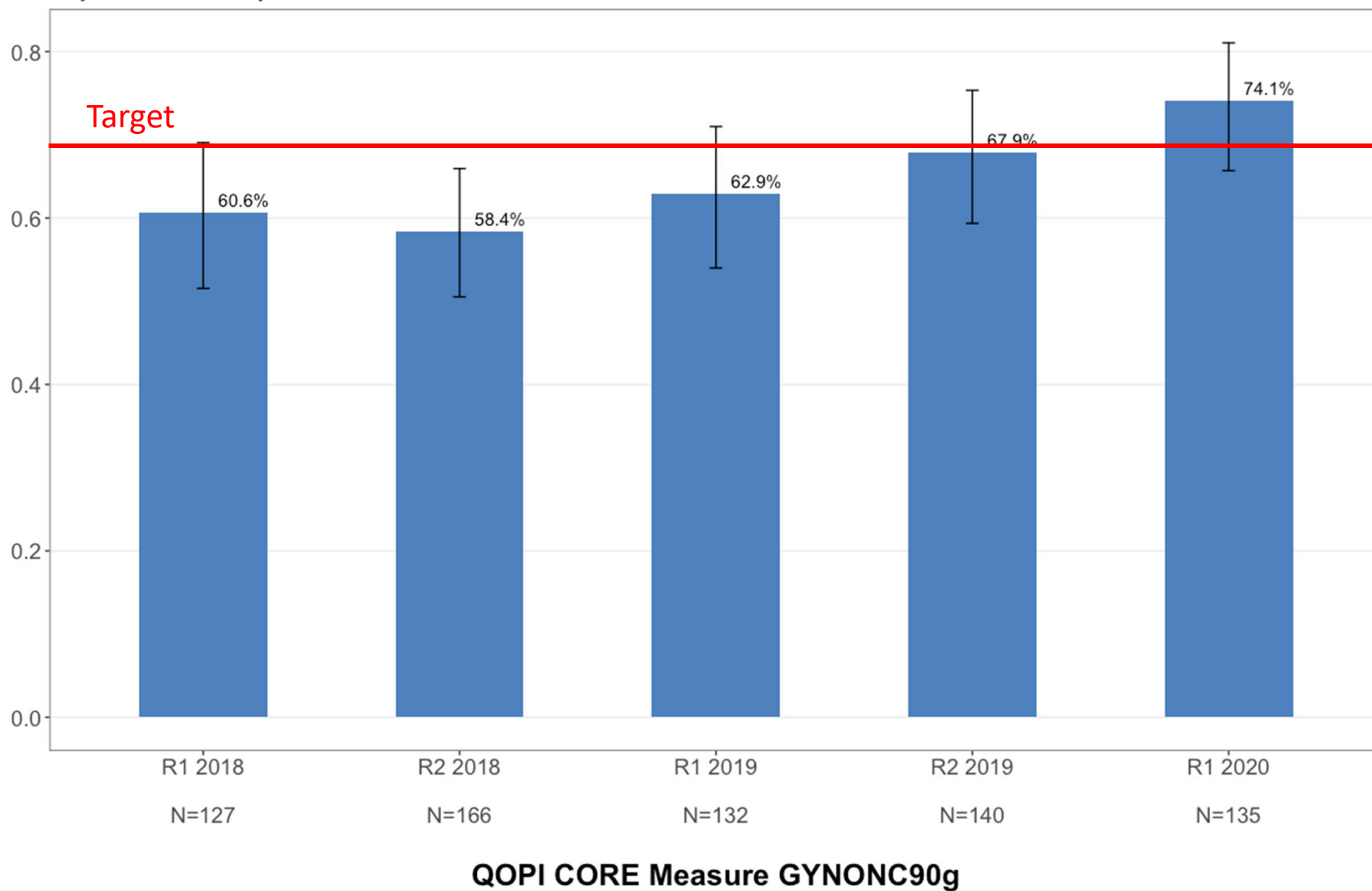
Operative report with documentation of residual disease (Optimal/Suboptimal)  
N = 135



**QOPI Measure GYNONC90g - Practice and Comparative Groups  
R1 2020**

Note: Practices with no eligible cases in the denominator and/or missing data are not shown.

## Operative report with documentation of residual disease within 48 hours



## Interventions

- Presentation by B Rosen, Beaumont, June 2018 → Op Note Templates
- Discussed data and re-vamped website, October 2019
- Developed templates
  - Website
    - [www.moqcopnote.org](http://www.moqcopnote.org)
  - Lab Coat Pocket Card – sent to practices, contact Vanessa Aron for additional, if desired
- Op Note Measure → VBR



## Standardized Operative Note

### Checklist for Ovarian Cancer Operative Note Dictation



[CLICK HERE for an online operative note generator](#)

Please make sure to include the following data elements in your operative note.

