

“I wasn’t interested in eating, so I wasn’t”

**The experiences of women undergoing cytoreductive surgery
for ovarian cancer**

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ROYAL PRINCE
ALFRED HOSPITAL

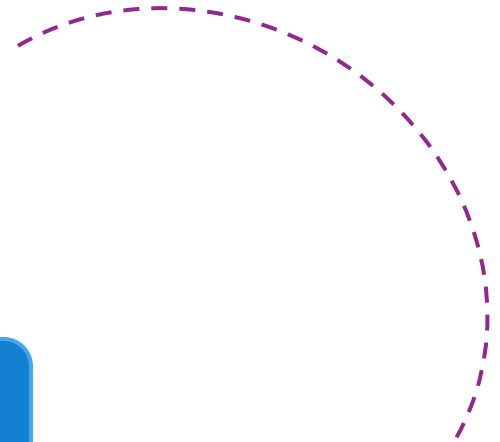


Background

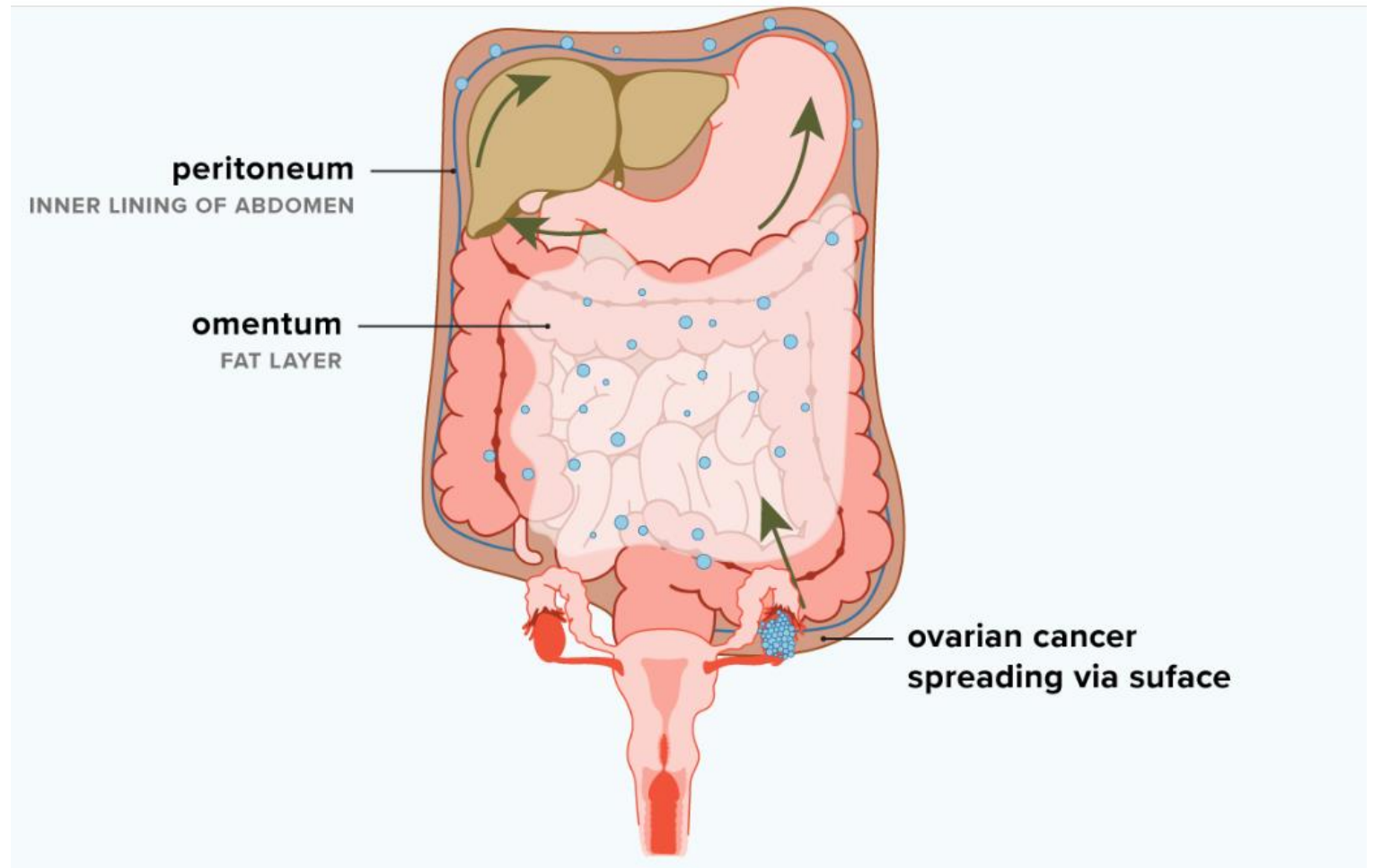
80% experience nutrition impact symptoms at diagnosis

