

OVARIAN CANCER:

Improving Patient Outcomes

About 1 in 55 women is diagnosed with ovarian cancer in her lifetime (compared to 1 in 8 diagnosed with breast cancer). However, because ovarian cancer is often not discovered until it has spread beyond the ovary, it is the fifth leading cause of cancer death among women in the U.S. (after lung, breast, colon and pancreatic cancer). Diagnosis at an early stage greatly increases a woman's chance of survival. This is why it is so critical that both women and their health care providers recognize the symptoms of this disease in order to ensure timely treatment and help ensure the best possible outcomes.

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Ovarian Cancer Symptoms

Endorsed by numerous professional and advocacy associations as well as survivors, the national consensus statement on ovarian cancer symptoms dispels the myths that ovarian cancer has no symptoms, and that symptoms only occur in late-stage disease when chance of a cure is limited. Recent studies have shown this is not always true. The following symptoms are much more likely to occur in women with ovarian cancer than women in the general population (even in early stage disease). They include:

- Difficulty eating or feeling full quickly
- Urinary symptoms (urgency and frequency)

Women with ovarian cancer report that symptoms are persistent and represent a change from normal for their bodies. Women who have these symptoms almost daily for more than a few weeks should see their doctor, preferably a gynecologist. Detection at the earliest possible stage is imperative. Early stage diagnosis is associated with an improved prognosis.

The full consensus statement and list of endorsing organizations is available at: www.ovariancancer.org.

Health Plan Survey

In February 2007, the New York Health Plan Association Council disseminated a survey to the medical directors of all health plans in the state. The purpose of the survey was to learn more about plan policies and processes relating to the diagnosis and treatment of ovarian cancer. Additionally, the survey was intended to catalogue the numbers and distribution of gyn-oncologists across the state to better understand their current practice patterns and to assess their ability to serve women diagnosed with ovarian cancer.

Number of gyn-oncologists in New York State by county

Albany	5
Bronx	5
Erie	5
Kings	8
Monroe	3
Nassau	10
New York	29
Onondaga	3
Otsego	1
Queens	3
Richmond	1
Suffolk	6
Westchester	4

The survey was disseminated to 32 health plans around the state. The plans surveyed represented commercial plans (those plans serving employer-based enrollees as well as people enrolled through other product types and programs such as Medicare, Medicaid, Child Health Plus and Family Health Plus) as well as prepaid health services plans, which provide care to enrollees of government-sponsored programs.

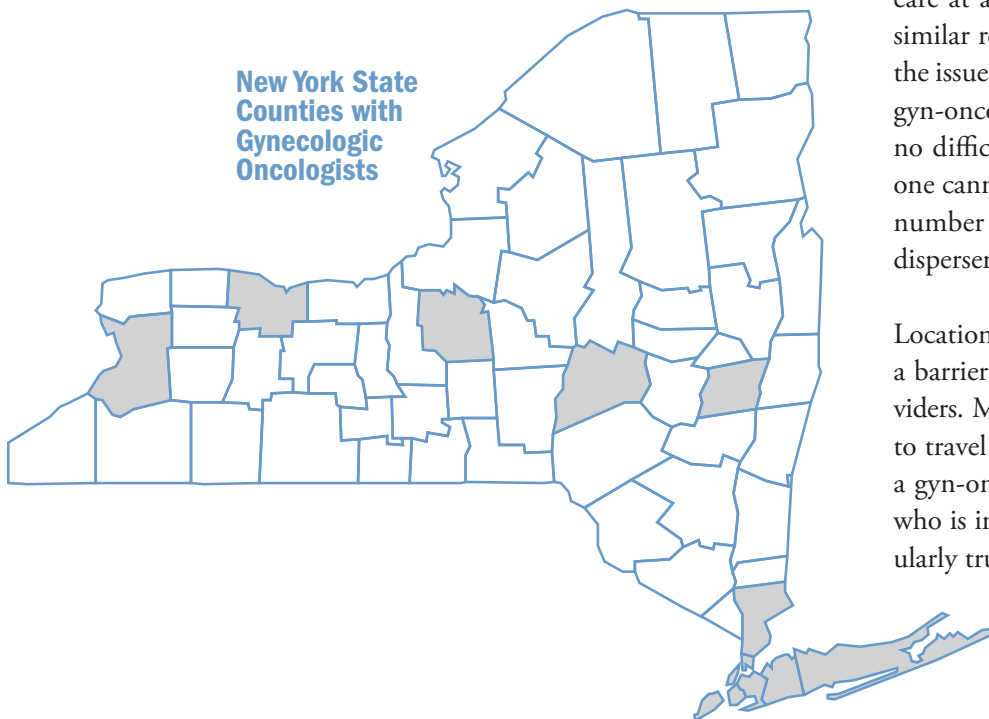
The survey of health plans found that the plans' policies allow women enrollees to access a gyn-oncologist. Even those women in the one plan that reported it had no gyn-oncologist in-network were able to be seen by a specialist outside the plan's network. However, the limited number of these

specialists does present access barriers for some plan members who are ovarian cancer patients. The issue of total number of gyn-oncologists in NYS is one that needs to be addressed, as does the issue of where these specialists are located.

Overwhelmingly, New York plans do not have referral processes that act as obstacles to receiving care from gyn-oncologists. Similarly, the majority of plans do not have onerous preauthorization policies that prevent women from accessing care from these specialists. While some differences exist among preauthorization policies, in terms of access to in-network versus out-of-network providers, these differences did not significantly impact access. Questions about plan processes for accessing care at a Comprehensive Cancer Center elicited similar responses showing no barriers to care. On the issue of ability to recruit and retain in-network gyn-oncologists, a vast majority of plans reported no difficulties. Although that finding is positive, one cannot overlook concerns related to the small number of these providers and their geographic dispersement.