- **Debulking Status** – Primary vs. Interval Debulking
- **Staging Information** – If available based on imaging (for example, at least stage IIIc for a patient with a biopsy-proven lesion of the omentum) [Link to ovarian cancer staging](#)
- **Surgery Type** – Open/Robotic/Laparoscopic
- **Residual Disease Status** – Please specify if:
  - No residual disease (R0 or no visible disease)
  - Optimally debulked (1-5 mm largest visible disease)
  - Optimally debulked (6-10 mm visible disease)
  - Sub-optimally debulked (>10 mm disease residual)
    - For suboptimally debulked patients, specify the size and location of residual disease

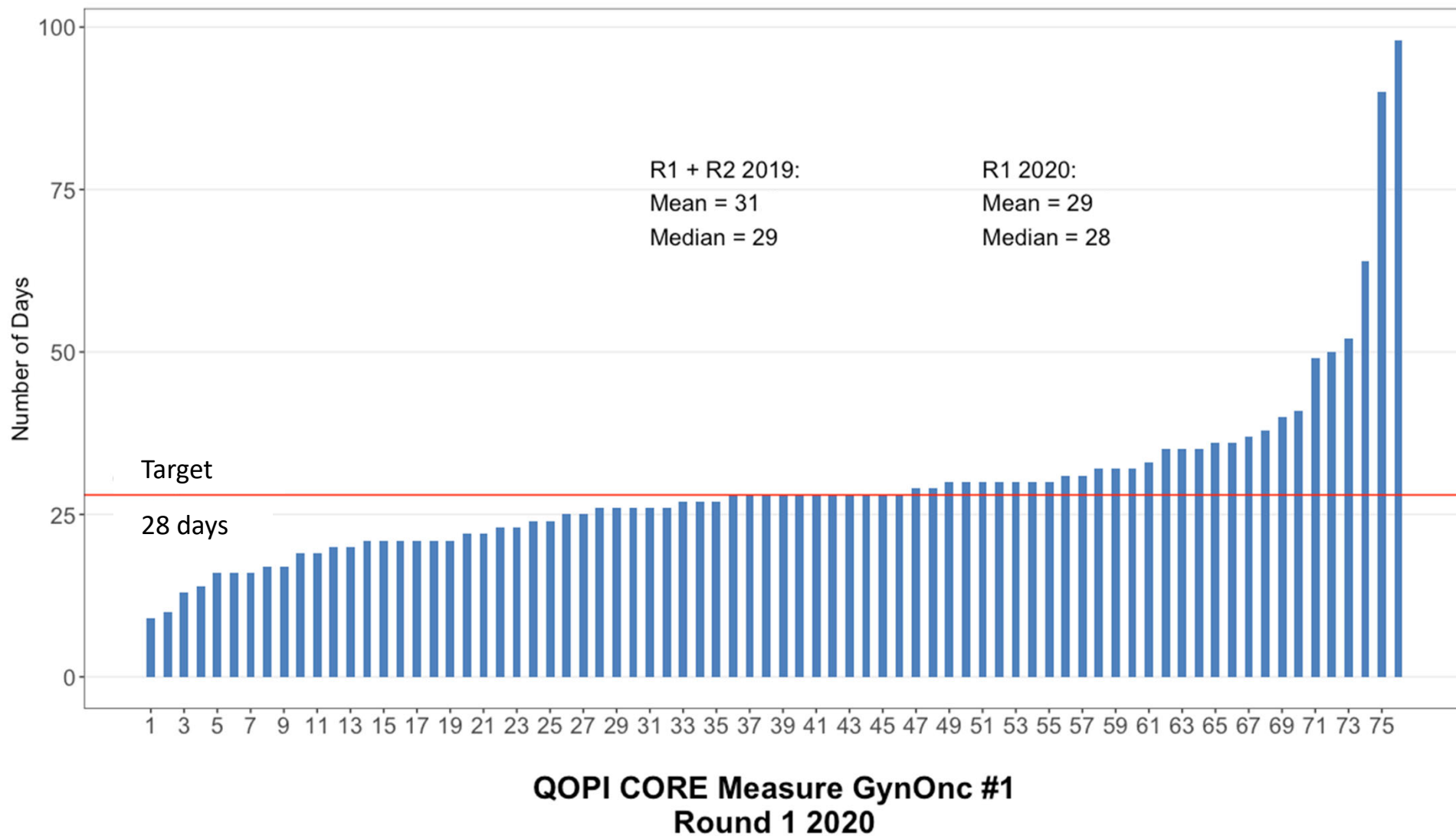
- **Surgical Complexity Scoring** – Use the calculator below to get the score

(Aletti GD, Dowdy SC, Podratz KC, Cliby WA. Relationship among surgical complexity, short-term morbidity, and overall survival in primary surgery for advanced ovarian cancer. Am J Obstet Gynecol. 2007;197(6):676.e1-e7.)

# Quality Project: Days from Cytoreduction to Chemotherapy

# Days between Cytoresduction and 1st Day of Chemotherapy

N = 76



# Days from Cyto reduction to Chemotherapy

- Literature
- Scheduler expectations/education
- What should we do next?





