



Patient Perspectives: A Pan-European ESGO-ENGAGe Survey of Gynaecological Cancer Patients



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ENGAGe & ESGO

About ESGO

The European Society of Gynaecological Oncology (ESGO) is the leading European organisation in the field, with more than 1,800 professionals involved in the treatment, care, and research of gynaecological cancers.

ESGO's mission

ESGO strives to improve the health and well-being of European women with gynaecological cancer through prevention, excellence in care, high-quality research, and education.

Activities

- Publications: *The International Journal of Gynecological Cancer* (co-owner), the *Textbook of Gynaecological Oncology*, the *Cancer in Pregnancy* textbook, the LiFE Report (reviews of the most relevant published articles).
- Primary event in the field: ESGO Congress (one held every two years).
- Professional niche events: State-of-the-art conferences, Masterclasses, workshops.
- ESGO eAcademy, a unique comprehensive knowledge portal for postgraduate education.
- Six established networks, including ENGAGe, and three task forces.
- Development of clinical guidelines for ovarian, vulvar, endometrial and cervical cancers.

About ENGAGe

Established in 2012, the European Network of Gynaecological Cancer Advocacy Groups in Europe is a network of European patient advocacy groups established by ESGO and representing all gynaecological cancers (ovary, endometrial, cervical, vulvar, and rare cancers).

Objectives

- Facilitate the development of national gynaecological cancer patient groups in Europe and facilitate networking and collaborative operation between them.
- Disseminate information and share best practices to empower patient groups and improve the quality of care across Europe.
- Increase patient representation and ESGO activities through education on current research and health policy.
- Advocate patient care policies, practices, and access to appropriate care at both national and European levels.
- Educate patient groups, health professionals, the public, and help decision-makers.

FOREWORD

The European Network of Gynaecological Cancer Advocacy Groups (ENGAGe) is Europe's only network of patient advocacy groups. In conversations with patient advocates across the continent, one common thread kept appearing.

When patient advocates talked about their own diagnoses with cancer, they told us they didn't know very much about the disease. It was a steep—and frightening—learning curve.

Advocacy groups note that this lack of knowledge brings them a flurry of questions from new patients: How do I find out about my disease? How do I learn the complicated specialist information necessary when dealing with oncology? How do I ask the right questions of my doctors? How do I get involved in cutting—edge treatments? What are the things I can do by myself to help beat cancer? To improve or maintain my quality of life? What are the things that my family needs to know?

All of the above questions were ones that our members knew intuitively were necessary to answer. But though we knew these questions were out there, we didn't know if the number of women with such questions was statistically significant—Could it be enough to signal measures that will help us improve the future quality of care for women? To find out, in 2017, ENGAGe launched an online and on-paper survey of women who had had a gynaecological cancer diagnosis.

In order to make changes, it is first necessary to determine baseline. What was the actual state of care? And which countries in Europe require the most information? What can countries learn from one another? The survey aimed find out the overall perception and needs of gynaecological cancer patients' that relate not just to their actual diagnosis but also their entire treatment journey. The questions were all vetted by medical professionals, and it was distributed to patients in hospitals in person and online.

There were 1,436 respondents. Their responses are striking.

Overall, women who are diagnosed with cancer in Europe don't know much about their disease. And they aren't getting the support or educational materials that will help them on their treatment path.

In the following pages of this report, you will see these main points about gynaecological oncology patients in Europe broken down. We hope you find it as insightful as we did.

We are very grateful to our sponsors, who made this possible, and to the women who took the survey. We hope that these results bring better care to you and your sisters in the future.

Thank you to the following organisations for helping distribute and collate the survey:

Czech Republic: NF Hippokrates, Prague; Denmark: Kræft i Underlivet (KIU); Germany: Stiftung Eierstock Krebs; Greece: K.E.F.I. of Athens; Hungary: Mallow Flower Foundation; Poland: Blue Butterfly Foundation; Serbia: Women's Center Milica, Kraljevo Public Health Institute; Spain: ASACO Spain; Turkey: Kanserle Dans Dernegi, UK: Ovarian Cancer Action

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EXECUTIVE SUMMARY

NOTE: This report includes excerpts from a paper that will be published in the International Journal of Gynecological Cancer in 2019.

In 2018 alone, cervical-, uterine- and ovarian- cancers accounted for 13.7% of all cancers among women worldwide¹, and it is estimated that each year gynaecological cancers cause half a million deaths worldwide by an incidence of over a million new cases².

**13.7% of all cancers among women are cervical, uterine and ovarian.
500,000 deaths are caused by gynecological cancers worldwide each year.**

ENGAGe is the first pan-European network of patient advocacy groups in gynaecological cancers. The patient survey conducted in 2017 was developed as an ESGO-ENGAGe project, the first of its kind between medical experts and non-profit gynaecological cancer patient advocacy organizations. It establishes a baseline of unmet needs of gynaecological cancer patients during their treatment journey. Responses from 1,436 patients across all types of gynaecological cancer from 10 European countries identified aspects of care that require quality improvement and addressed key points towards a more effective cancer prevention and early detection in Europe. Significant deficiencies across many levels were identified, especially regarding supportive care.

The main goal of the research was to identify ways to change care so that we can help better navigate treatment pathways and advocate for patient needs and access a more holistic approach in Europe, especially in the area of supportive care. In short, ENGAGe aims to understand patients' unmet needs and then create solutions for them in their own countries. A first in its class in terms of scope, this survey touched on a wide range of topics, such as patient awareness of prevention, disease, treatment options, perception and evaluation of quality of communication with medical professionals, knowledge or availability of clinical trials, access to information on patient advocacy organisations and palliative care.

One of the most important findings of the survey was that the level of complimentary help offered to patients remains at well below desired levels in most areas across all 10 countries.

TYPE OF CANCER	PERCENTAGE OF SURVEYED WOMEN
cervical	12.9%
ovarian	39.3%
vulvar	1.7%
vaginal	0.6%
fallopian tube	4%
uterine	15.3%

¹ Cancer today. <http://gco.iarc.fr/today/home>. Accessed November 25, 2018.

² Sankaranarayanan R, Ferlay J. Worldwide Burden of Gynecological Cancer. In: Preedy VR, Watson RR, eds. Handbook of Disease Burdens and Quality of Life Measures. New York, NY: Springer New York; 2010:803-823. doi:10.1007/978-0-387-78665-0_46

KEY FINDINGS

Beginning treatment is slow and support is scarce.

- 68% of women wait up to 1 month for treatment to start.
 - 19% of the patients waited 1–2 months
 - 13% of the patients waited longer than 2 months.
- Complimentary support, such as psychological, social, nutritional or sexual counselling and rehabilitation programmes is offered at critically low levels:
 - 53% of patients could access psychological support
 - 14% could access social support
 - 26% had access to a dietitian
 - 5% had sexual counselling
 - 13% could get to a rehabilitation programme
 - 5% had early access to palliative care support.
- Only 1/3 of patients were offered adequate access to and information about patient organisations and support groups.

Printed educational materials are not widely distributed at or after diagnosis but are appreciated when they are received.

A way to both mitigate women's shock at diagnosis and provide them with take-home educational materials they can peruse at their own pace is to give out printed leaflets written so that a layperson can understand it. In our survey, **70% of patients did not receive any such materials, but 91% of the patients who did get them found them useful.**

Have you received printed educational materials from your health care provider after your first conversation?

	YES	NO
Czech Republic	35.8	64.2
Denmark	62.4	37.6
Germany	27.7	72.3
Great Britain	52.8	47.2
Greece	4.6	95.4
Hungary	13.8	86.2
Poland	23.6	76.4
Serbia	16.4	83.6
Spain	24.8	75.2
Turkey	27.5	72.5
TOTAL	31.1	68.9

If you received printed materials, were they helpful?

YES	NO
91.3	8.7

Women don't know what screening methods and tests are available.

A striking **66.8% of the women surveyed had not heard of the HPV test for Cervical Carcinoma**. That number rose to 83% in Spain and Serbia and 78% in the Czech Republic. In addition, more than a quarter of the women surveyed had never been to any type of related screening prior to their diagnosis. ESGO and ENGAGe are working with the World Health Organization on ways to raise awareness about these simple, affordable screening methods.