70% are malnourished at baseline

Improvement in nutrition status improves long term outcomes

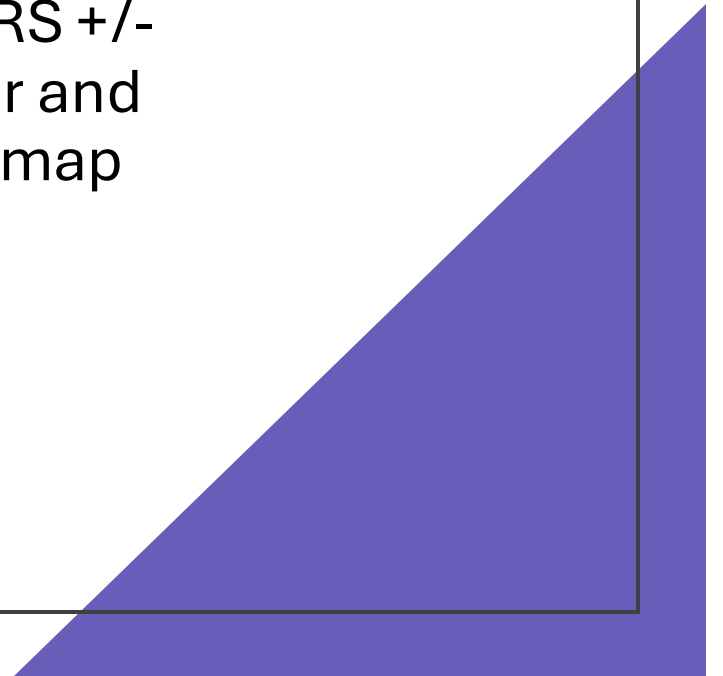


Cytoreductive
surgery
+/- HIPEC



Aim

Understand the nutrition challenges and information needs of women undergoing CRS +/- HIPEC for ovarian cancer and create a patient journey map



Methodology

Women >18 years with a primary diagnosis of ovarian cancer

- Underwent CRS +/- HIPEC within the previous 18 months from time of recruitment at 2 tertiary referral centres in Sydney
- Adequate English to consent and participate

Healthcare professionals with at least 6 months experience working within surgical oncology

- Worked at one of the two referral centres in the preceding 2 years

Semi-structured online interviews

- Questions focused on the experiences of:
- Nutrition impact symptoms
 - Dietary education
 - Information provision
- Use of emoji resource for patient journey map

1.



6.



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10.



15.



