Change in practice during COVID-19 pandemic in Gynaecologic Oncology

This survey aims to evaluate if COVID pandemic led to any change in practice in Gynaecologic Oncology

* Required

1. What is your specialty?

   Check all that apply.

   □ General Gynaecologist (Ob/Gyn)
   □ Gynaecologic Oncologist (Gyn-Onc)
   □ Medical Oncologist
   □ Radiation Oncologist
   □ Pathologist
   □ Surgical Oncologist
   Other: 

2. What is your age?

   Mark only one oval.

   □ <30 years
   □ 31-40 years
   □ 41-50 years
   □ 51-60 years
   □ >60 years
3. Which is your position?

*Mark only one oval.*

- ☐ Resident
- ☐ Fellow
- ☐ Consultant/Attending physician
- ☐ Head of department
- ☐ Researcher
- ☐ Medical student
- ☐ Other: ____________________________
4. In which country do you work?

*Mark only one oval.*

- Afghanistan
- Albania
- Algeria
- Andorra
- Angola
- Antigua and Barbuda
- Argentina
- Armenia
- Australia
- Austria
- Azerbaijan
- Bahamas
- Bahrain
- Bangladesh
- Barbados
- Belarus
- Belgium
- Belize
- Benin
- Bhutan
- Bolivia
- Bosnia and Herzegovina
- Botswana
- Brazil
- Brunei
- Bulgaria
- Burkina Faso
- Burundi
- Côte d'Ivoire
- Cabo Verde
Change in practice during COVID-19 pandemic in Gynaecologic Oncology

- Cambodia
- Cameroon
- Canada
- Central African Republic
- Chad
- Chile
- China
- Colombia
- Comoros
- Congo (Congo-Brazzaville)
- Costa Rica
- Croatia
- Cuba
- Cyprus
- Czechia (Czech Republic)
- Democratic Republic of the Congo
- Denmark
- Djibouti
- Dominica
- Dominican Republic
- Ecuador
- Egypt
- El Salvador
- Equatorial Guinea
- Eritrea
- Estonia
- Eswatini (fmr. "Swaziland")
- Ethiopia
- Fiji
- Finland
- France
- Gabon
- Gambia

https://docs.google.com/forms/d/1duh1byc9z2xd63unys8d9ygY5LECjkNoayamDWejTJ/edit
Norway
Oman
Pakistan
Palau
Palestine State
Panama
Papua New Guinea
Paraguay
Peru
Philippines
Poland
Portugal
Qatar
Romania
Russia
Rwanda
Saint Kitts and Nevis
Saint Lucia
Saint Vincent and the Grenadines
Samoa
San Marino
Sao Tome and Principe
Saudi Arabia
Senegal
Serbia
Seychelles
Sierra Leone
Singapore
Slovakia
Slovenia
Solomon Islands
Somalia
South Africa

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20/4/2020

Findings of the survey on change in practice during COVID-19 pandemic in Gynaecologic Oncology

- South Korea
- South Sudan
- Spain
- Sri Lanka
- Sudan
- Suriname
- Sweden
- Switzerland
- Syria
- Tajikistan
- Tanzania
- Thailand
- Timor-Leste
- Togo
- Tonga
- Trinidad and Tobago
- Tunisia
- Turkey
- Turkmenistan
- Tuvalu
- Uganda
- Ukraine
- United Arab Emirates
- United Kingdom
- United States of America
- Uruguay
- Uzbekistan
- Vanuatu
- Venezuela
- Vietnam
- Yemen
- Zambia
- Zimbabwe

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8/22

Martinelli F, Garbi A. Int J Gynecol Cancer 2020;0:1–7, doi: 10.1136/ijgc-2020-001585
5. Your institution is a:

   Check all that apply.
   - General Hospital
   - Cancer Center
   - University Hospital
   - Other: ____________________________

6. The place where you work:

   Check all that apply.
   - is COVID free
   - admits COVID+ patients
   - has structured different paths for COVID+ and COVID free patients

7. In which phase of COVID pandemic is your country/region now?

   Mark only one oval.
   - Early phase
   - Peak
   - Plateau

8. Have been any changes in your clinical practice due to COVID?

   Mark only one oval.
   - Yes
   - No
9. Did you faced the need to modify treatments according to available resources and patients' life expectancy?

*Mark only one oval.*

☐ Yes

☐ No

Field of practice (Surgery)

10. Do you manage surgical cases?

*Mark only one oval.*

☐ Yes  *Skip to question 13*

☐ No

Field of practice (Medical Oncology)

11. Do you manage patients requiring medical (oncological) treatment?

*Mark only one oval.*

☐ Yes  *Skip to question 16*

☐ No

Field of practice (Radiation therapy)

12. Do you manage patients requiring radiation treatment?

*Mark only one oval.*

☐ Yes  *Skip to question 18*

☐ No  *Skip to question 20*
Surgical cases

13. Which diagnostic tools are used for the evaluation of patients’ COVID status in your institution before surgery?

Check all that apply.