Have you heard of the HPV test for Cervical Carcinoma?

	YES	NO
Czech Republic	24.3	77.7
Denmark	39.2	60.8
Germany	31.1	68.9
Great Britain	33.8	66.2
Greece	42.6	57.4
Hungary	69.9	30.1
Poland	30.9	69.1
Serbia	16.4	83.6
Spain	16.8	83.2
Turkey	33.5	66.5
TOTAL	33.2	66.8

Most patients are not offered the chance to participate in a clinical trial.

The progress toward better treatment for women depends on scientific findings. Except in Germany, where 53% of survey respondents were offered participation in a clinical trial, overwhelmingly, the patients surveyed were not given any option to enrol. **When the option was offered, nearly 77% of patients participated.**

Were you ever offered to participate in a clinical trial?

	YES	NO
Czech Republic	19.7	80.3
Denmark	27.2	72.8
Germany	52.9	47.1
Great Britain	33.8	66.2
Greece	8.3	91.7
Hungary	11.4	88.6
Poland	12.7	87.3
Serbia	3.9	96.1
Spain	31.9	68.1
Turkey	6.6	93.4
TOTAL	20.9	79.1

GOING FORWARD

Education

The responses to the survey have already started to shape how ENGAGe is preparing for the future. Knowing that women lack educational materials at diagnosis—and that they are often under-educated or even wholly ignorant about the types of cancer they face, ENGAGe has prepared the “Improving Care” pilot programme in the Czech Republic and Poland with the partnership of our local affiliate member groups that distribute information to help women get the accurate, up-to-date information they need on their journey through treatment. This programme is the first step; later the programme will be extended to our network of member organisations so that we may provide consistent information and support throughout Europe.

The “Improving Care” pilot programme:

- Surveyed local patients to establish a benchmark.
- Prepared leaflets in Czech and Polish written specifically for gynaecological cancer patients on cervical cancer, ovarian cancer, nutrition, psychology, sexual health, physiotherapy, and palliative care.
- Placed the printed leaflets prominently in clinics and provided them to doctors and nurses to hand to patients. Websites with information were also created.
- Arranged public information sessions on the above topics for patients, families and health care teams.
- Arranged sexual health and psychology counselling to be regularly available and accessible to women diagnosed with women’s cancers.
- Established patient organisations when ones were lacking for a particular type of cancer.
- Arranged media coverage of patient stories in order to further awareness in the community and empower the patients.

From the results of this programme in Poland and the Czech Republic, a publication will be prepared with recommendations. Then, the next step of our efforts will bring European patients even more information, and hopefully, gain traction for a discussion on patient needs at the EU Parliament level. ENGAGe has an ongoing project to produce and translate printed brochures into different European languages. In addition to the leaflets mentioned above, the group has prepared or is preparing translations of leaflets on ovarian, uterine and cervical cancers, and radiotherapy. These will be distributed throughout our network to our patient advocates and on to patients in their local communities.

Trials

Our survey data indicated that patients in Europe would be willing to participate in clinical trials but are not given the opportunity and are not even aware what trials are taking place. Through ENGAGe's partnership with its sister network ENGOT (the European Network of Gynaecological Oncological Trial Groups; also an ESGO organisation), ENGAGe has planned outreach and collaboration activities that will educate patients about clinical trials and will also put trial coordinators in contact with patient advocacy groups.

ABOUT GYNAECOLOGICAL CANCER

„Cervical cancer is the fourth most frequent cancer in women with an estimated 570,000 new cases in 2018 representing 6.6% of all female cancers.” – World Health Organisation

Source: <https://www.who.int/cancer/prevention/diagnosis-screening/cervical-cancer/en/>

Gynaecological cancers account for a significant amount of all cancers among women. In 2018 alone, cervical-, uterine- and ovarian- cancers accounted for 13.7% of all cancers among women worldwide, and it is estimated that each year gynaecological cancers cause half a million deaths worldwide by an incidence of over a million new cases⁴. Furthermore, despite the fact that a significant proportion of gynaecological cancer types might be preventable through lifestyle adaptations, vaccination- and screening programs³, overall progress seems to be slow.

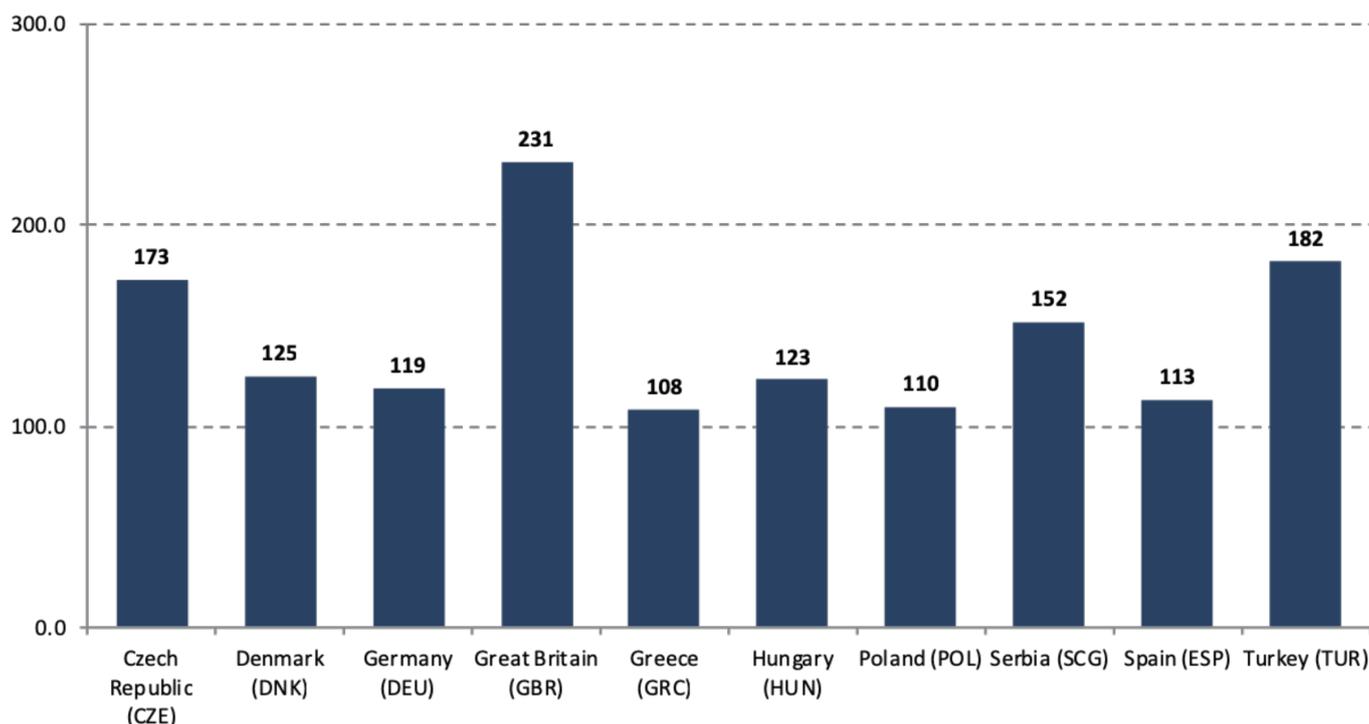
³ Cancer today. <http://gco.iarc.fr/today/home>. Accessed November 25, 2018.