**Table 1**

SGO guidelines for classification of urgency in gynecologic surgery.

Emergent/urgent Immediate	Semi-urgent 1–4 weeks	Non-urgent >4–12 weeks	Elective >3 months
<p>Emergent: procedure performed without delay to preserve life or limb.</p> <p>Urgent: Procedure that is acutely time-sensitive and performed when the patient is medically stable.</p> <ul style="list-style-type: none"> <li>• Viscus perforation</li> <li>• Closed-loop bowel or colonic obstruction</li> <li>• Incarcerated hernia with gynecologic tumor</li> <li>• Vaginal, uterine or pelvic hemorrhage</li> <li>• Molar pregnancy</li> <li>• Pelvic mass with torsion or with urinary or intestinal obstruction</li> </ul> <p>*CRS = cytoreductive surgery *PEG = percutaneous gastrostomy surgery *VAIN = vaginal intra-epithelial neoplasia *VIN = vulvar intraepithelial neoplasia *CIN = cervical intraepithelial neoplasia *CAH/EIN = complex atypical hyperplasia/endometrial intra-epithelial neoplasia</p>	<p>Procedure performed in order to preserve the patient's life or prevent expected progression of disease/morbidity. Designation determined by specialty.</p> <ul style="list-style-type: none"> <li>• Establishment of cancer diagnosis when high suspicion exists (i.e., diagnostic laparoscopy, D&amp;C Hysterectomy etc.)</li> <li>• Grade 1 endometrial cancer when hormonal therapy is contra-indicated or not possible</li> <li>• High grade uterine cancers, all stages (i.e., epithelial and sarcoma histotypes)</li> <li>• Cervical and vulvar cancers—surgery with curative intent</li> <li>• Cervical and vaginal malignancies requiring radiation applicators</li> <li>• Cervical AIS or inadequate colposcopy and concern for invasive cancer</li> <li>• Advanced ovarian cancer, particularly interval CRS</li> <li>• Abdominopelvic masses concerning for malignancy</li> <li>• Symptomatic gynecologic cancer in pregnancy requiring surgery</li> <li>• Patients with recurrent disease without non-surgical options</li> <li>• Symptomatic patients with inoperable primary or recurrent cancer requiring palliative cancer procedures (i.e., diverting colostomy, venting PEG tubes, select exenteration)</li> <li>• Moderate-severe anemia requiring repeated transfusion</li> </ul>	<p>Progression of disease or symptoms, or readmission within 3 months is unlikely, or nonsurgical treatments available</p> <ul style="list-style-type: none"> <li>• Benign-appearing ovarian cysts/-masses</li> <li>• VAIN/VIN 2–3</li> <li>• CIN 2–3</li> <li>• CAH/EIN; Grade 1 endometrial cancer when hormonal therapy is not contraindicated</li> <li>• Completion surgery for early-stage ovarian cancer</li> <li>• Recurrent cancer requiring palliative resection</li> </ul>	<p>Procedure that does not involve a medical emergency. The procedure can be delayed without meaningful disease progression or morbidity.</p> <ul style="list-style-type: none"> <li>• Risk reducing surgery for genetic predisposition to gynecologic cancer</li> <li>• Hysterectomy for benign disease in absence of anemia</li> <li>• Uncomplicated endometriosis</li> <li>• Pelvic organ prolapse</li> <li>• Urinary incontinence</li> </ul>

Priority	Description	Examples
1	<ul style="list-style-type: none"> <li>• Curative therapy with a high (&gt;50%) chance of success</li> <li>• Adjuvant or neoadjuvant therapy which adds at least 50% chance of cure versus surgery or radiotherapy alone or treatment given at relapse</li> </ul>	<ul style="list-style-type: none"> <li>• Germ cell tumors</li> <li>• Gestational trophoblastic disease</li> <li>• Concurrent chemoradiation for cervical cancers</li> </ul>
2	<ul style="list-style-type: none"> <li>• Curative therapy with an intermediate (15-50%) chance of success</li> <li>• Adjuvant or neoadjuvant therapy which adds 15-50% chance of cure versus surgery or radiotherapy alone or treatment given at relapse</li> </ul>	<ul style="list-style-type: none"> <li>• Patients with high grade serous or endometrioid ovarian cancer, particularly in patients known to have a BCRA mutation, low volume disease or good performance status</li> </ul>
3	<ul style="list-style-type: none"> <li>• Curative therapy with a low (10-15%) chance of success</li> <li>• Adjuvant or neoadjuvant therapy which adds 10-15% chance of cure versus surgery or radiotherapy alone or treatment given at relapse</li> <li>• Non-curative therapy with a high (&gt;50%) chance of &gt;1 year of life extension</li> </ul>	<ul style="list-style-type: none"> <li>• Patients with high grade serous or endometrioid ovarian cancer, newly diagnosed or first platinum-sensitive relapse</li> <li>• Patients with advanced, high-grade endometrial cancer</li> </ul>
4	<ul style="list-style-type: none"> <li>• Curative therapy with a low (0-15%) chance of success</li> <li>• Adjuvant or neoadjuvant therapy which adds &lt;10% chance of cure versus surgery or radiotherapy alone or treatment given at relapse</li> <li>• Non-curative therapy with an intermediate (15-50%) chance of &gt;1 year of life extension</li> </ul>	<ul style="list-style-type: none"> <li>• Chemotherapy for cervical and endometrial cancer in first recurrence with good performance or advanced previously untreated disease</li> <li>• Some patients with platinum-sensitive relapsed ovarian cancer</li> </ul>
5	<ul style="list-style-type: none"> <li>• Non-curative therapy with a high (&gt;50%) chance of palliation / temporary tumor control but &lt;1 year life extension</li> </ul>	<ul style="list-style-type: none"> <li>• Platinum-resistant ovarian cancer</li> <li>• Recurrent endometrial cancer</li> </ul>
6	<ul style="list-style-type: none"> <li>• Non-curative therapy with an intermediate (15-50%) chance of palliation / temporary tumor control and &lt;1 year life extension</li> </ul>	<ul style="list-style-type: none"> <li>• Chemotherapy for metastatic or recurrent cervical cancer or endometrial cancer in second recurrence</li> </ul>

