# THE **EVERY WOMAN** STUDY™: LOW and MIDDLE-INCOME EDITION

ESGO European Society of Gynaecological Oncology

WORLD OVARIAN CANCER COALITION | IGCS INTERNATIONAL GYNECOLOGIC CANCER SOCIETY

A JOINT INITIATIVE FOR WOMEN

## VARIATIONS IN LEVEL OF SURGERY AND OPTIMAL CYTOREDUCTION AMONGST 2,446 WOMEN WITH OVARIAN CANCER IN 22 LOW- AND MIDDLE-INCOME COUNTRIES: THE EVERY WOMAN STUDY COHORT

## OBJECTIVE

Other than stage, optimal cytoreduction of ovarian cancer tumours remains the most important prognostic factor for women with this most deadly gynaecological cancer. Relevant data from low- and middle-income countries (LMICs) are incredibly scarce. To address this gap the Every Woman Study™, a multi-country observational study, examined cancer treatment data from women in these settings.

## METHODS

Data from women in 22 LMICs, diagnosed with ovarian cancer in the five years preceding their study participation were retrieved from medical records. The proportion of all women receiving any surgery was calculated by country and human development index (hdi) group. A sensitivity analysis excluding those diagnosed in the six months prior to their participation was performed to examine varying period effect on treatment schedules. The occurrence of optimal cytoreduction, defined as no gross residual disease and all macroscopic residual disease removed as reported by clinical sites, was examined for correlations with stage at diagnosis, awareness of ovarian cancer, household income, education, and methods of payment.

## RESULTS

Of the **2,446 women** in the study, **85.8% received surgery** for their condition. This varied by country (49% in Peru to 100% in Guatemala). Excluding the most recent diagnoses, this proportion rose to 93.5% (72.2% to 100%). Of those who received any surgery, **75.7% received optimal cytoreductive surgery** (27.2% to 98.2%) (Figure 1). This was strongly associated (p<0.0001) with early stage of diagnosis and younger age, and moderately associated (p<0.05) with higher household income, higher HDI, higher levels of awareness of ovarian cancer and women/families who had not self-funded their diagnosis and care.

**Figure 1.** Proportion of women undergoing surgery who received optimal cytoreduction (ASCO stratified guidelines), organised by Human Development Index (hdi) status