⁴ Sankaranarayanan R, Ferlay J. Worldwide Burden of Gynecological Cancer. In: Preedy VR, Watson RR, eds. Handbook of Disease Burdens and Quality of Life Measures. New York, NY: Springer New York; 2010:803-823. doi:10.1007/978-0-387-78665-0_46

THE WOMEN IN THIS STUDY

The Women Surveyed

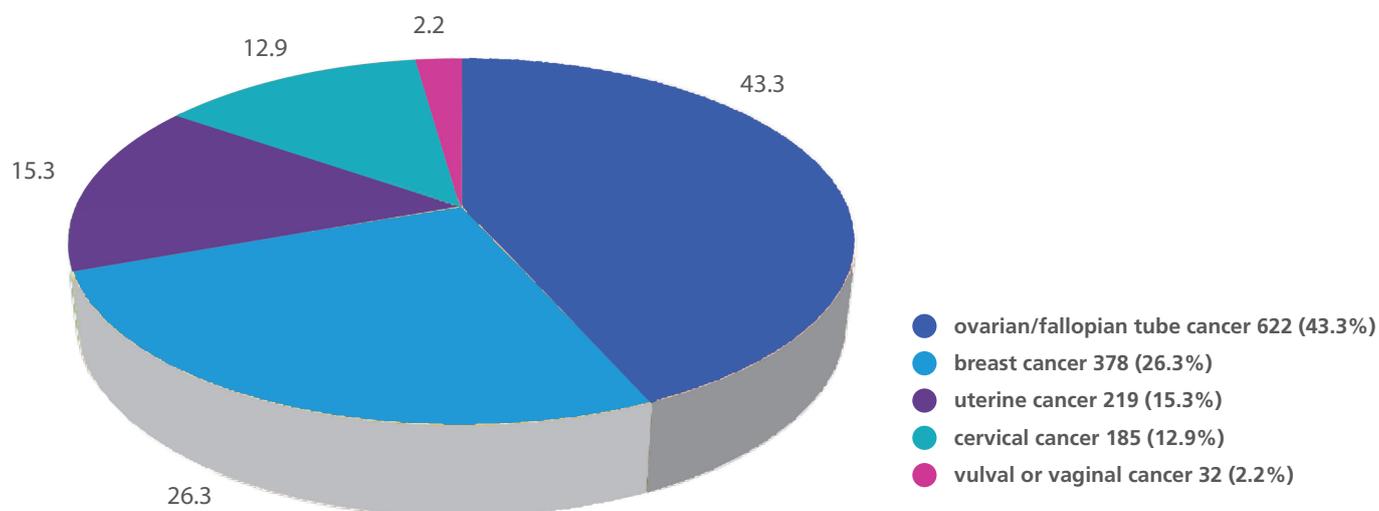
Number of respondents by country - 1436



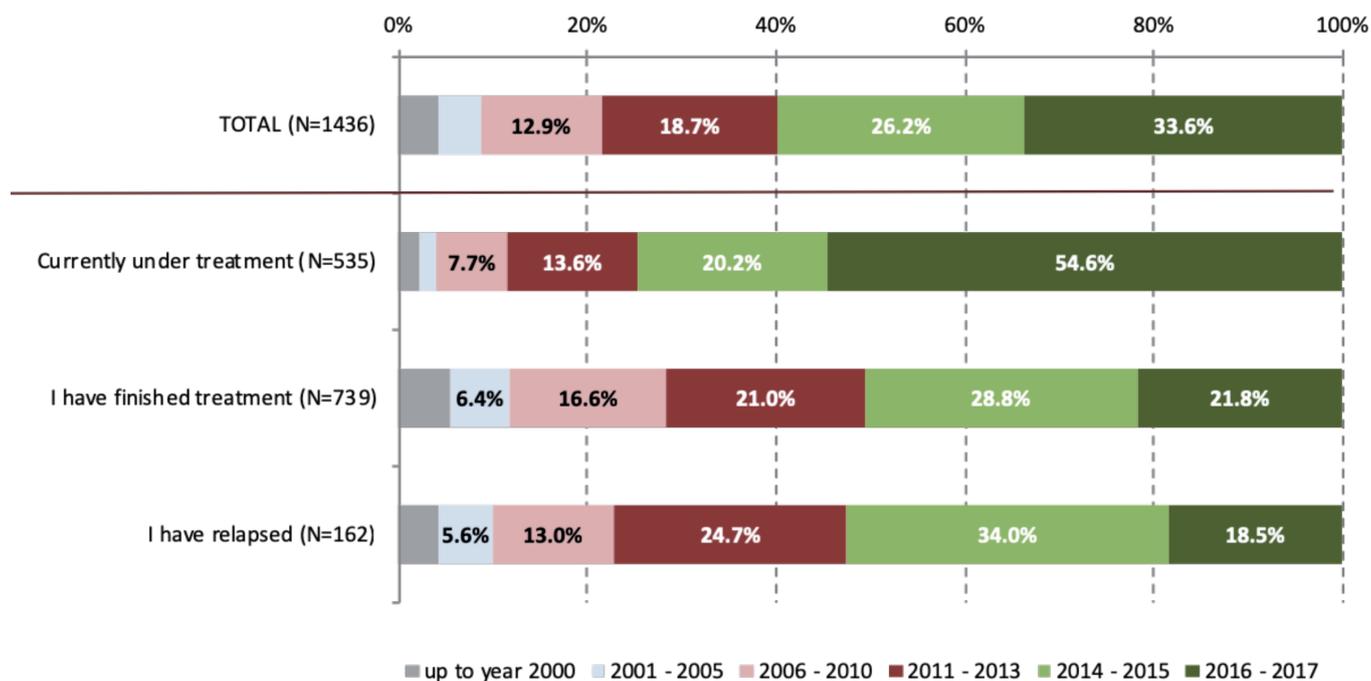
The women surveyed came from ten countries and all walks of life. Most women were between 41–65 years old (67%). More than half had attended university or obtained a higher degree (56%). Respondents were fairly evenly split among income brackets: 33% were considered low-income earners⁵, about 37% at average income, and not quite 30% high income earners. More than half of the women (55%) were currently undergoing treatment while slightly more than 20% had finished treatment and just under 20% had relapsed.

⁵ Calculated as 50% of median OECD net income for their country in local currency.

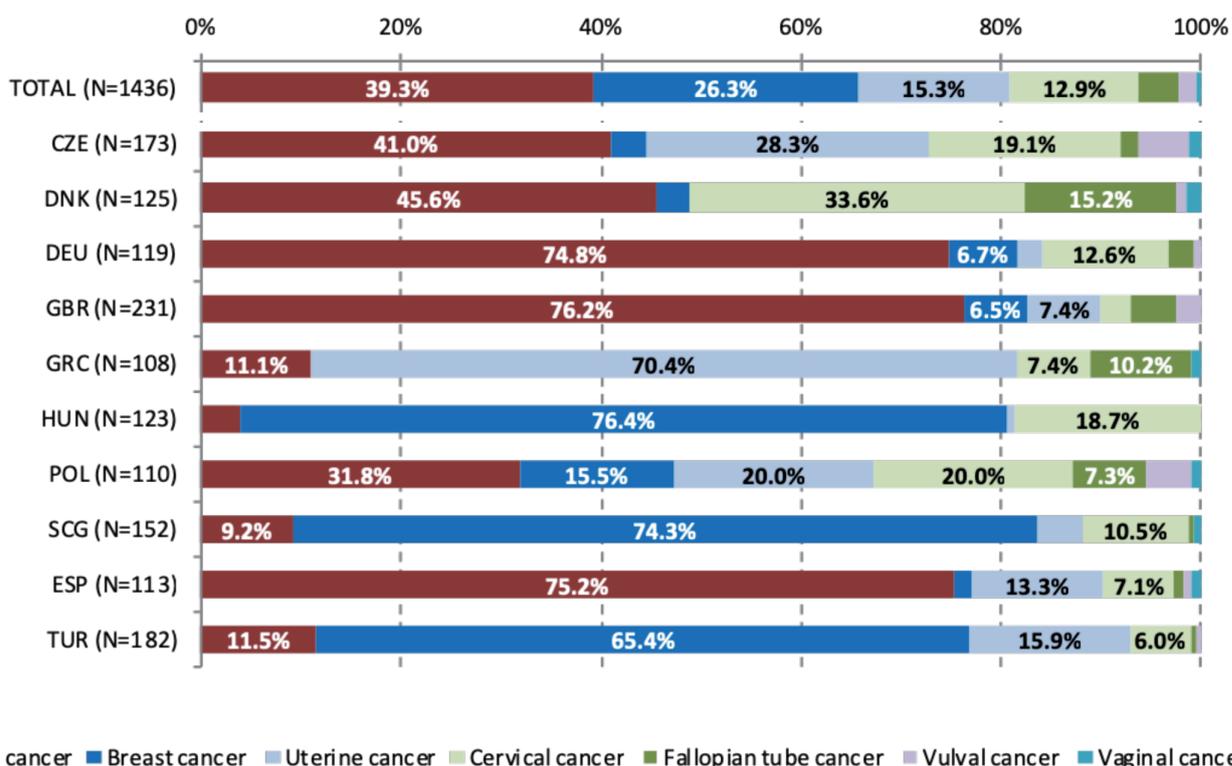
Types of cancer



Current health condition *SORTED BY YEAR OF DIAGNOSIS*



What type of cancer do you have? SORTED BY COUNTRY



SURVEY RESULTS

Survey Methods

This survey identified key areas of unmet need in the care of gynaecological cancer patients. Questions focussed on complimentary support, access to palliative care, informational materials, patient education and communication between medical personnel, patients and patients advocates.