# BREAK

Return in 10 minutes



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[moqc.org](http://moqc.org)

# MiGHT Grant

Jennifer J. Griggs, MD, MPH



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[moqc.org](http://moqc.org)

# Michigan Genetic Hereditary Testing (MiGHT)



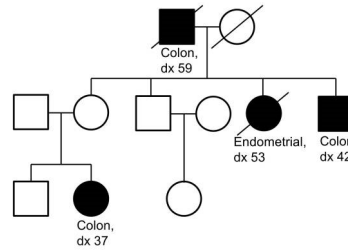
Elena M. Stoeffel, MD, MPH

Jennifer J. Griggs, MD, MPH

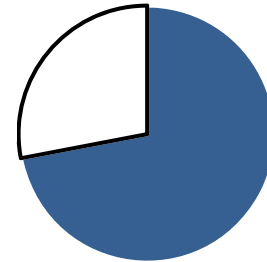
Kenneth Resnicow, PhD

Shitanshu Uppal, MD, MS



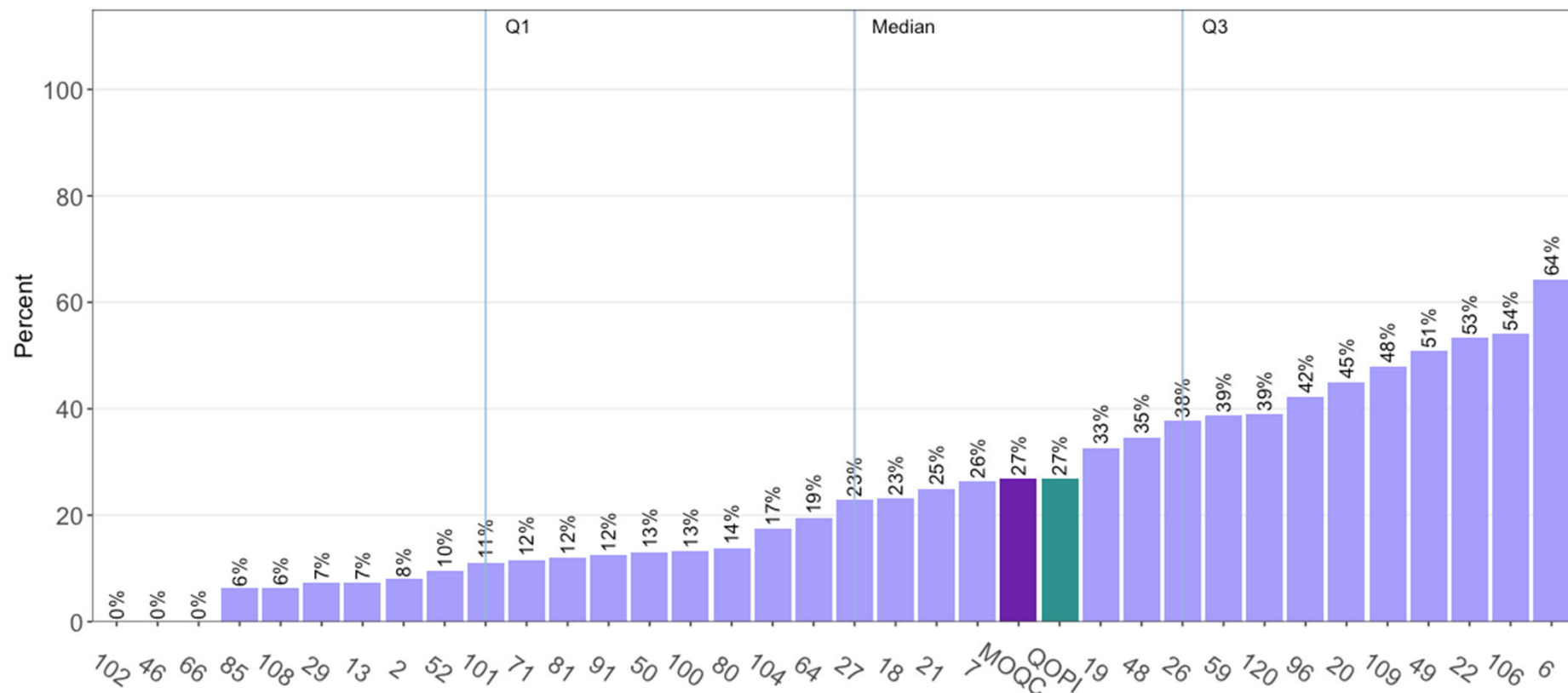


Adequate Family  
History  
< 30%



# How Are We Doing?

## Complete family history documented in patients with invasive cancer, N = 3040



### QOPI Measure MOQC PM2 - Practice and Comparative Groups Round 2 2019

Note: Practices with no eligible cases in the denominator are not shown

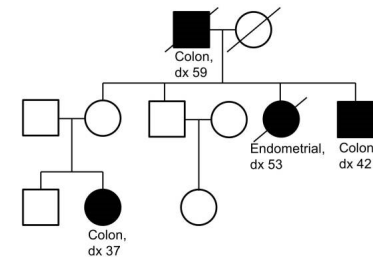
# Study Aims

## Practice-Level

1. Improving quality of the family history in all patients with cancer

*Does a tablet-based family health history survey tool with output for clinicians improve completion of the family history?*

*In conjunction with genetics information support for oncology teams & practices*





# Study Aims

## Patient- and Family-Level

### 2. Increasing the proportion of people who get genetic testing

*Can we improve the proportion of patients getting guideline-concordant genetic risk assessment & testing?*

3-arm study of  
tailored messaging via mobile optimized web interface (app)  
vs  
genetic counseling with motivational interviewing  
vs  
usual care

*Exploratory question: Can we improve the uptake of cascade testing?*

## **VIRTUAL GENETIC COUNSELOR APP** (AIM2)

### **CONTENT**

#### **Why should I get tested?**

- Knowledge
- Myths & realities
- Attitudes
- Norms
- Motivation
- Barriers

#### **How/Where do I get tested?**

- Clinic
- Direct-to-consumer
- Payment/Insurance

#### **Understanding Results**

#### **Communication w/ Family**

- Cascade Testing Tips

### **FUNCTION**

- Link to Family History Tool
