Comprehensive Research Experience for Medical Students (CREMS)

2022 Supervisor and Project Information Form

Please complete and return via email ONLY to crems.programs@utoronto.ca by February 18, 2022.

Supervisor Information

NOTE: CREMS will not support pre-determined pairings of students and supervisors. Supervisors must agree to open their projects to all students and interview all that are interested.

Name: Liat hogen

Email: Liat.hogen@uhn.ca

Department: OGBYN – GYNECOLOGICAL ONCOLOGY

Hospital/Research Institution: UHN/ princess Margaret Cancer Centre

SGS Department(s) (if applicable):
Click or tap here to enter text.

ORCID ID (see https://orcid.org/ - If you do not have an ORCID ID we encourage you to sign up for one):
https://orcid.org

Location of Work:
Princess Margaret Cancer Centre, Toronto General Hospital

Field of Research (up to 4 keywords):
Ovarian cancer

Student contact time (number of hours per week YOU are available to the student for any concerns or to review progress):
2
**Project Information**

*NOTE: If this project is selected, this information will be posted on CREMS website for interested student applicants to view research opportunities.*

**PROJECT TITLE:**
Prognosis after interval debulking surgery in patients with initial presentation of unresectable stage IVB high grade serous ovarian cancer

**PROJECT DESCRIPTION:**
Including background, aim(s), methodS and significance of the project. Maximum 300 words.

**Background**
Epithelial ovarian cancer (EOC) is the leading cause of death among gynecologic malignancies in North America. Approximately 15% of EOC is diagnosed as stage IV disease with adverse consequences in terms of rates of cytoreduction and overall survival. Treatment options for these patients include either primary cytoreductive surgery (PCS) followed by adjuvant chemotherapy, or neoadjuvant chemotherapy, (NACT) followed by attempted interval debulking surgery (IDS). It is well established that patients with advanced epithelial ovarian cancer undergoing primary cytoreductive surgery (PCS) to no gross residual disease (NGR) have improved survival. Thus, patients with adequate functional status and a high likelihood of achieving no gross residual disease should be offered PCS. Many retrospective and prospective studies have identified amount of residual disease after PCS to be a critical factor influencing survival, hence, patients with unresectable stage IVB disease (multiple liver metastasis, bone, multiple lung, brain, celiac axis and or SMA involvement) should not be offered PCS.

The benefit of IDS following NACT for patients with previously unresectable stage IVB disease has not been well established, with no clear guidelines in regards to the role of IDS in this population.

**Objectives:**

**Primary:**
To compare the PFS and OS of patients with initial unresectable stage IVB ovarian cancer with and without interval debulking surgery

**Secondary:**
To stratify those patients by the site of disease that qualified them for stage IVB and correlate with decision for yes or no interval debulking surgery

**Methods:**
We will include patients with unresectable stage IVB disease, enrolled in the ovarian cancer program between October 1, 2018 to October 01 2021. Data points will be collected through the hospital’s EPR.

**Significance of the project:**
We anticipate that patients with previous unresectable stage IVB that underwent IDS post NACT have better survival when compared to those who had chemotherapy only, and this data will help guide clinicians in managing these patients.
Is this project remote-capable (in case of new restrictions) or have an alternative remote option?
☒ Yes, remote capable  ☐ No
☐ Yes, alternate remote option. Please specify (100 words max): Click or tap here to enter text.

If human subjects are involved, have the appropriate Research Ethics Board approvals been obtained?
☒ Yes  ☐ No  ☐ Not Applicable

If yes, please list the application submission date:

Do you expect this work will be published?
☒ Yes  ☐ No  ☐ Uncertain / Other
**Research Environment and Student Roles and Responsibilities**

Please be specific as possible. Please describe the research environment, including availability of required facilities/equipment/expertise, supervisor’s experience and mentorship plans. Please clearly outline the student role(s) and responsibilities related to the project, potential educational value, and indicate who will serve as the student’s direct report for daily oversight (PI, PHD student, technician, etc.). **Maximum 300 words.**

We are a group of 7 gynecological oncologist working at UHN (including PMCC, TGH AND SHS). We have an extensive research infrastructure, including 5 CRA supporting our ongoing research activity. We have a process in place for interviewing the candidates for CREM and for Chairs award. We have a process for training to have the student familiar with the institution, electronic charts and access to EMR. The work can be completed remotely, but if the students prefers, there are available computers and there is working space in our offices. I have worked with 3 different medical students in the last 3 years, and received the Chairs award twice. I had an excellent experience with the medical student and I truly enjoy working with them, and to get them interested in clinical studies, by showing them the steps of this type of research and how it helps us with our clinical work. By participating in this project, the student will be exposed to all elements of clinical retrospective cohort research. The student will be introduced to the diagnosis, treatment and prognosis of advanced gynecological cancer patients. The student will have the opportunity to go through the e-charts of the patients, extract the data and update the excel file.

The next step is for the statistical plan. The student will be taught how to write a statistical plan in a retrospective cohort study, and will write one for our study. I will mentor the student throughout the process. Together, we will interact with the statistician to get the statistical analysis.

Lastly, pending on the student’s comfort level, they can do a lit review and write the introduction, methods and results for the paper. I will mentor them throughout the process. The aim would be to submit for publication.

Under my guidance, they will be encouraged submit their work for presentations at medical student research day, national conference (GOC) and possibly international conference (SGO), and to UFT research day.

Of note, I can’t add the application submission date of the REB in the above field:, but I have REB approval for this study (will submit approval letter with the application)