The 35-question survey was translated into the native languages of the 10 countries surveyed and made available online and as a paper survey collected at collaborating hospitals. Survey responses were collected from 1,436 patients from August to September of 2017. The survey respondents were from the Czech Republic, Denmark, Germany, Great Britain, Greece, Hungary, Poland, Serbia, Spain and Turkey.

The questionnaire was developed by a 30-person team. The questions included 10 demographic questions and 25 questions on general patient awareness of their disease, diagnosis, prevention models, treatment pathways, access to clinical trials and patient education. The hospitals as well as the patients included in the study were selected using convenience sampling.

Awareness

The survey responses showed a worrisome lack of patient awareness about gynaecological cancer overall, and particularly about the testing and screening methods that are available.

A full 70% of respondents stated that they had never heard of their cancer type before they were diagnosed.

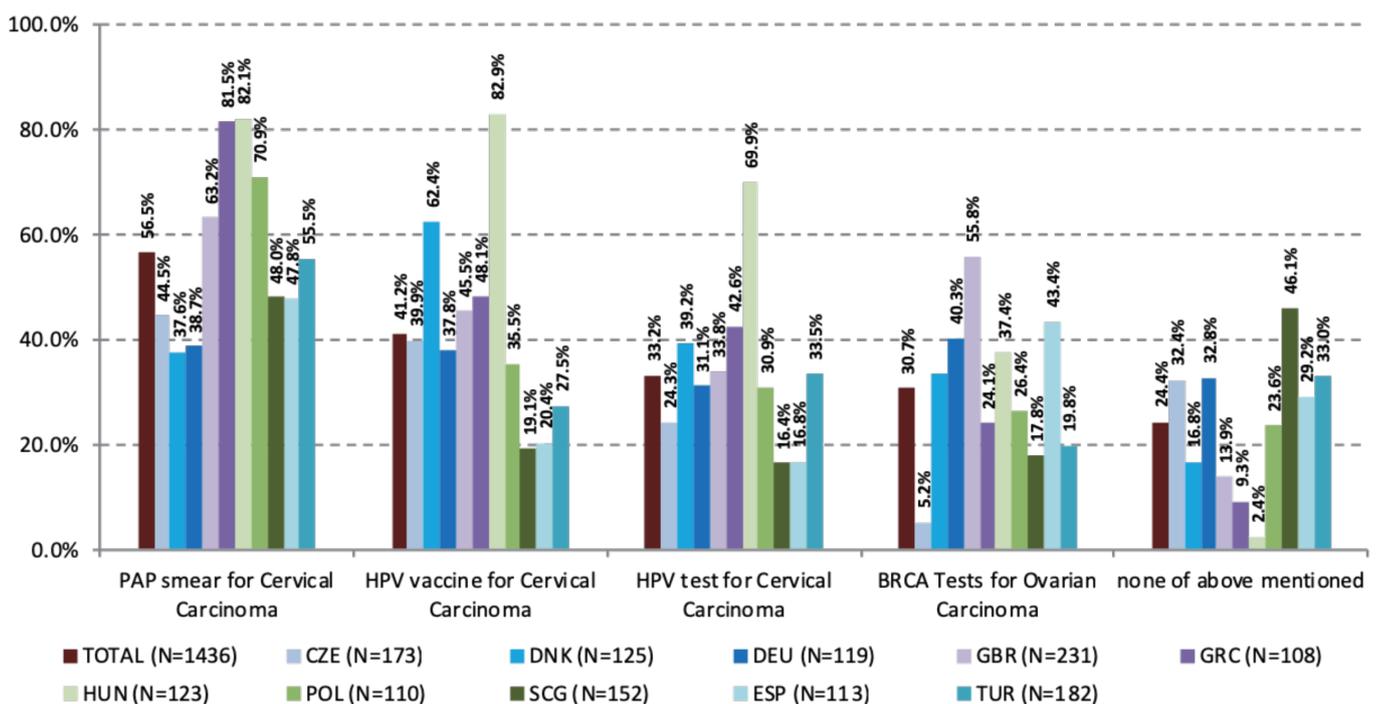
Vaginal and vulvar cancer patients were the least aware: nearly 69% of them had not heard of their particular type of cancer.

Perhaps because of routinely offered PAP smears or recent media coverage surrounding government policies about HPV vaccinations, cervical cancer awareness was quite high, with almost 80% having heard about it. Despite being aware the disease existed, however, not many women knew about testing and prevention. And while more than half of the patients indicated they are aware of cervical smear test for early diagnosis/ prevention of cervical carcinoma, testing and prevention for other cancer types was even less known. Only 42.5% were aware of HPV/ DNA based cervical cytology, 41% of the HPV vaccine, 31% of BRCA test for ovarian carcinoma, and 6% of weight control for endometrial carcinoma.

AWARENESS - Knowledge of screenings/methods

Have you heard of any of the following screenings or methods that might help prevent these gynaecological cancers? SORTED BY COUNTRY

