



Making a Difference: Expediting Diagnosis of Ovarian Cancer

A Virtual Roundtable Discussion

December 2, 2020 | 6:00–8:00 PM ET



6:00–6:05 PM	Welcoming Remarks Nicole Alexander-Scott, MD, MPH	6:55–7:15	Question & Answer Session
6:05–6:15	A Survivor's Story	7:15–7:45	Multi-State Ovarian Cancer Initiative Project Outcomes <i>Rhode Island</i> —Diane C. Martins, PhD, RN, FAAN <i>Iowa</i> —Kristin Weeks, BS <i>Michigan</i> —Audra Putt, MPH, CPH
6:15–6:55	Best Practices in Patient Care for Earlier Diagnosis : A Multidisciplinary Approach Moderator: M. Teresa Paiva Weed, JD Bani Chander Roland, MD, FACG Don S. Dizon, MD, FACP, FASCO Kristen Hubbard, MD Robert D. Legare, MD, FACP Matthew T. Oliver, MD Jennifer Scalia Wilbur, MS	7:45–8:00 PM	Wrap Up & Call to Action Joseph Dziobek, MSW M. Teresa Paiva Weed, JD

Program Description

This roundtable discussion hosted by leading multidiscipline experts will review patient presentation, symptoms, diagnostic evaluation, physical exam, and indicators and benefits for gynecologic oncology referral. It will also illustrate the patient population at risk to carry a cancer genetic mutation and the importance of counseling for ovarian cancer predisposition and targeted treatment.

Historically, ovarian cancer was called the silent killer because symptoms were not thought to develop until the chance of cure was poor. However, recent studies have proven this untrue and have recognized that identifying early symptoms can be critical in order to improve outcomes. It has now been shown that the following new and/or persistent symptoms are likely to occur in women with ovarian cancer, and at times in patients with early stage disease: bloating; pelvic or abdominal pain; difficulty eating or feeling full quickly; and urinary symptoms (urgency or frequency).

The presenting symptoms are often mistaken for something else like irritable bowel syndrome, menopause, constipation, or indigestion and this results in delayed diagnosis. Many women ignore or downplay important symptoms that can be critical for an earlier diagnosis of ovarian cancer. Likewise, healthcare providers often do not recognize the urgency of evaluating symptoms and appropriate referral to a gynecologic oncologist improving overall prognosis and survival. Some patients may lack the most common symptoms of ovarian cancer but may have other or no presenting symptoms.

When a woman is diagnosed and treated in the earliest stages, the five-year survival rate is over 90 percent. Due to ovarian cancer's nonspecific symptoms and lack of early detection tests, only about 15 percent of cases are identified early (stage I or II). If detected at stage III or higher, the five-year survival rate can be as low as 28 percent.

Who Should Participate

Physicians, physician specialists (gynecologists, gastroenterologists), physician assistants, nurse practitioners, registered nurses, medical students, residents, fellows & other allied healthcare professionals engaged in the care of women, insurers, policy makers, public health professionals, & cancer advocacy organizations.

Learning Objectives

After participating, learners should be better 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 expediting the process of differential diagnosis can improve overall outcomes.
- Appreciate the importance of cancer genetic testing and counseling and its relationship to obtaining a comprehensive cancer family history.
- Have access to tools to empower primary care providers and specialists to improve outcomes for women with ovarian cancer.
- Learn about other collaborative projects associated with this grant including RI's Survivor's Teaching Students® and projects completed through groups in Iowa and Michigan.

Continuing Medical Education Accreditation

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Warren Alpert Medical School of Brown University and the Rhode Island Department of Health Academic Center. The Warren Alpert Medical School of Brown University is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation

Physicians: The Warren Alpert Medical School of Brown University designates this live activity for a maximum of 2.0 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nurses: This activity has been submitted to Northeast Multi-State Division (NE-MSD) for approval to award nursing contact hours. Northeast Multistate Division (NE-MSD) is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Social Workers: An application has been submitted and is pending review the National Association of Social Workers - RI Chapter.

This program has been developed in partnership with

Partnership to Reduce Cancer in Rhode Island ~ Women & Infants Hospital Program in Women's Oncology
~ University of Rhode Island, College of Nursing ~ Michigan Oncology Quality Consortium ~ Iowa Cancer Consortium

Presenters

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