Location of providers can also present as much of a barrier to access as adequacy of number of providers. Many women may be unwilling or unable to travel beyond a certain distance in order to see a gyn-oncologist versus a lesser-trained physician who is in closer proximity to them. This is particularly true of women living in rural areas.

New York State Counties with Gynecologic Oncologists



THE ROLE OF GENETICS: Genetic Testing for BRCA1 and BRCA2

Overall, the survey of health plan practices related to the treatment of patients with a suspected or confirmed diagnosis of ovarian cancer shows women enrolled in health plans have access to and are receiving care from gyn-oncologists. It also found health plans encourage the use of evidence-based treatment guidelines for ovarian cancer and, specifically, the use of the National Comprehensive Cancer Network's Clinical Practice Guidelines.

It should also be noted that at a 2006 symposium convened by the New York State Department of Health (NYSDOH), data presented from the NYS Cancer Registry (see Table 1) suggested that women enrolled in health plans were somewhat more likely to be referred to a gyn-oncologist than women with other types of insurance.

The survey results indicate that women enrolled in health plans have access to and are receiving care from gyn-oncologists. The survey findings can be used to highlight the plans' successful strategies and promote best practices for treatment regardless of coverage. The data collected from the survey are to be used to inform future public and professional activities to improve access to appropriate specialists in a timely manner, thereby improving outcomes for women at risk or affected with ovarian cancer.

Table 1
New York State 1998-2000
Percent of Ovarian Cancer Patients
Seen by a Gyn-Oncologist by Payer

Insurance	Total Count	Percent seen by gyn-oncologist
MCO/PPO/HMO	148	80%
Private Insurance	477	74%
Self-pay	38	74%
Medicare plus suppl.	415	57%
Medicaid	98	53%
Medicare	166	49%

Source: New York State Cancer Registry

Five to 10 percent of all breast cancer cases and up to 14 percent of all ovarian cancer cases are thought to be caused by BRCA1 or BRCA2 mutations. Either parent can pass along a BRCA1 or BRCA2 mutation so it is important to obtain a complete family history when assessing genetic risk.

Most individuals do not have a mutation in the BRCA1 or BRCA2 gene. However, certain aspects of a patient's personal and/or family history may increase his or her likelihood of carrying a BRCA1 or BRCA2 mutation. These indications serve as a guide and are not a substitute for clinical judgment.

A personal history of:

- Breast cancer at a young age (younger than age 50) or ovarian cancer at any age
- Bilateral breast cancer or two or more primary tumors of the breasts
- Breast and ovarian cancer (in the same individual)
- Breast cancer in a male

AND/OR

A maternal or paternal family history of:

- Two or more individuals in the family with breast and/or ovarian cancer
- One or more close male relatives with breast cancer
- Early onset breast or ovarian cancer (before age 50) in a close relative
- Confirmed BRCA1 or BRCA2 mutation

Individuals who belong to ethnic groups with increased mutation prevalence, such as those of Ashkenazi Jewish descent, may be appropriate candidates for referral for genetic counseling even if they have a less than striking personal or family history of breast and/or ovarian cancer.

Genetic counselors are health professionals who are trained to help families understand genetic disorders and provide information and support to those families. For more information on cancer and genetics, go to: www.health.state.ny.us/diseases/cancer/genetics/index.htm.

To find a genetic counselor in your area, call the
NYSDOH Cancer Services Programs' toll free number:
1-866-442-CANCER.

Read more about improving patient outcomes for ovarian cancer and our health plan survey inside.

Focus on Female Cancers

Ovarian cancer is one of several cancers impacting women. To help improve women's health care providers' knowledge about these various cancers, the American College of Obstetricians and Gynecologists, District II (ACOG) has developed a comprehensive, full-color, multi-tabbed resource guide entitled Focus on Female Cancers. The guide highlights the importance of screening (when available), treatment guidelines and emergent technologies in gynecology and oncology. The guide's first two chapters address cervical cancer and hereditary breast and ovarian cancer. Chapters on ovarian cancer, cancer survivorship, and colorectal cancer are currently in development and will be released in 2009. To obtain a free copy of the Focus on Female Cancers resource guide, please contact ACOG at 518-436-3461 or info@ny.acog.org.

Improving Patient Outcomes Symposium

May 14, 2009

Providers, health plans and patients can all help improve the treatment outcome for ovarian cancer patients in New York State. That was the message of a half-day symposium exploring how various policies and procedures can impact diagnosis and treatment of the disease.

Nearly 80 people participated in the interactive symposium. Presentations included an overview of plan policies and processes for the diagnosis and treatment of ovarian cancer; the added value of a gyn-oncologist to improve outcomes of treatment and survival; the need for better provider education as to how differing specialists can impact these outcomes; and a survivor's views on the patient's role in overcoming barriers to treatment. Speakers included Dr. Eva Chalas, Department of Obstetrics and Gynecology at Winthrop-University Hospital, Dr. Mark Pochapin, Jay Monahan Center for Gastrointestinal Health at NY Presbyterian-Weill Cornell Medical Center, and Dr. Lisa Anzisi, an Affinity Health Plan pharmacist and ovarian cancer survivor.

The program was sponsored by the New York Health Plan Association in cooperation with the American College of Gynecologists District II, with funding from a New York State Department of Health grant.

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