The most frequently mentioned graphed – multiple choice question

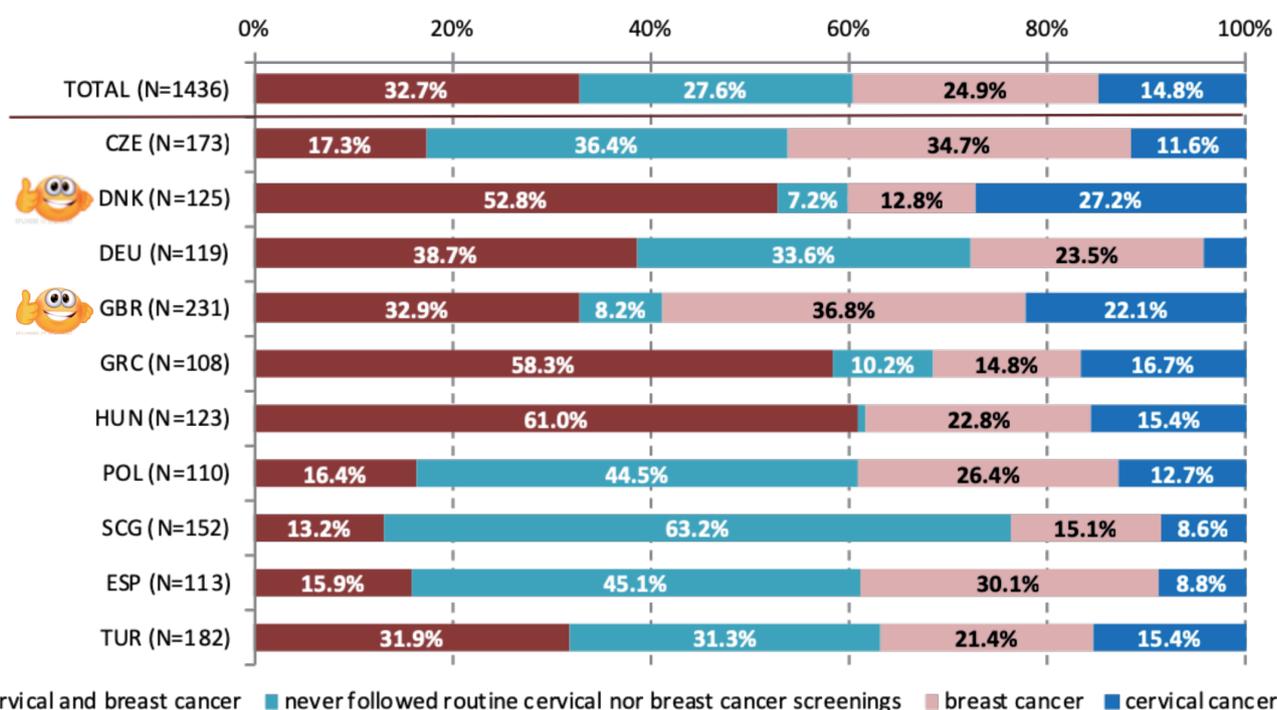


Another key finding about awareness was that more than a quarter of the respondents said they had not attended any breast or cervical cancer routine screening programs before their diagnosis (28%). Among the reasons for not complying with screening programs were: not knowing about them (13.5%), not having access (3.3%), not finding them relevant (7%) and financial reasons (0.8%).

Early detection plays a crucial role in the fight against cancer and it requires population based screening programs and greater awareness of the early signs and symptoms of cancer.

Source: Schiffman JD, Fisher PG, Gibbs P. Early detection of cancer: past, present, and future. *Am Soc Clin Oncol Educ Book Am Soc Clin Oncol Annu Meet.* 2015:57-65. doi:10.14694/EdBook_AM.2015.35.57

PREVENTION - Which of the following screening tests do you regularly attend?



Diagnosis

A large number of women with gynaecological cancers suffer continuous health problems before they get the correct diagnosis.

In our survey, 47% of patients had ongoing health problems before they were diagnosed. Although only a quarter were diagnosed at a regular check-up or screening, the majority of cervical (90%) and ovarian and fallopian tube cancer patients (86%) were diagnosed by routine check-up and/or check-ups after continuing health problems.

Treatment Timelines

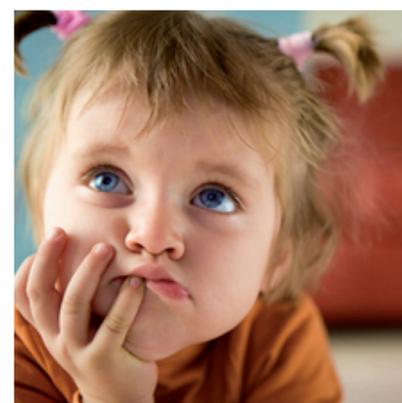
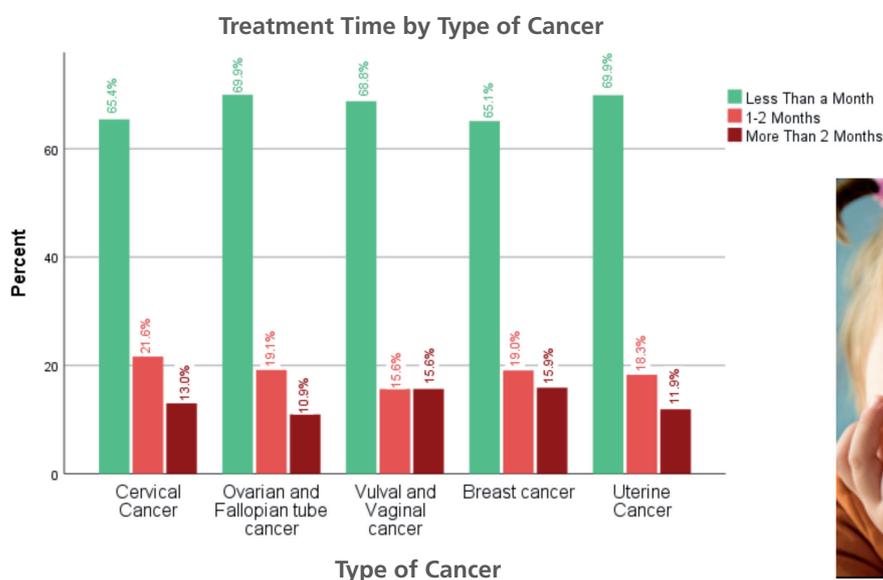
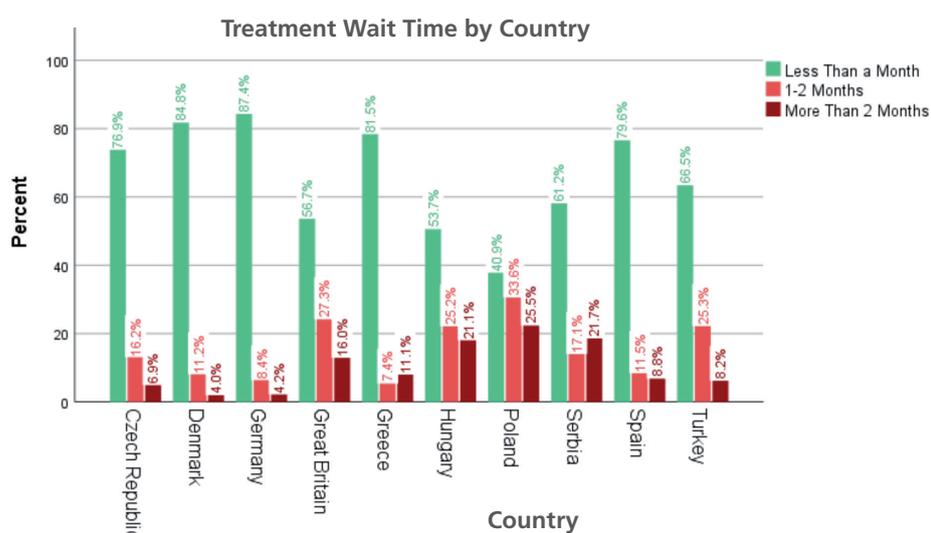
Patient responses indicated that the time between diagnosis and treatment frequently took up to a month. Sixty-eight percent of patients waited up to one month for their treatment while about 19% of patients waited 1–2 months and 13% of patients waited more than 2 months.

The time between diagnosis and treatment seemed to differ between countries, rather than being correlated with cancer type. Waiting times were shortest in Germany, Denmark and Greece and longest in Poland, Serbia and Hungary.

How long did you have to wait before treatment started?

	Less than a week	1-2 weeks	Up to a month	1-2 months	More than 2 months
Cervical cancer	8.6	28.6	28.1	21.6	13
Ovarian cancer	11.9	29.7	29.6	18.2	10.6
Vulvar cancer	8.3	16.7	45.8	12.5	16.7
Vaginal cancer	0	25	37.5	25	12.5
Fallopian tube cancer	8.8	15.8	33.3	28.1	14
Uterine cancer	14.2	23.3	32.4	18.3	11.9
Total	11.9	26.3	29.8	19.2	12.7

Waiting Time - How long did you have to wait before treatment started?