- Tailored Content
- Reminders To Test
- Communicate With PCP/Oncologist
- Push Button Genetic Counselor
- Geolocated Testing And Genetic Counselor
- Searchable FAQ

# Partnership with State

## Ovarian Cancer Grant

Vanessa Aron, BA  
MOQC Project Manager

Audra Putt, MPH, CPH  
State of Michigan – Department of Health and Human Resources

## Federal Funding for Ovarian Cancer



**≈ 650 New cases per year**



**≈ 500 Found cases**



**150 Case gap**


# Grant Projects





# Patient Navigation Line

<https://www.michigan.gov/ovariancancer>



Michigan Department of Health & Human Services

[Assistance Programs](#)[Adult & Children's Services](#)[Safety & Injury Prevention](#)[Keeping Michigan Healthy](#)[Doing Business with MDHHS](#)[Inside MDHHS](#)

[Keeping Michigan Healthy](#)[Announcements](#)[Child Welfare Medical Resources](#)[Behavioral Health & Developmental Disability](#)[Chronic Diseases](#)[Arthritis](#)[Asthma](#)[Cancer](#)[Cardiovascular](#)[Dementia](#)[Diabetes](#)[Disability Health](#)[Office of Equity and Minority Health \(OEMH\)](#)[Hepatitis](#)[HIV/STD](#)[Influenza](#)[Lead](#)

MDHHS / KEEPING MICHIGAN HEALTHY / CHRONIC DISEASES / CANCER

## Ovarian Cancer

Ovarian cancer is a disease of the ovary, fallopian tubes and peritoneum, and unlike other cancers, there is currently no screening available to detect it early. In early stages of ovarian cancer, there may not be many signs or symptoms. This means that ovarian cancer is often found at a later stage.

[Ovarian Cancer Risk Factors](#)[Ovarian Cancer Signs and Symptoms](#)[Michigan Ovarian Cancer Patient Navigation Line](#)

Contact the Michigan Ovarian Cancer Patient Navigation line to speak with a patient navigator. A patient navigator can provide helpful information about finding a gynecologic oncologist in your area, or the closest one to your geographic region. The patient navigator will also be able to share additional resources about ovarian cancer.