☐ Chest X-ray
☐ Chest CT scan
☐ COVID swab (PCR test)
☐ COVID Immunoglobulin test (IgG/IgM)
☐ Blood samples (i.e: C-reactive protein, serum ferritin and coagulation index)
☐ Nothing
Other: ☐

14. Minimally invasive surgery (Laparoscopy/Robotic) is still performed in your institution?

Check all that apply.

☐ Yes, no change
☐ No
☐ Yes, but restriction of indications
☐ Yes, with some changes in equipments (i.e: filters) and PPE

15. Sentinel node mapping could be a reliable tool to reduce invasiveness when nodal staging is indicated

Check all that apply.

<table>
<thead>
<tr>
<th>Endometrial Cancer</th>
<th>Cervical Cancer</th>
<th>Vulvar Cancer</th>
<th>Ovarian Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>NO</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Skip to question 11
Medical treatment (Chemotherapy, Maintenance therapy, Immunotherapy...)

16. Which diagnostic tools are used for the evaluation of patients’ COVID status in your institution before medical treatment?

Check all that apply.

☐ Chest X-ray
☐ Chest CT scan
☐ COVID swab (PCR test)
☐ COVID Immunoglobulin test (IgG/IgM)
☐ Blood samples (i.e. C-reactive protein, serum ferritin and coagulation index)
☐ Nothing
Other: ☐

17. Any changes in treatments?

Check all that apply.

☐ No changes
☐ Increased use of oral treatments (i.e. oral agents, hormonal treatment, oral maintenance therapy)
☐ Opting for drugs and schedules that do not need hospital stay
☐ Weekly schedule preferred
☐ Three-weekly schedule preferred
☐ Reduced indications for 2nd-3rd-4th line chemo
☐ Reduced enrollment in trials
☐ Immunotherapy stopped
Other: ☐

Skip to question 12

Radiation treatment
18. Which diagnostic tools are used for the evaluation of patients’ COVID status in your institution before radiation treatments?

Check all that apply.

- Chest X-ray
- Chest CT scan
- COVID swab (PCR test)
- COVID Immunoglobulin test (IgG/IgM)
- Blood samples (i.e: C-reactive protein, serum ferritin and coagulation index)
- Nothing

Other: ______________________________

19. Any changes in treatments?

Check all that apply.

- No changes
- Usage of hypofractionation to reduce hospital access
- Increased indications for radiation treatment (i.e: early endometrial/cervical cancer)

Other: ______________________________

Evaluation of changes in UC treatment

Uterine Cancer
20. **Early stage low grade endometrioid endometrial cancer**

*Check all that apply.*

<table>
<thead>
<tr>
<th></th>
<th>COVID negative</th>
<th>COVID +</th>
</tr>
</thead>
<tbody>
<tr>
<td>No changes in surgical treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(nodal evaluation included)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only hysterectomy +/- BSO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hormonal treatment preferred</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation treatment preferred</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment postponed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

21. **Early stage high risk (high grade, serous...) endometrial cancer and uterine sarcomas**

*Check all that apply.*

<table>
<thead>
<tr>
<th></th>
<th>COVID negative</th>
<th>COVID +</th>
</tr>
</thead>
<tbody>
<tr>
<td>No changes in surgical treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(hysterectomy, BSO, nodal evaluation,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>surgical staging when indicated)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only hysterectomy +/- BSO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hormonal treatment preferred</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation treatment preferred</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment postponed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemotherapy considered without surgical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>staging</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
22. Advanced stage endometrial cancer

*Check all that apply.*

<table>
<thead>
<tr>
<th></th>
<th>COVID negative</th>
<th>COVID +</th>
</tr>
</thead>
<tbody>
<tr>
<td>No changes in surgical treatment (debulking considered)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only hysterectomy +/- BSO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hormonal treatment preferred</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation treatment preferred</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemotherapy considered without surgical staging</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment postponed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Epithelial Ovarian Cancer**

23. Early stage epithelial ovarian cancer

*Check all that apply.*

<table>
<thead>
<tr>
<th></th>
<th>COVID negative</th>
<th>COVID +</th>
</tr>
</thead>
<tbody>
<tr>
<td>No changes in surgical treatment (full staging performed including lymphadenectomy when indicated)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic surgery + eventually chemotherapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No surgery at all (US/CT scan guided biopsy + eventually chemotherapy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemotherapy without any hystology acquired</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evaluation of changes in OC treatment
24. Advanced stage epithelial ovarian cancer (primary treatment)

