A comparative analysis in the management of advanced ovarian cancer between a tertiary cancer center (IDC) and non-oncological institutions in Medellin, Colombia

Objective
Outcomes of patients with advanced ovarian cancer differ based on hospital volume and surgeon expertise. The goal of this study was to determine whether outcomes varied among different hospital settings.

Methods
A retrospective review between January 2004 and December 2013 of all patients with advanced epithelial ovarian cancer (stage III – IV) was performed to determine impact of surgery at a major tertiary cancer center (IDC - Instituto de Cancerología) and non-oncological institutions in Medellin, Colombia. Optimal surgery was considered as residual tumor less than 1 cm.

Results
A total of 175 patients were identified with advanced epithelial ovarian cancer. One hundred fifty-one patients (86%) had stage III disease. One hundred twenty-six patients (72%) had serous adenocarcinoma. The rate of optimal surgery at the tertiary cancer center was 69.6% (55/79 patients) vs. 28.9% (11/38 patients) at non-oncological institutions (p=0.001).

The median follow up was 27 months (range, 0-137). The median disease free survival (DFS) and overall survival (OS) in advance ovarian cancer were longer in patients treated at the tertiary academic center (16 - 42 months) vs. non-oncological institutions (11 - 19 months); respectively.

Conclusion
Management of patients with advanced ovarian cancer at tertiary cancer centers in Colombia is associated with higher rates of optimal cytoreduction and improved oncologic outcomes. Even in developing countries, we have demonstrated that outcomes are much better in specialized centers.