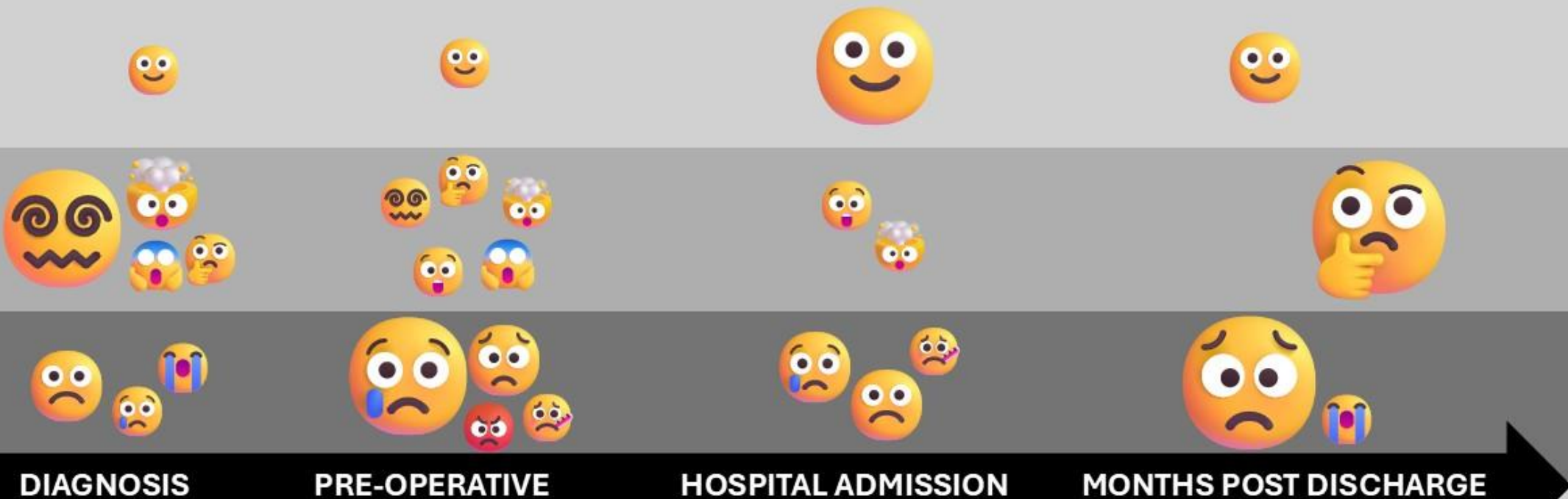
Results: Demographics

Women with lived experience (n=10)	
Age, median (range)	47 (37-74)
Stage of cancer at diagnosis (n)	
Stage III	6
Stage IV	4
Type of surgery (n)	
CRS only	4
CRS and HIPEC	6
Months since surgery, median	12.9
Distance from place of residence to treating hospital (Km)	51 (1-499)
Modified Monash Model	1 (1-5)

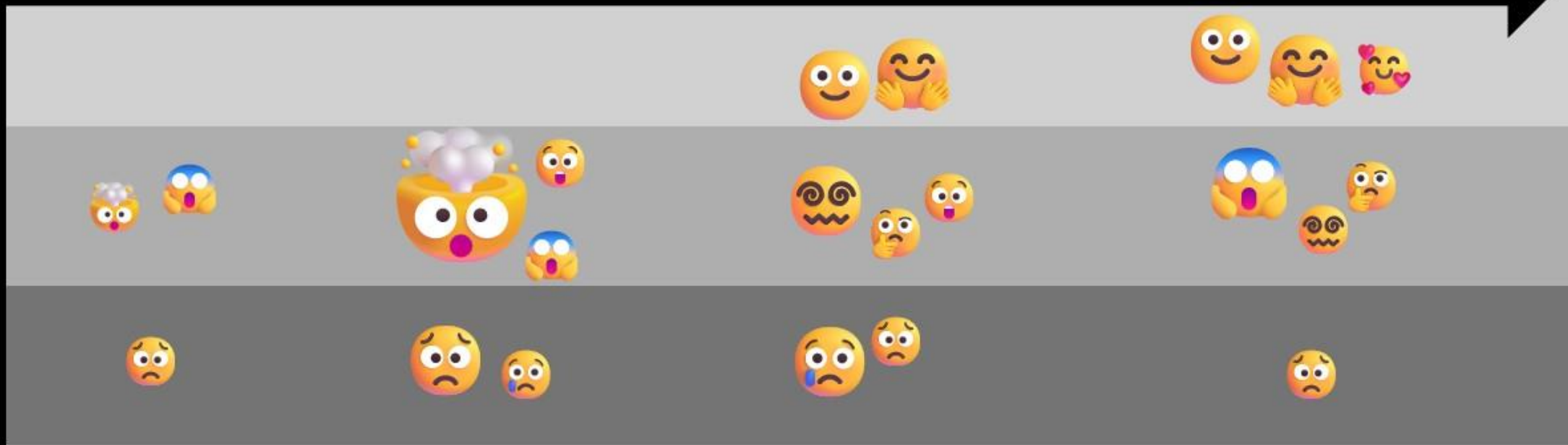
HCPs (n = 7)	
Profession, n	
Clinical dietitian	2
Clinical nurse consultant	1
Gynae-oncology consultant	1
Colorectal surgical consultant	1
Surgical fellow	2