Communications with Doctors

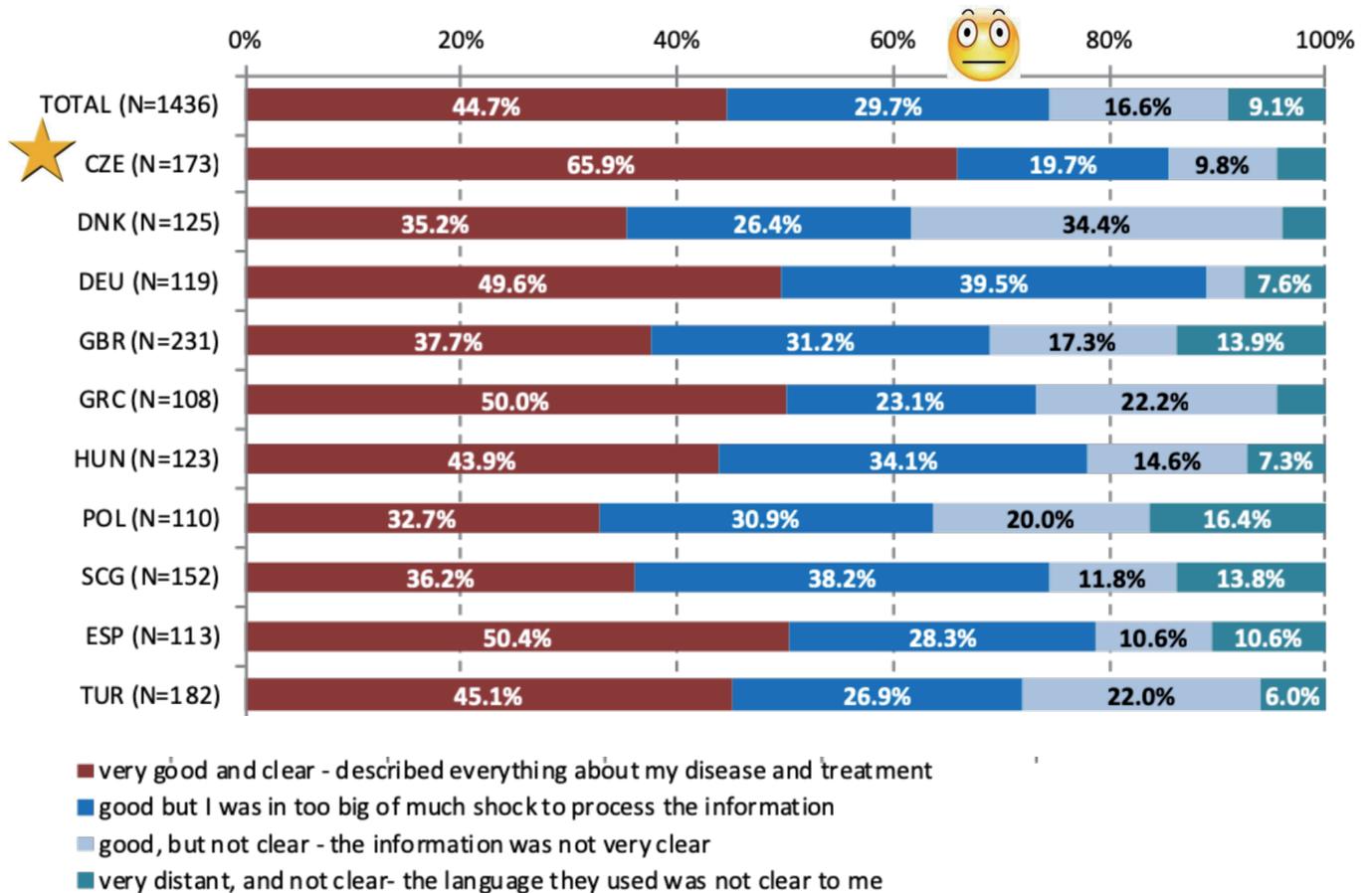
Though our responses indicate that patients would appreciate more information, particularly printed materials, at and after diagnosis, the majority of patients felt that communication and education during the actual visits to the doctors went well.

Most patients (69%) were confident about their doctor and felt like their medical care team had informed them adequately about their disease and their treatment options (70%)

They were largely satisfied with doctor-patient communication (64%) and that the doctor was empathetic to what they were going through (66%). On the other hand, **slightly less than half (49%) of the patients stated that their doctor discussed possible relapse of the disease and symptoms with them.**

Furthermore, a desire for further knowledge is seen in the following data: **only 60% of patients thought that their questions and concerns about explaining the disease and treatment were addressed.** In addition, **only 60% thought that the doctor had adequately explained potential early- and long term side effects of the disease and related treatment.**

How would you describe your first conversation with your doctor /nurse/ health care team? *SORTED BY COUNTRY*

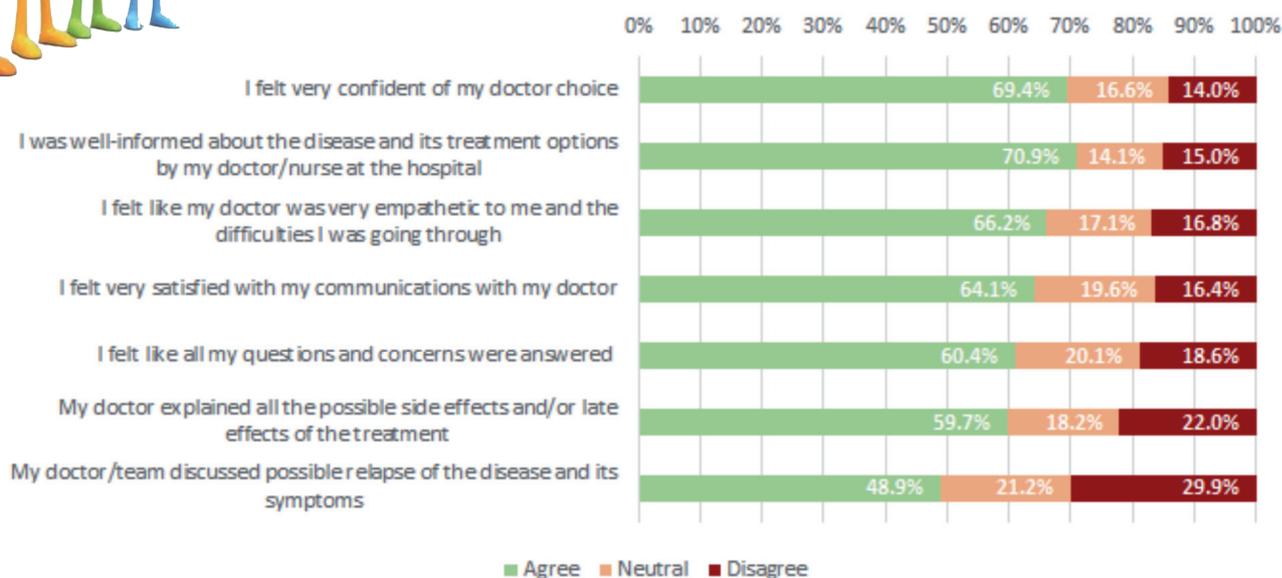


Evaluations of Doctors and Nurses by Patients

How strongly do you agree or disagree with the following statements?



Ratings of Communications with Doctors



Levels of support for cancer patients

In addition to managing symptoms directly related to their type of cancer, gynaecological cancer patients face other challenges, such as stress and anxiety, loss of appetite, and sexual dysfunction, that must be managed for a good quality of life. Although support avenues exist for many of these challenges, our survey results show the supports are often inaccessible to patients—often shockingly so. **Even access to patient advocate organisations and support groups, which could help get patients to the other services, was low, with only 33% of patients reporting they had access to such an organisation or group.**

About half of respondents across Europe said they could access psychological support. However, this was largely dependent on the patient's nationality. Patients in Germany, Spain and Turkey had the highest amount of access to psychological support (more than 60%), **while fewer than 40% of Danish patients and 26% of Hungarian patients could access psychological services.**

Rehabilitation programs also show a wide range: while 59% of German patients report oncological rehabilitation support, Denmark, the Czech Republic, Hungary, Poland, and Serbia provide such services to just over 20% of their cancer patients. Access to oncological rehabilitation support for other countries is even more scarce: **11.3% of the Greek patients stated they have access to oncological rehabilitation, as well as only 4.3% of patients in Great Britain, Spain and Turkey.**

Other gaps were present in social support (available to only about 14% of respondents) and dietician counselling (26%).

