

## 2017/2018 Summer Studentship Project Application Form

Send to: Research Office, University of Otago Christchurch, PO Box 4345, Christchurch, by 5pm on 3 July 2017

Supervisor Information <b>(First named supervisor will be the contact):</b>		
First <b>Supervisor's</b> Name and Title: Dr Bryony Simcock		
Department - UOC &/or CDHB (if applicable): Obstetrics & Gynaecology		
First Supervisors Phone: ext 85593	First Supervisors Email: bryony.simcock@cdhb.health.nz	
First Supervisors Mailing Address: Department of Obstetrics & Gynaecology, University of Otago, Christchurch, Christchurch <b>Women's Hospital, Level 3, 2 Riccarton Avenue, Private Bag 4711, Christchurch 8140, New Zealand</b>		
Co-Supervisors Name and Title(s): Assoc Prof Peter Sykes, Dr Caroline Lintott, Dr Ailing Tan, Dr Amanda Tristram, Dr Simone		
Research Category (Choose one category only – <b>to be used for judging the students' presentations</b> ):		
Clinical x	Laboratory	Community
Project Title (20 words MAXIMUM):		
What are the patterns of referral and uptake of BRCA testing of eligible women with ovarian cancer in NZ?		
Project Description:		

**Introduction:** Approximately 18% of women with high grade serous ovarian cancer will be found to have a clinically significant BRCA gene mutation. Knowledge of BRCA status is becoming increasingly important in regard to treatment options, screening for other cancers and counselling family members. International studies have suggested a significant variation in referral patterns and uptake rates. Understanding this may allow implementation of strategies to improve referral and provide equity. Nationally there is no data on the proportion of women with a high grade serous ovarian cancer that have a BRCA mutation.

**Aim:** To determine the rate of referral and uptake to a genetic service in women with a diagnosis of high grade serous ovarian cancer.

**Possible impact (in lay terms):** This data does not yet exist in New Zealand. There are many ways of providing genetic services and if we understand what is currently happening we can look at improving our service and provide a better national service

### Method:

Baseline information will be gathered on all women with a new diagnosis of high grade serous ovarian cancer discussed at Gynaecological Oncology Multi Disciplinary Tumour Board Meeting(MDM)s across the country in 2015. This will include Dunedin, Christchurch, Wellington and Auckland. This will create our baseline population. Patient demographics will be recorded as well as referral MDM and DHB of domicile. Using HCS and similar hospital systems, record of date of diagnosis and date of review in a genetics clinic will be made. Outcome of any genetics test will be noted. Where possible reasons for non referral to genetics, or failure to have genetic testing will be recorded.

Student Prerequisites (eg. Medical Student) if applicable:

## Administration Details

1. Is ethical approval required? Yes/No

If Yes: please circle or tick one of the following:

- a) Applied for (provide application #)
- b) Approved (attach a copy of the letter of approval from the ethics committee or application #)
- c) To be done

2. Are you able to provide the funding for this project (ie. \$5,000 for the student, incidental expenses should be met from departmental or research funds) Yes/No

If Yes: Please provide name of the funder \_\_\_\_\_

If No: Please provide ideas of possible funding sources, including past funding agents and topics often associated with this research area, for the Research Office to contact.

\_\_\_\_\_

If Yes: You will be sent a request for more information.

3. Medical Records or Decision Support accessed Yes/No

4. Health Connect South or other DHB records Yes/No

5. Signatures:

- I have read the 2017/2018 Summer Studentship programme handbook.
- I am prepared to supervise the project and will be available to the student during the studentship (including Christmas/New Year break if the student is working during this time).
- I agree to assume responsibility for the submission **of the student's reports to the Research Office** by the due date 29 January 2018.
- I agree that the project lay report may be available to local media for publicity purposes.

Signature of Project Supervisor(s):

Date:

- I understand that I am responsible for hosting the Summer Student chosen for this project and will meet any costs incurred. I agree that incidental expenses will be met from departmental or research funds.

Signature of Head of Department:  
(Print Name)

Date:

Signature of Clinical Director: (if applicable)  
(Print Name)

Date: