

2/09/10

LATE

Aloha Chair Yamane and Members of the Health Committee,

I support HB 2813

It is very distressing to me that in Hawaii we have such an adverse gynecological surgery protocol that may be cause for the low survival rate of women cancer patients in Hawaii. The women that unfortunately have contracted gynecologic cancer with metastasis in the abdominal area are not being given a fair chance for survival.

These cancer patients are being denied the option to *choose* between gynecological surgery by an OB/GYN (which is limited in scope to prophylactic oophorectomy and hysterectomy) or by a gynecologist oncologist (which is trained and qualified to operate and remove the cancerous parts of any other organs in the abdominal area). This being a critical matter of life or death for the patient, the proper type of surgery is crucial for survival and/or prolonging her life regardless of the cost factor. Most people do not know that GYN oncologists exist and what kind of surgery/service has become available in Hawaii.

In many mainland hospitals, an OB-GYN will effect gynecologic surgery with a GYN oncologist standing by. Upon performing surgery and finding that the cancer has metastasized to other organs in the abdominal area, the GYN oncologist is compelled to take over the operation and the OB/GYN will assist. This extensive surgery by a GYN oncologist definitely will give the cancer patient a better chance for survival and/or prolong her life.

We (personally) were exposed to this inadequate cancer gynecological surgery protocol in Hawaii when my wife had ovarian cancer in 1984, which required only normal gynecologic surgery, a gross error.

I know of other cases in Hawaii where a cancer patient stated that "my OB/GYN performed a hysterectomy on me. He said that the cancer has spread but he has done his best to clean the cancer out." Now I know that if the cancer is not confined to gynecologic malignancies but has spread to other organs in the abdominal area, the OB/GYN is not allowed to operate on those organs. Consequently, the best gynecologic surgery the OB/GYN has effected within his capability is not good enough. This patient has been short-changed and her chances for survival has been dramatically lessened.

Female cancer patients with gynecological malignancies should be operated on by a gynecological surgery by a gynecologic oncologist doctor. This should be enforced by state law. This surgery protocol will increase the patients' chance for survival. If something positive is affected on this surgery protocol, you will be saving lives.

A very concerned husband and father,

Harry Luke

LATE



**February 9, 2010
Tuesday
9:30 AM
Conference Room 329**

To: House Committee on Health
Representative Ryan I. Yamane, Chair
Representative Scott Y. Nishimoto, Vice Chair

From: Raydeen Busse, MD, Chair
American Congress of Obstetricians and Gynecologists, Hawaii Section

Re: **HB2813 RELATING TO GYNECOLOGY**

Dear Chair Yamane, Vice Chair Nishimoto, and Health Committee Members:

The American Congress of Obstetricians and Gynecologists (ACOG), Hawaii Section, is against HB2813. We strongly support measures that advance women's healthcare, however do not believe that this bill will lead to improved women's care.

Despite thorough and complete pre-operative workups as recommended by ACOG national standards, we are sometimes unable to determine whether a particular patient has gynecologic cancer, and if she does have cancer, whether it has metastasized or not. Pre-operative diagnostic tests are not always accurate in predicting cancer or metastasis prior to surgery. There are currently only two civilian gynecologic oncologists, both located in Honolulu, who are practicing in the State of Hawaii. Essentially requiring referrals to gynecologic oncologists via legislation, may lead to delayed surgery on benign conditions, as well as delayed diagnosis of cancer. When obstetrician/gynecologists have a suspicion of cancer, direct referrals to gynecologic oncology or having gynecologic oncologists stand-by for surgery are already being done.

As obstetrician/gynecologists, we have national ACOG protocols in place for the workup of pelvic masses and other conditions. There are also national recommendations for surgery and treatment of gynecologic cancer, based on research and expert opinions. We do not believe that this legislation will lead to improved healthcare, as patients who are noted to have metastases on pre-operative workup are already being referred to gynecologic oncologists for care.

Hawaii ACOG strongly supports issues of importance to women and their families, however, we do not believe this bill will improve women's care and are against HB2813.

Thank you very much for the opportunity to submit this testimony.