Perhaps the most surprising gap for gynaecological cancer patients was the **low level of access to sexual counseling, with only 5% of patients reporting access. Strikingly for patients of a group of diseases that cause a half a million deaths worldwide each year, only 5% could access palliative care.**

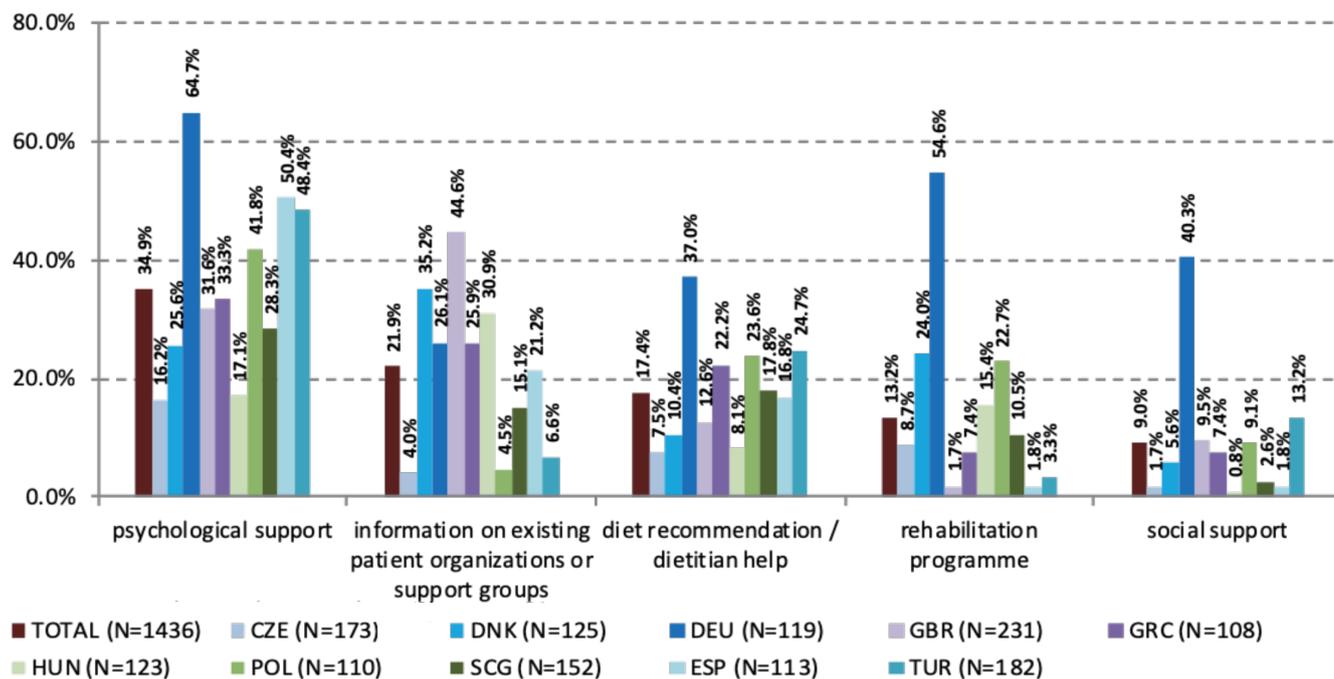
Female cancer patients have been repeatedly shown to “receive insufficient counseling, support, or treatment to preserve or regain sexual function after cancer treatment”.

Sources: Lindau ST, Abramsohn EM, Matthews AC. A manifesto on the preservation of sexual function in women and girls with cancer. *Am J Obstet Gynecol.* 2015;213(2):166-174. doi:10.1016/j.ajog.2015.03.039

Woopen H, Braicu I, Richter R, et al. 939PD Quality of life and symptoms in longterm survivors with ovarian cancer: It’s still an issue. *Expression VI – Carolin meets HANNA – holistic analysis of long-term survival with ovarian cancer: The international NOGGO, ENGOT and GIG survey.* *Ann Oncol.* 2018;29(suppl_8). doi:10.1093/annonc/mdy285.148

Were you offered any complimentary help? If yes, which of the following?

SORTED BY COUNTRY



Printed Materials

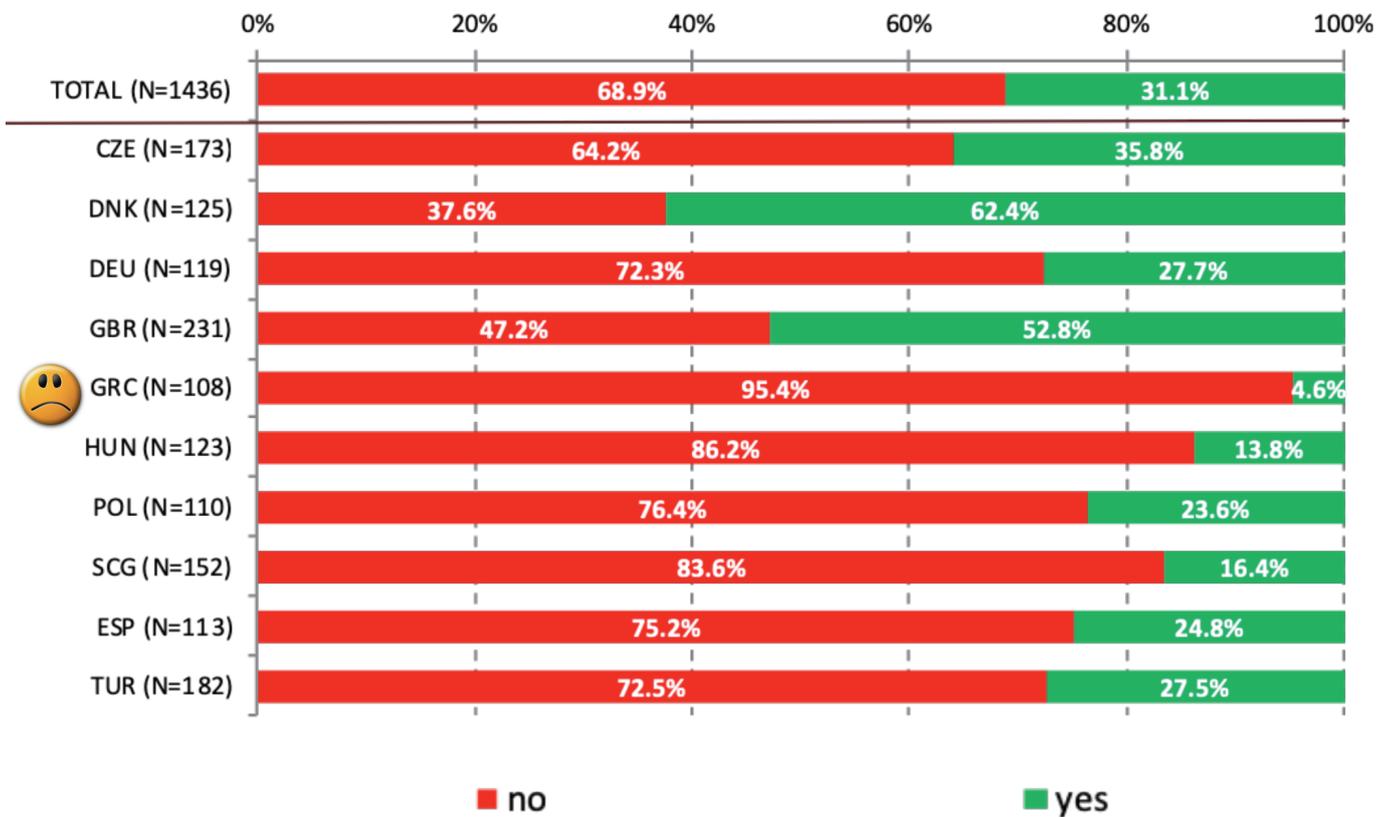
Most patients leave their doctor's office after their diagnosis without any printed informational materials. **Only 31% of patients overall reported their health care providers gave them printed information.**

The availability of such information, which can be used to refer to after the shock of the appointment has worn off or to help family members understand the diagnosis and treatment, varied widely depending on location.

