Background: Multidisciplinary management is intended as a way of organizing group work and, especially in oncology, it allows to better address the complexity of diagnosis, therapy and prognosis, ensuring the optimal path for each patient. Our gynecological-oncological multidisciplinary activity begun in January 2007, with the aim of ensuring rapid identification of patients to be subjected to surgical treatment and/or CT and/or RT.

Patients and methods: In our analysis we retrospectively selected 228 women with documented histological diagnosis of ovarian cancer between 2003 and 2015. The data was analyzed by evaluating the effectiveness of the multidisciplinary group (first treatment performed within 40 days of diagnosis). The analysis of overall survival was performed using the method of Kaplan-Meier.

Results: As reported in the literature, the majority of patients (42.9%) presented with stage III disease. As for the remaining patients 26.7% had stage I, 9.2% stage II and 21.05% stage IV respectively. The median age at diagnosis was 64 years. 193 patients (84.6%) were surgically treated, and 175 (76.7%) received chemotherapy for the initial management of the disease. 83 of these patients were treated before 2007. 10.5% were not surgically treated and 15.7% has not done CT because of comorbidity or lack of indications. Since 2007 (date of multidisciplinary group set up), 91.22% of the patients with new diagnosis of ovarian cancer were discussed. First treatment was stared within 40 days in 90.48% after 2007, but only in 63% before (OR 0.18). However, no relationship between the time interval of treatment start and the type of response to therapy has been observed. On the contrary, a statistically significant difference in terms of median OS (65 months vs 31 months, \( p = 0.015 \)), respectively between pts evaluated or not within the multidisciplinary team has been observed.

Conclusions: Multidisciplinary approach has resulted in a statistically significant advantage in terms of taking charge the patients and in OS, but not in term of short term effect of therapies.