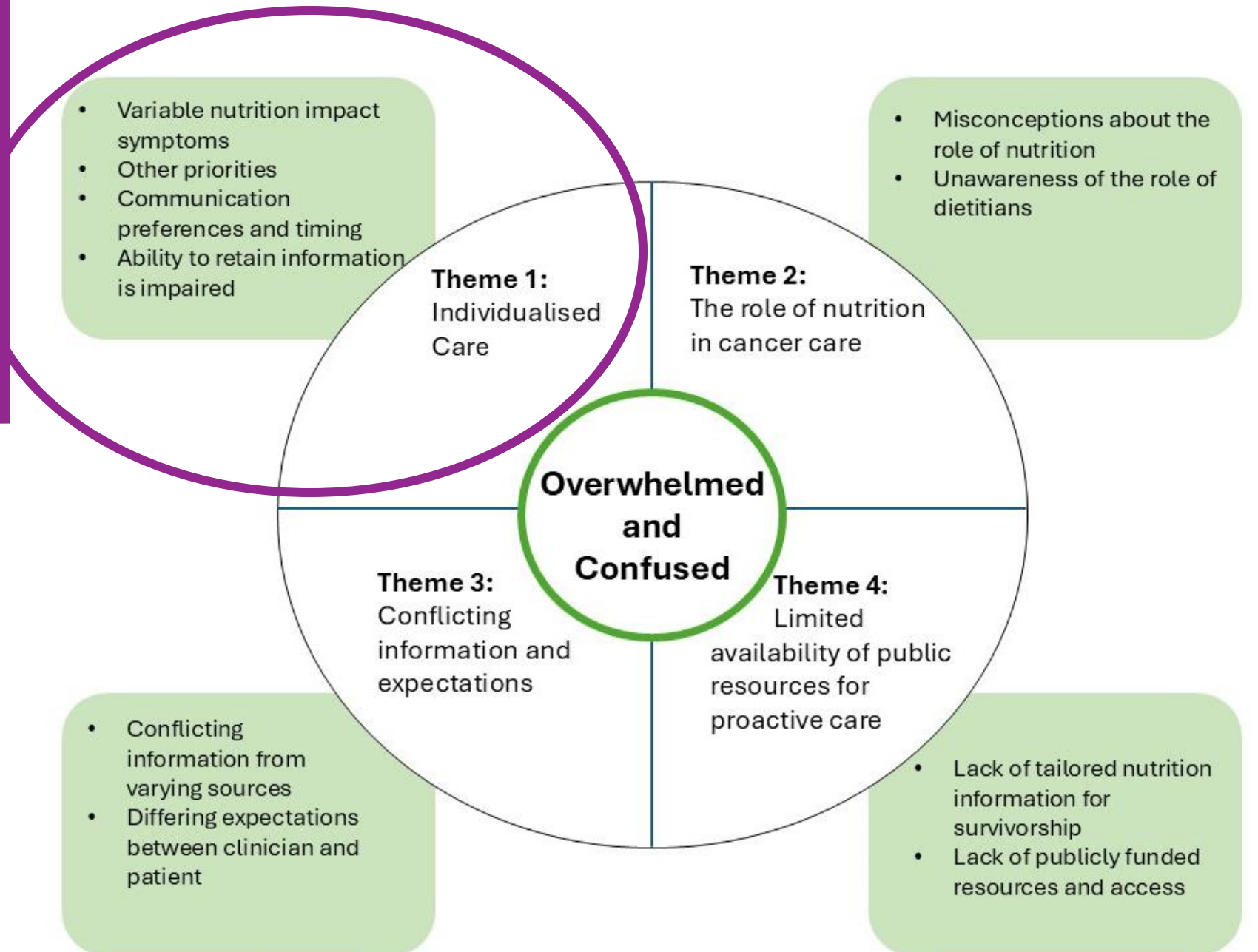
Patient Emotions