Call: 844-446-8727

[Ovarian Cancer Patient Resources](#)[Ovarian Cancer Provider Resources](#)

# Patient Navigation Line

<https://www.michigan.gov/ovariancancer>

The screenshot displays the MDHHS website header with the logo and a search bar. Below the header is a navigation bar with links to Assistance Programs, Adult & Children's Services, Safety & Injury Prevention, Keeping Michigan Healthy, Doing Business with MDHHS, and Inside MDHHS. The left sidebar lists various health topics, with 'Cancer' highlighted. The main content area is titled 'Ovarian Cancer' and includes a brief description of the disease. Below this, a list of resources is provided, with 'Ovarian Cancer Patient Resources' circled in red. The page number 51 is visible in the bottom right corner.

**MDHHS**  
Michigan Department of Health & Human Services

Search

Assistance Programs | Adult & Children's Services | Safety & Injury Prevention | Keeping Michigan Healthy | Doing Business with MDHHS | Inside MDHHS




Keeping Michigan Healthy  
Announcements  
Child Welfare Medical Resources  
Behavioral Health & Developmental Disability  
Chronic Diseases  
Arthritis  
Asthma  
Cancer  
Cardiovascular  
Dementia  
Diabetes  
Disability Health  
Office of Equity and Minority Health (OEMH)  
Hepatitis  
HIV/STD  
Influenza  
Lead

MDHHS / KEEPING MICHIGAN HEALTHY / CHRONIC DISEASES / CANCER

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- Ovarian Cancer Risk Factors
- Ovarian Cancer Signs and Symptoms
- Michigan Ovarian Cancer Patient Navigation Line
- Ovarian Cancer Patient Resources**

Ovarian Cancer Patient Checklist - Michigan Oncology Quality Consortium   
Ovarian Cancer Education Podcasts - Michigan Oncology Quality Consortium  
Michigan Ovarian Cancer Alliance  
Ovarian Cancer Fact Sheet - Centers for Disease Control and Prevention (CDC)   
Ovarian Cancer - Epithelial Ovarian Cancer: NCCN Guidelines for Patients 

Ovarian Cancer Provider Resources

51

# Patient and Physician Checklists

<https://moqc.org/>

← → ↻ moqc.org ☆

Apps ★ Bookmarks Social Security Deat... Outlook Web App University of Michi... ITS Administrative... Hosting and other... RVU Dashboards |... Reports - MedHub » Other b

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About **Initiatives** News Events Resources 🔍

Abstraction Round 2 Abstraction Documents Auditing Practices (coming soon)	Clinical (coming soon) Cancer Related Fatigue (coming soon) Chemotherapy-Induced Nausea and Vomiting (CINV) – Antilemetics Oral Oncolytics Tobacco Cessation Program	Equity of Care (coming soon) Anti-racism (coming soon)	Grant-funded (coming soon) Cancer Thriving & Surviving (CTS) (coming soon) Family History (coming soon) Patient-Reported Outcomes in Oncology (PROMOnc)	Gynecologic Oncology Gyn Onc Educational Series <b>Ovarian Cancer Resources</b> Past Meeting Library Standardized Op Note	Interdisciplinary Partnerships (coming soon) Hospice Palliative Radiation Therapy Pathway Pharmacists Optimizing Oncology Care Excellence in Michigan (POEM) Primary Care Oncology Model (PCOM)
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**Current Tweets**

Tweets by @MOQCteam

**MOQC**  
@MOQCteam  
What life lesson has MOQC's Kleo Kolizeras

Please note specified venue information for each event.

**Upcoming Events**

**Virtual Regional Meeting – West**

**Latest from MOQC**

**OVARIAN CANCER PODCAST:**

**New Diagnosis**  
September 10, 2020 - 1:00 pm

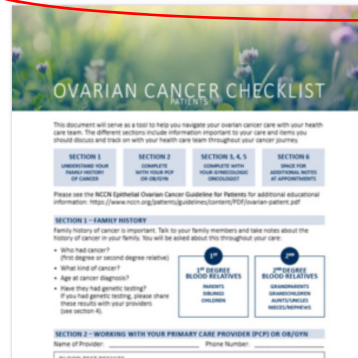


# Patient and Physician Checklists

## Educational Materials

### Ovarian Cancer Checklists:

For Patients



**OVARIAN CANCER CHECKLIST**

This document will serve as a tool to help you navigate your ovarian cancer care with your health care team. The different sections include information important to your care and items you should discuss and track on with your health care team throughout your cancer journey.

Please use the NCCN Guidelines for Patients for additional educational information: <https://www.nccn.org/guidelines/guidelines/pdf/ovarian-patient.pdf>

**SECTION 1 - FAMILY HISTORY**

Family history of cancer is important. Talk to your family members and take notes about the history of cancer in your family. You will be asked about this throughout your care.

