Results We included 3973 patients (52 countries; 7 world regions; 27% from low-and-middle-income countries). Lower-than-reported rate (22/3778; 0.6%) of perioperative SARS-CoV-2 infections was observed. This group had higher morbidity (63.6% vs 19.1%; p<0.0001) and mortality (18.2% vs 0.7%; p<0.0001) rates, compared to the uninfected cohort.

In 20.7% (823/3973), standard of care was adjusted. Significant delay (>8 weeks) was observed in 11.2% (424/3784), particularly in those with ovarian cancer (213/1355; 15.7%). This delay was associated with the use of neoadjuvant chemotherapy (p<0.0001), a composite of adverse outcomes including disease progression and death (95/424; 22.4% versus 601/3360; 17.9%, p=0.024), compared to those who had operations within 8 weeks of their MDT decisions.

One in thirteen did not receive their planned operations (189/2430; 7.9%), in whom 1 in 20 (5/189; 2.7%) died and 1 in 5 (34/189; 18%) experienced disease progression or death within 3 months of MDT decisions for surgery. Conclusion One in five surgical patients with gynecological cancer worldwide experienced management modifications during the COVID-19 pandemic. Significant adverse outcomes were observed in those with delayed or cancelled operations. This global data on the magnitude of care changes and their consequences could be used to leverage resources for the ongoing mitigating strategies worldwide.