



Young Investigator Award Recipients

The National Ovarian Cancer (NOCC) Research Grant for Early Detection of Ovarian Cancer

**Dr. Gordhandas' simplified abstract: Memorial Sloan Kettering Cancer Center
Understanding Decision-Making for Risk Prevention Surgery: A WISP Qualitative Study
(Salpin-jectomy)**

Background: The goal of the ongoing Women Choosing Surgical Prevention (WISP) study is to determine whether interval salpingectomy (surgical removal of fallopian tubes) followed by delayed oophorectomy (ISDO, surgical removal of ovaries) can improve sexual functioning and menopausal symptoms compared to standard risk-reducing salpingo-oophorectomy (RRSO, surgical removal of fallopian tubes and ovaries) for women with high-risk of ovarian cancer (OC). There is limited published literature on the decision-making process in these high-risk women; preliminary WISP data found that age was the only factor associated with decision-making.

Objective: The primary objective is to identify common themes and influential factors in the decision to undergo risk-reducing surgery in premenopausal women at genetic high-risk for OC. Secondary objectives include identifying ways to improve counseling for risk-reducing surgery and developing a tool to facilitate shared decision-making.

Methods: A qualitative study approach will be utilized with one-on-one semi-structured interviews of women enrolled in the WISP study. We will use purposeful sampling to interview high-risk women who underwent either RRSO or ISDO with specific focus on sampling a diverse group of patients. The data collection phase will continue until data saturation is achieved, defined as substantial overlap in themes such that further interviews would be unlikely to reveal new or relevant information. The estimated time to completion is one year, which will include recruitment/completion of interviews, and qualitative analysis of interview data. Findings from

interviews will inform the creation of a tool to facilitate shared decision-making between patients at high-risk for gynecologic cancers and their providers.

The National Ovarian Cancer Coalition (NOCC) Research Grant for Quality of Life

Dr. Esselen's simplified abstract: Beth Israel Deaconess Medical Center

“Financial toxicity” refers to the financial burden and stress imposed on a patient due to a disease and its associated treatment. Cancer patients are prone to high levels of financial toxicity due to the nature of their treatment and severity of the disease. Our study is focused on patients with gynecologic cancers which includes ovarian, uterine, cervical, vaginal and vulvar cancers. Up to 58% of gynecologic cancer patients experience significant financial toxicity which is significantly associated with diminished quality of life and self-reported health. Patients with financial toxicity are more likely to report delaying or avoiding medical care and being nonadherent with medications necessary to their treatment. Patients with more financial toxicity are also more likely to engage in cost coping strategies such as borrowing money or using their savings. We aim to administer and measure the impact of a novel financial navigation program designed to identify patients suffering from financial toxicity and connect them more efficiently with resources to decrease their financial stress. Patients with a new diagnosis of gynecologic cancer will be screened within 3 months of diagnosis for financial toxicity. If they screen positive, they will be referred to the financial navigation program. The financial navigation program seeks to fully understand each patients’ needs and connect them efficiently with resources to mitigate their distress. We will evaluate this program through process measures, describe support services provided and patient experience including changes in financial toxicity over one year.