- Who had cancer?  
(first degree or second degree relatives)
- What kind of cancer?
- Age at cancer diagnosis?
- Have they had genetic testing?  
If you had genetic testing, please share these results with your providers  
(see section 4)

**SECTION 2 - WORKING WITH YOUR PRIMARY CARE PROVIDER (PCP) OR GYN**

Name of Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

AN Ovarian Cancer Resource

For Physicians



**OVARIAN CANCER CHECKLIST**

**CONSIDERING A GYNECOLOGIC ONCOLOGY REFERRAL?**

PLEASE CONSIDER ORDERING THE FOLLOWING TESTS IF SUITABLE IN YOUR PATIENT

**CARCINOMATOUS ON CT SCAN**

- Order CT guided biopsy of extra-ovarian disease
- Initiate referral to Gynecologic Oncologist (no need to wait for results of biopsy)

**ADRENAL MASS ONLY - NO CARCINOMATOUS**

- Obtain CA-125
- Obtain detailed family history
- Initiate referral to Gynecologic Oncologist (no need to wait for results of bloodwork)

**MALIGNANT APPEARING MASS IN YOUNG PATIENT - CONSIDER GERM CELL TUMOR**

- Obtain AFP- $\beta$ -HCG/Inhibin
- Initiate referral to Gynecologic Oncologist (no need to wait for results of biopsy)

**INCIDENTAL MALIGNANCY DURING SURGERY**

- Initiate referral to Gynecologic Oncologist (no need to wait for results of biopsy)
- Send operative note to gynecologic oncologist
- Send pathology to gynecologic oncologist
- Strongly consider contacting gynecologic oncologist directly

Please note, referral to gynecologic oncologist should not be delayed while awaiting these tests.

### Additional flyers:

↓ Ovarian Cancer Resources

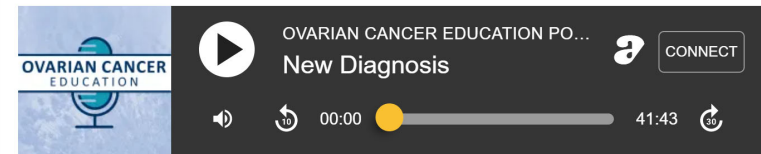
↓ Ovarian Cancer Staging

↓ Ovarian Cancer Testing

## Ovarian Cancer Education Podcasts

### Featured podcast:

[VIEW TRANSCRIPT, DISCLAIMER & SHOW NOTES](#)



### Additional podcasts:

📻 New Diagnosis

# Patient and Physician Checklists



# Podcast

## Educational Materials

### Ovarian Cancer Checklists:

#### For Patients



**OVARIAN CANCER CHECKLIST**

This document will serve as a tool to help you manage your ovarian cancer care with your health care team. The different sections include information important to your care and family you should discuss and track on with your health care team throughout your cancer journey.

Please see the NCCN Epithelial Ovarian Cancer Guidelines for Patients for additional educational information: <https://www.nccn.org/patients/guidelines/ovarian/POI/ovarian-patient.pdf>

**SECTION 1 – FAMILY HISTORY**  
Family history of cancer is important. Talk to your family members and take notes about the history of cancer in your family. You will be asked about this throughout your care.

- Who had cancer?  
(First, second or third degree relatives)
- What kind of cancer?
- Age at cancer diagnosis?
- Have they had genetic testing?  
If you had genetic testing, please share those results with your providers (see section 4).

**SECTION 2 – WORKING WITH YOUR PRIMARY CARE PROVIDER (PCP) OR OB/GYN**

Name of Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
(write down your name here)

#### For Physicians



**OVARIAN CANCER CHECKLIST**

**CONSIDERING A GYNECOLOGIC ONCOLOGY REFERRAL?**  
PLEASE CONSIDER ORDERING THE FOLLOWING TESTS IF SUITABLE IN YOUR PATIENT

**CARCINOMATOSIS ON CT SCAN**

- Order CT guided biopsy of extra-ovarian disease
- Initiate referral to Gynecologic Oncologist (no need to wait for results of biopsy)

**ADnexal MASS ONLY – NO CARCINOMATOSIS**

- Obtain CA-125
- Obtain detailed family history
- Initiate referral to Gynecologic Oncologist (no need to wait for results of bloodwork)

**MALIGNANT APPEARING MASS IN YOUNG PATIENT – CONSIDER GERM CELL TUMOR**

- Obtain AFP- $\alpha$ -fetoprotein
- Initiate referral to Gynecologic Oncologist (no need to wait for results of biopsy)

**INCIDENTAL MALIGNANCY DURING SURGERY**

- Initiate referral to Gynecologic Oncologist (no need to wait for results of biopsy)
- Send operative note to gynecologic oncologist
- Send pathology to gynecologic oncologist
- Strongly consider contacting gynecologic oncologist directly

Please note: Referral to gynecologic oncologist should not be delayed while awaiting these tests.