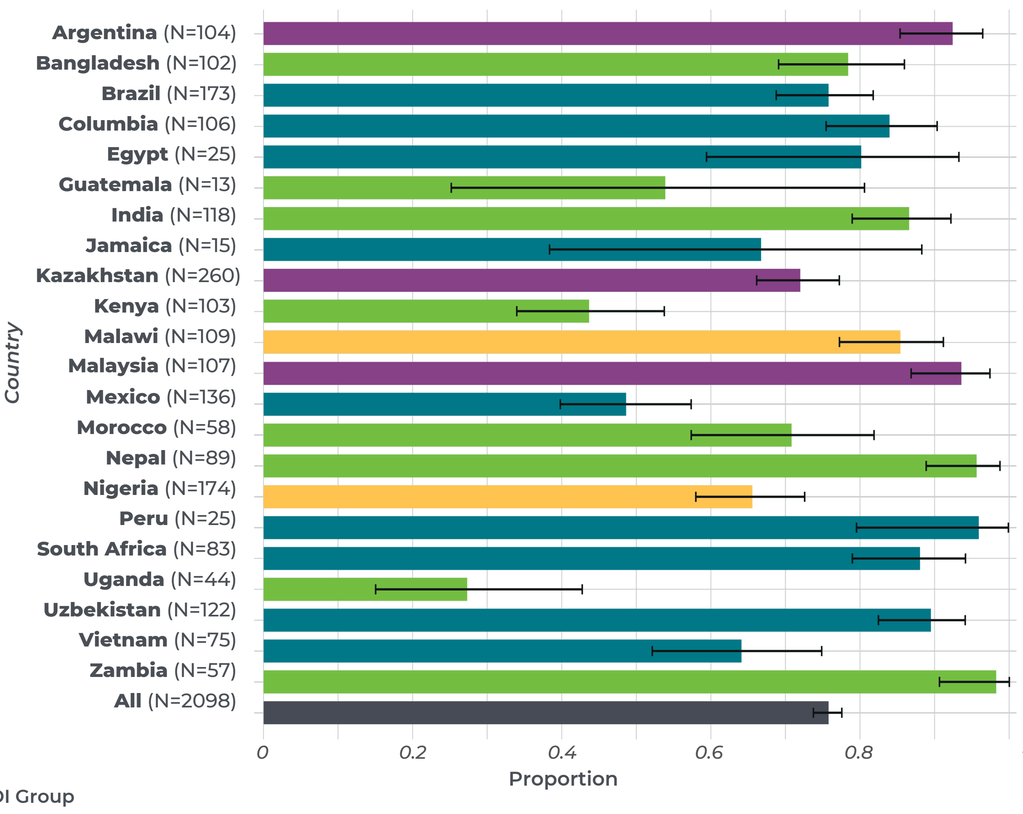
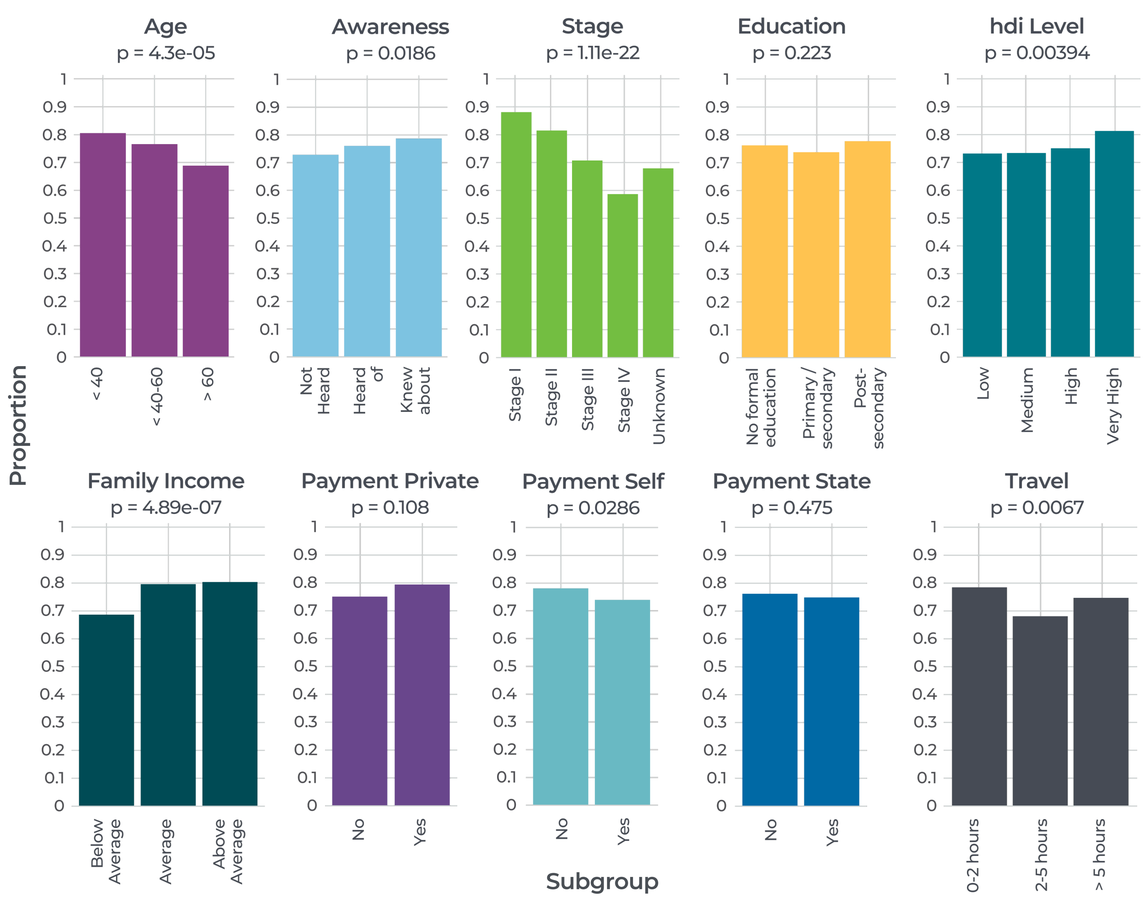
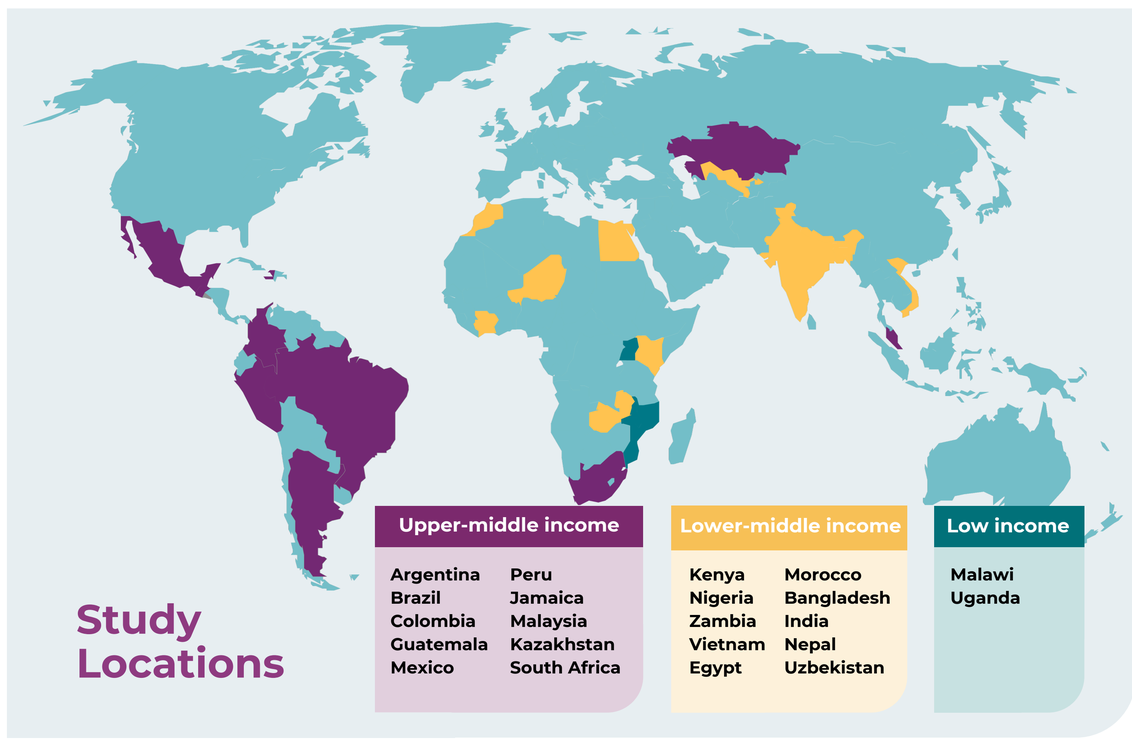



**Figure 2.** Exploration of variables potentially associated with optimal cytoreduction




## CONCLUSIONS

The proportion of optimal cytoreduction varied markedly by LMIC with only half of women receiving it in some countries. Addressing this, through adequate training and resources has the potential improve care and survival for women with ovarian cancer in the LMIC setting.


## Authors

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