*Check all that apply.*

<table>
<thead>
<tr>
<th></th>
<th>COVID negative</th>
<th>COVID +</th>
</tr>
</thead>
<tbody>
<tr>
<td>No changes in practice</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Reduced indication for primary debulking surgery</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>NACT (neoadjuvante chemotherapy) preferred</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Diagnostic LPS (laparoscopy) preferred</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Only US/CT guided biopsy followed by chemotherapy</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Interval Debulking surgery postponed (i.e: additional chemo cycles administered)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>No changes in timing of Interval debulking surgery</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Adjuvant chemotherapy postponed</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>No changes in timing of adjuvant chemotherapy</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
25. Relapsed ovarian cancer (Oligometastatic, DFI>24 months)

*Check all that apply.*

<table>
<thead>
<tr>
<th></th>
<th>COVID -</th>
<th>COVID +</th>
</tr>
</thead>
<tbody>
<tr>
<td>No changes in practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic LPS (laparoscopy) preferred + eventually chemotherapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only US/CT guided biopsy followed by chemotherapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary cytoreductive surgery (regardless of approach)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sugery no more considered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemotherapy without acquiring a new hystology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment (any) postponed unless symptomatic patients</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Cervical cancer

26. Early stage cervical cancer

*Check all that apply.*

<table>
<thead>
<tr>
<th></th>
<th>COVID negative</th>
<th>COVID +</th>
</tr>
</thead>
<tbody>
<tr>
<td>No changes in surgical treatment (Radical Hysterectomy + nodal evaluation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation treatment preferred</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment postponed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
27. **Locally advanced cervical cancer (Chemo-radiation)**

*Check all that apply.*

<table>
<thead>
<tr>
<th></th>
<th>COVID negative</th>
<th>COVID +</th>
</tr>
</thead>
<tbody>
<tr>
<td>No changes in treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changed schedule of RT fractioning (i.e: hypofractioning)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment postponed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

28. **Advanced/metastatic cervical cancer**

*Check all that apply.*

<table>
<thead>
<tr>
<th></th>
<th>COVID negative</th>
<th>COVID +</th>
</tr>
</thead>
<tbody>
<tr>
<td>No changes in treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment postponed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

29. **Early stages vulvar cancer (surgically resectable)**

*Check all that apply.*

<table>
<thead>
<tr>
<th></th>
<th>COVID negative</th>
<th>COVID +</th>
</tr>
</thead>
<tbody>
<tr>
<td>No changes in surgical treatment (Vulvar resection + nodal evaluation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation treatment preferred</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment postponed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
30. Advanced stages vulvar cancer (not amenable of surgical treatment)

Check all that apply.

<table>
<thead>
<tr>
<th></th>
<th>COVID negative</th>
<th>COVID +</th>
</tr>
</thead>
<tbody>
<tr>
<td>No changes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment postponed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment based on available resources and patients' life expectancy?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The perceived need of treatment
31. Please score gynaecological cancers according to the perceived priority of the need to treat, in case of low resources available (1: low priority/treatment may be postponed – 5: high priority/better not to postpone treatment) *

Mark only one oval per row.

<table>
<thead>
<tr>
<th>Condition</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early stage low grade endometrioid endometrial cancer</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Early stage high risk (high grade, serous...) endometrial cancer and uterine sarcomas</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advanced stage endometrial cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early stage epithelial ovarian cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advanced stage epithelial ovarian cancer (primary treatment)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Relapsed ovarian cancer (Oligometastatic, DFI&gt;24 months)</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early stage cervical cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Locally advanced cervical cancer (Chemo-radiation)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advanced/metastatic cervical cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early stages vulvar cancer (surgically resectable)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advanced stages vulvar cancer (not amenable of surgical treatment)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Follow-up
32. Follow-up strategies

*Check all that apply.*

- [ ] No changes
- [ ] Controls rescheduled and postponed
- [ ] Telemedicine applied
- [ ] Phone triage
- [ ] Visit only in case of symptoms or suspected relapse

Thanks for participating in this survey

33. Do you want to be acknowledged? *

*Mark only one oval.*

- [ ] Yes  
  
  Skip to question 34
- [ ] No

Personal details for acknowledgment

34. Name

____________________________________

35. Surname

____________________________________

36. Degree

____________________________________

https://docs.google.com/forms/d/1duh1byc9z2xd63umys8d9CgrY5LECjKNoayamDWJeTU/edit

21/22

Martinelli F, Garbi A. *Int J Gynecol Cancer* 2020;0:1–7. doi: 10.1136/ijgc-2020-001585
37. Affiliation

38. Contact e-mail

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