### Additional flyers:

↓ Ovarian Cancer Resources

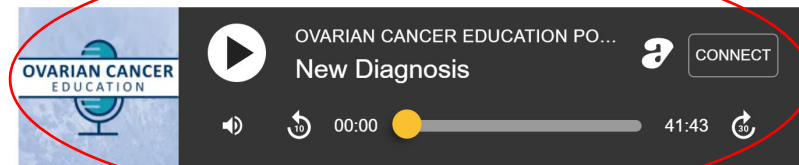
↓ Ovarian Cancer Staging

↓ Ovarian Cancer Testing

## Ovarian Cancer Education Podcasts

### Featured podcast:

[VIEW TRANSCRIPT, DISCLAIMER & SHOW NOTES](#)



### Additional podcasts:

 New Diagnosis

**Podcast**



# Podcast

## Educational Materials

### Ovarian Cancer Checklists:

#### For Patients



#### For Physicians



### Additional flyers:

 [Ovarian Cancer Resources](#)

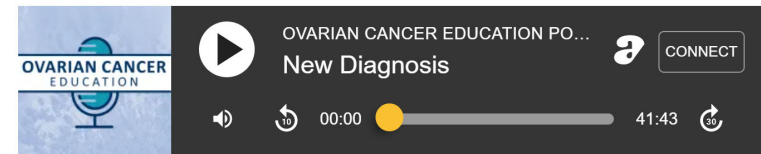
 [Ovarian Cancer Staging](#)

 [Ovarian Cancer Testing](#)

## Ovarian Cancer Education Podcasts

### Featured podcast:

[VIEW TRANSCRIPT, DISCLAIMER & SHOW NOTES](#)



### Additional podcasts:

 [New Diagnosis](#)



[Spotify](#)



[Google Podcasts](#)



[Acast](#)



[iTunes](#)

[amazon  
music](#)

## Patient and Physician Checklists

Please use the NCCN ESMAP Overview Cancer Care Pathway for Patients for additional educational information: <https://www.nccn.org/patienteducation/pdf/esmap-overview-cancer-care-pathway.pdf>

**SECTION 1: FAMILY HISTORY**

Family history of cancer is important. Talk to your family members and learn more about the history of cancer in your family. You may be asked about the following:

- Who had cancer? (first degree or second degree relatives)
- What type of cancer?
- Age at cancer diagnosis?
- How close did genetic testing, and/or if you had genetic testing, provide these results with your provider (see section 4).



**1<sup>ST</sup> DEGREE BLOOD RELATIVES**  
(includes parents, siblings, and children)



**2<sup>ND</sup> DEGREE BLOOD RELATIVES**  
(includes grandparents, aunts, uncles, and nieces/nephews)

**ADDITIONAL ASSESSMENT QUESTIONS:**

- ADRENAL MASS ONLY – NO CARCINOMAS**
  - Obtain CA-125
  - Obtain detailed family history
  - Initiate referral to Gynecologic Oncology (we need to wait for results of bloodwork)
- MAIGRANT APPEARING MASS IN YOUNG PATIENT – CONSIDER GERM CELL TUMOR**
  - Obtain AFP/CA-125/Urinary hCG
  - Initiate referral to Gynecologic Oncology (we need to wait for results of biopsy)
- INCIDENTAL MAIGRANT SURROUND SURGERY**
  - Initiate referral to Gynecologic Oncology (we need to wait for results of biopsy)
  - Send operative note to Gynecologic oncologist
  - Send pathology to gynecologic oncologist
  - Strongly consider contacting gynecologic oncologist directly

Please note: Referral to gynecologic oncologist should not be delayed with obtaining these tests.

**SECTION 2: WORKING WITH YOUR PRIMARY CARE PROVIDER (PCP) OR OB/GYN**

Name of Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

~~Additional flyers:~~

- ↓ Ovarian Cancer Resources
- ↓ Ovarian Cancer Staging
- ↓ Ovarian Cancer Testing
- ↓ Ovarian Cancer Treatments
- ↓ Ovarian Cancer Treatment Team
- ↓ Types of Ovarian Cancer

Order MOQ C Ovarian Cancer Printed Materials

Additional podcasts:



## New Diagnosis

Additional resources:

Michigan Dept. of Health and Human Services (MDHHS) Ovarian Cancer Patient Navigation Line:

1-844-446-8727

## Next Steps



Thank you!

Questions?



# BREAK

Return in 10 minutes



**MOQC**

MICHIGAN ONCOLOGY  
QUALITY CONSORTIUM



[moqc.org](http://moqc.org)

# Next Steps/Open Discussion

Shitanshu Uppal, MD



MICHIGAN ONCOLOGY  
QUALITY CONSORTIUM



[moqc.org](http://moqc.org)

# Next Steps

- Future MOQC Gyn-Onc Meetings
  - Saturday still best?
- POQC Recruitment
- MOQC Biannual Meeting: January 15
  - Integrated Oncology & Palliative Care
  - Keynote Speaker:

Jennifer Temel, MD

Clinical Director of Thoracic Oncology

Co-Director, Cancer Outcomes Research and Education Program

Professor of Medicine at Harvard Medical School



# Discussion



THANK  
YOU