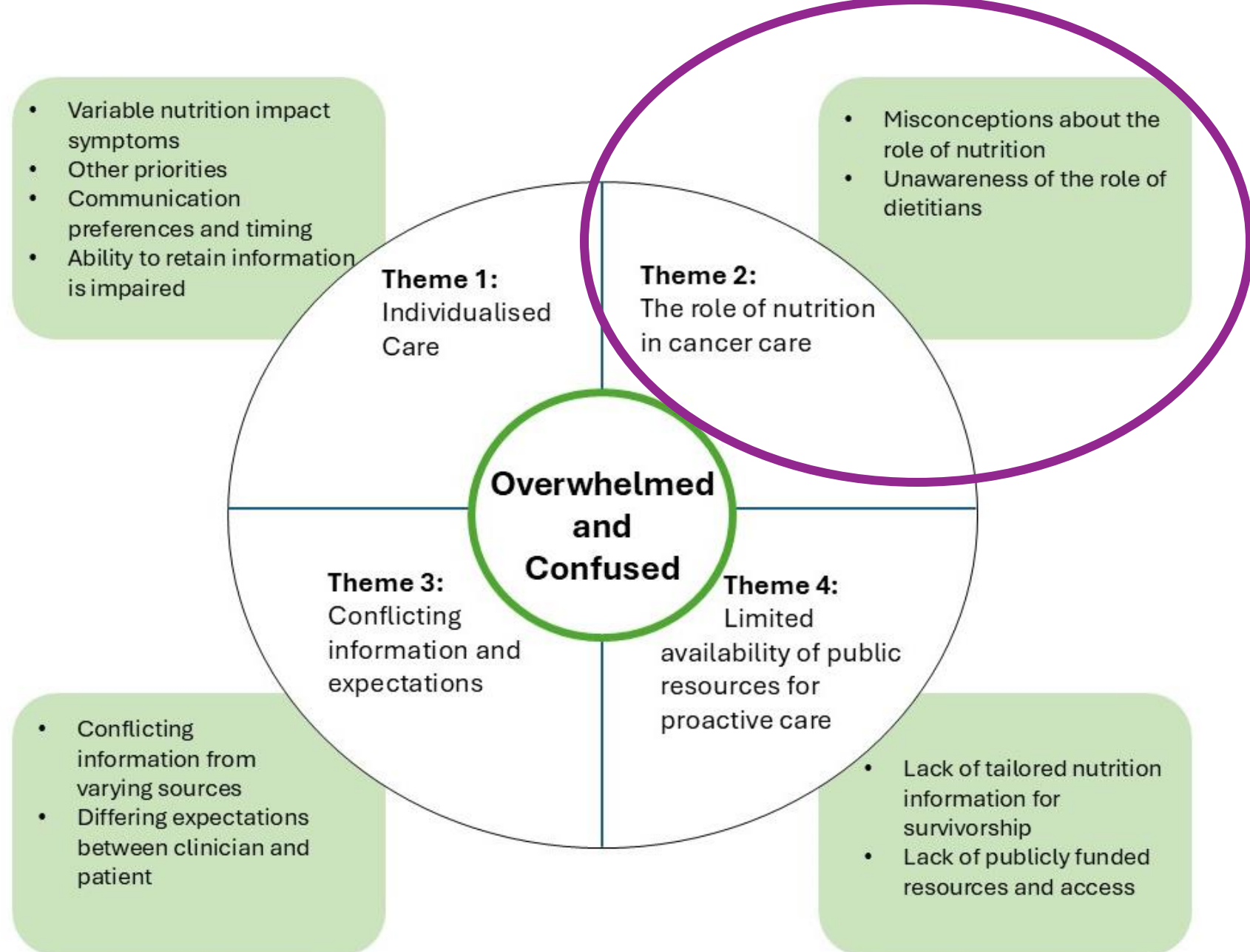
Staff Perspective of the Patient Emotions