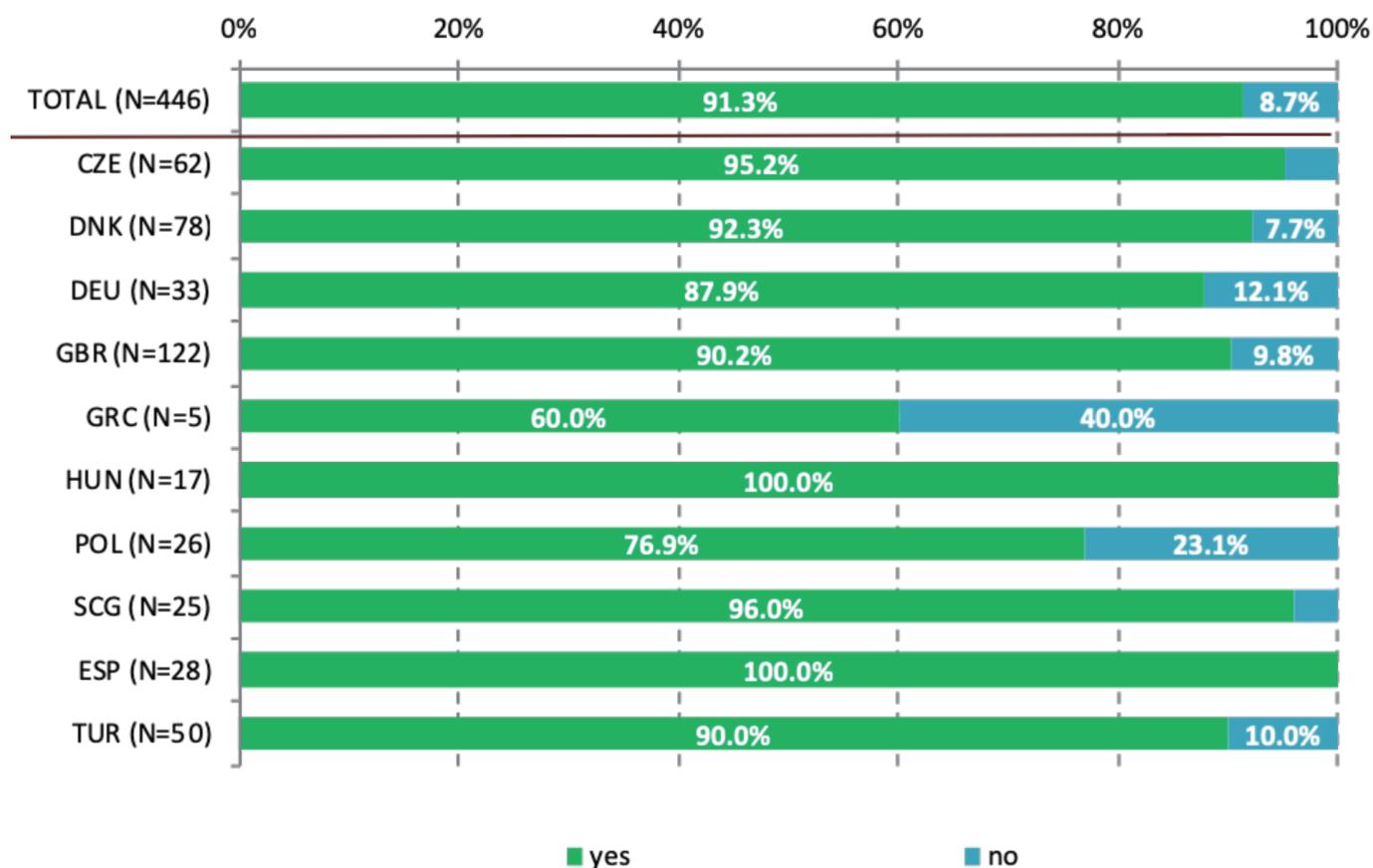
More than half of patients in Denmark (62%) and the United Kingdom (53%) got such materials, **while only 16% of Serbian patients, 14% of Hungarians and less than 5% of Greeks got printed informational materials.**

It's important to note that, out of those who received any printed materials, 90% think that the materials they received were helpful.

Did you receive printed educational materials from your health care provider after your first conversation? SORTED BY COUNTRY



Did you think these educational materials were helpful? SORTED BY COUNTRY



CONCLUSIONS

Based on our survey data, it seems that women in Europe with gynaecological cancers are being treated as *tumours* rather than as *humans*. Medical teams concern themselves with the necessary business of disease management while the rest of the woman's needs—desire for knowledge and control of her situation, psychological and sexual help, dietary care, even palliative care—are not being met.

Although gynaecological cancers are a serious health concern for women that is being widely studied and for which related supports are available, patients of these cancers in Europe have several key needs that are unmet:

- Women before diagnosis need better awareness of the types of gynaecological cancers that can occur and the screening and testing available to them.
- Women at diagnosis need printed informational materials and improved communication with their medical care team. They need to be linked to patient organisations and support groups.
- Women after diagnosis need better access to the supports that are available, including access to palliative care and sexual health counselling, as well as dietary counselling, social supports, rehabilitation, and improved access to psychological care. They need optimal wait times before treatment.
- Women being treated now need to know if they can take part in clinical trials.

The survey showed European countries vary in the different levels of care. Due to its unique position as the only pan-European patient advocacy group of its type, ENGAGe is situated perfectly to help meet the needs of these patients across Europe.

ENGAGe strongly believes that even small adjustments in the hospital environment and practices can increase existing support for all Europeans, and provide better tools to help raise patient awareness, and increase patients' access to palliative care. All of these efforts will make a significant effect on gynaecological cancer patients' overall wellbeing.

GOING FORWARD

This survey shows there are many steps we can take to meet the needs of women with gynaecological cancers before, during and after treatment.

As well as informing our activities in general and providing a baseline with which to measure future work, the survey results have sparked two main initiatives going forward:

1. The "Improving Care" pilot programme to increase access to supports for patients.
2. Partnership with the European Network of Gynaecological Oncological Trial groups (ENGOT) to increase patient advocacy group involvement in clinical trial processes.

The "Improving Care" pilot programme

Many of the gaps highlighted in the survey (awareness about disease and screening, access to supports) may be addressed by the outcome of our "Improving Care" pilot programme. Currently running in the Czech Republic and Poland, in this programme local advocacy groups work with medical facilities to provide the supports patients lack, particularly about education. When the pilot has concluded, a report of its findings will be prepared and published so that other groups across Europe can begin similar activities, as necessary for their individual country's needs.

The "Improving Care" pilot programme:

- Surveyed local patients to establish a benchmark.
- Prepared leaflets in Czech and Polish written specifically for gynaecological cancer patients on nutrition, psychology, sexual health, and palliative care.
- Placed the printed leaflets prominently in clinics and provided them to doctors and nurses to hand to patients. Websites with information were also created.
- Arranged public information sessions on the above topics for patients, families and health care teams.
- Arranged sexual health and psychology counselling to be regularly available and accessible to women diagnosed with women's cancers.
- Established patient organisations when ones were lacking for a particular type of cancer.
- Arranged media coverage of patient stories in order to further awareness in the community and empower the patients.

Partnership with ENGOT

Our survey data indicated that patients in Europe would be willing to participate in clinical trials but are not given the opportunity and are not even aware what trials are taking place. Through ENGAGE's partnership with its sister network ENGOT (the European Network of Gynaecological Oncological Trial Groups; also an ESGO organisation), ENGAGE has planned outreach and collaboration activities that will educate patients about clinical trials and will also put trial coordinators in contact with patient advocacy groups.

About ENGOT

The European Network for Gynaecological Oncological Trial groups (ENGOT) is a research network of ESGO that was founded in Berlin in October 2007. It coordinates and promotes clinical trials within Europe on patients with gynaecological cancer. This coordination is particularly relevant for academic clinical trials, translational research, research on rare diseases, and for clinical trials sponsored by the industry to perform multinational studies in Europe.

- There are now 20 groups from 25 countries.
- ENGOT is a platform that guarantees the European spirit and culture is incorporated into the medical progress in gynaecological oncology, and that all European patients and countries can participate in an active way in clinical research and progress. The ultimate goal is to bring the best treatment to gynaecological cancer patients through the best science and enable every patient in every European country to access a clinical trial.

SPONSORS

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