

Extended Abstract

The impact of time and team on primary cytoreduction outcomes

Adrienne Mallen,¹ Lindsay Goad,² S Joglekar, Heather Williams,¹ Tara Hoff,¹ Erin Salinas,¹ Timothy Ginader,³ Michael Goodheart¹

Objective

The degree of cytoreduction at time of initial surgery for epithelial ovarian cancers is correlated with overall survival. Given that surgery can be physically and mentally taxing on the surgeon, we sought to examine if there were temporal and/or team relationships related to primary cytoreduction outcomes.

Methods

All stage IIIB-IVB ovarian cancer patients who underwent primary surgery at our institution from 6/08 to 12/14 were identified and a retrospective chart review was performed. Univariate and multivariate analysis were used to test the strength of association between variables. Survival probabilities were

estimated and plotted using the Kaplan-Meier method.

Results

There were 244 patients with 36 (14.8%) with complete, 139 (57.2%) with optimal and 68 (28%) with suboptimal cytoreduction. Start time ($p=0.06$) or number of cases per day ($p=0.84$) did not play a role. Team characteristics including number of assistants ($p=0.07$) or the surgeon's years of experience ($p=0.87$) did not affect the degree of debulking. Factors that were statistically associated with complete or optimal cytoreduction included stage ($p=0.02$), histology ($p<0.01$), lack of blood transfusion ($p=0.03$), lower pre-op CA-125 (<0.01), and lower estimated blood loss (<0.01). Patients with suboptimal cytoreduction had longer lengths of

¹Department of Obstetrics and Gynecology, Carver College of Medicine, University of Iowa Hospitals and Clinics, Iowa City, IA, 52242

²University of Iowa, Roy J. and Lucille A. Carver College of Medicine, Iowa City, Iowa 52242

³Holden Comprehensive Cancer Center, University of Iowa Hospitals and Clinics, Iowa City, IA, 52242

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Corresponding author: Adrienne Mallen, Department of Obstetrics and Gynecology, University of Iowa, 200 Hawkins Drive, Iowa City, IA 42242, adrienne-mallen@uiowa.edu

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hospital stay (<0.01) and higher 30-day readmission rates (p=0.03).

Conclusion

Our study demonstrated that operative start time, number of cases per day, surgeon's years of experience as well as number of assistants also did not affect the degree of cytoreduction. Temporal and team factors were not

significant in achievement of optimal cytoreduction in the setting of advanced ovarian cancer primary cytoreduction.

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