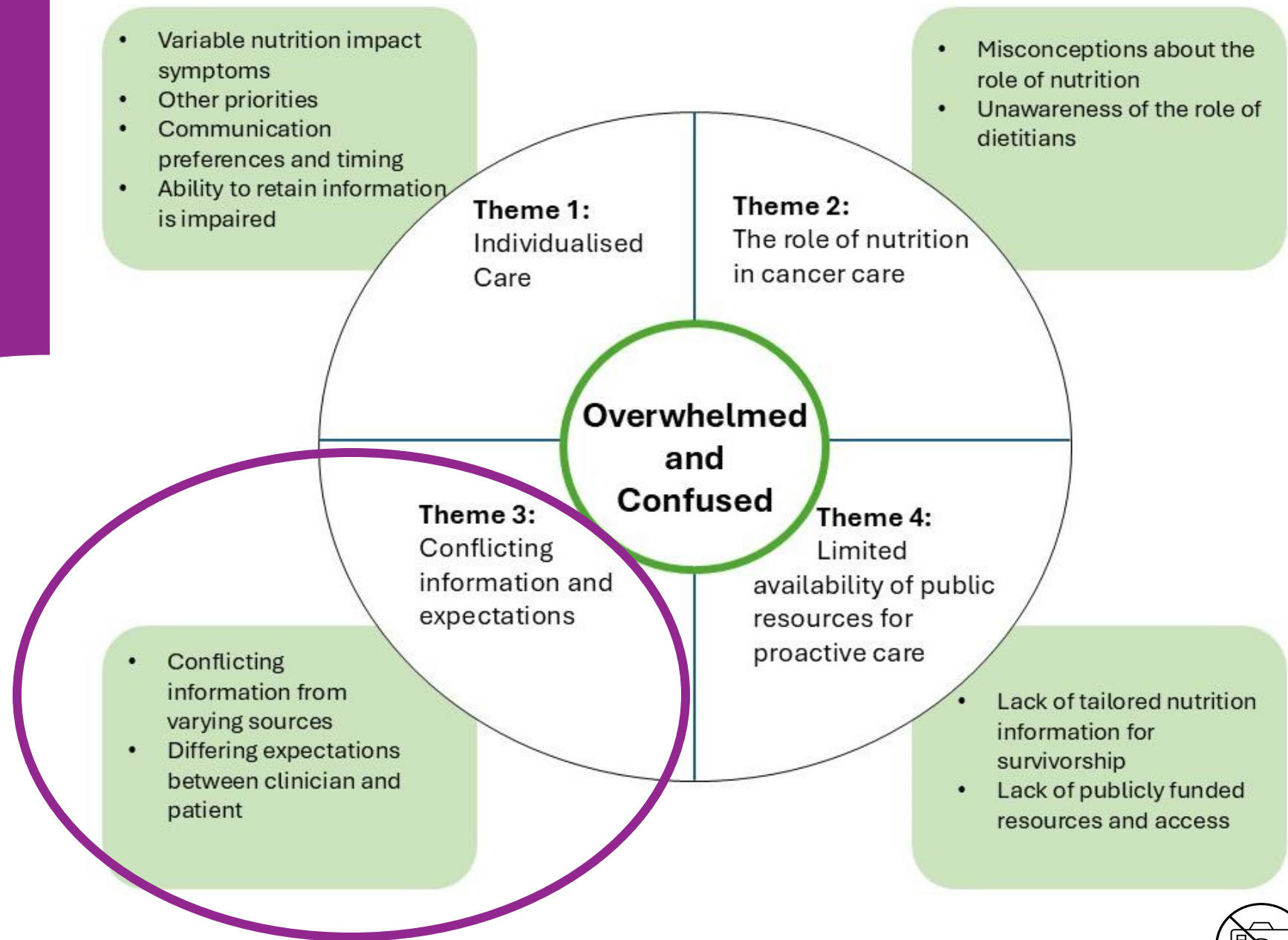
Results: Themes



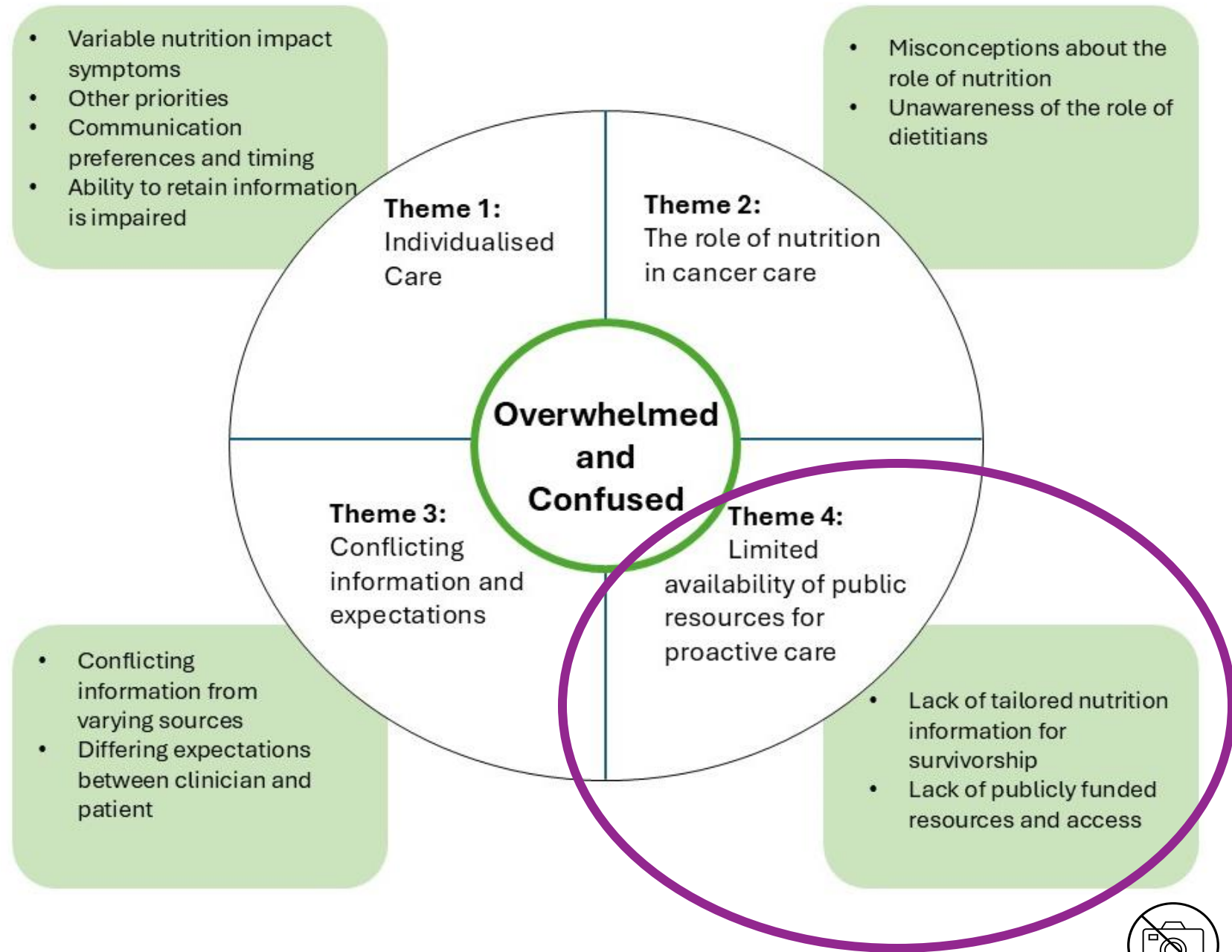
Results: Themes



Results: Themes



Results: Themes





Limitations

- Selection bias
- Reliance on recall
- Small numbers, across 2 related tertiary services
- Patient journey map relatively new, validated tools not yet available

Strengths

Person with lived
experience as a co-
researcher

Focus on ovarian
cancer – usually
underrepresented in
broader research
studies

Online data collection
to reach a broader
geographical area

In summary



Improve communication
between consumers and
clinicians



Availability of clear,
consistent, evidence-based
information



Ongoing research required
using co-design

References

Cortés-Guiral, D., et al., *Primary and metastatic peritoneal surface malignancies*. Nature Reviews Disease Primers, 2021. **7**(1): p. 91.

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Laky, B., et al., *Comparison of different nutritional assessments and body-composition measurements in detecting malnutrition among gynecologic cancer patients*. Am J Clin Nutr, 2008. **87**(6): p. 1678-85.

Rodrigues, C.S., M.S. Lacerda, and G.V. Chaves, *Patient Generated Subjective Global Assessment as a prognosis tool in women with gynecologic cancer*. Nutrition, 2015. **31**(11-12): p. 1372-8.



Questions?