Figure S1: Age of respondents

Figure S2: Sentinel node mapping perceived value
Early stage low grade endometrioid endometrial cancer (178 respondents)

Early stage high risk (high grade, serous…) endometrial cancer and uterine sarcomas (177 respondents)
Advanced stage endometrial cancer (179 respondents)

- No changes in surgical treatment (debunking considered)
- Only hysterectomy +/- BSO
- Hormonal treatment preferred
- Radiation treatment preferred
- Chemotherapy considered without surgical staging
- Treatment postponed

Early stage epithelial ovarian cancer (170 respondents)

- No changes in surgical treatment (full staging performed including lymphadnectomy when indicated)
- Diagnostic surgery + eventually chemotherapy
- No surgery at all (US/CT scan guided biopsy + eventually chemotherapy)
- Chemotherapy without any histology acquired
- COVID negative
- COVID positive
No changes in practice

- Reduced indication for primary debulking surgery
- NACT (neoadjuvante chemotherapy) preferred
- Only US/CT guided biopsy followed by chemotherapy
- Only US/CT guided biopsy followed by chemotherapy
- Interval debulking surgery postponed (i.e: additional chemo cycles administered)
- No changes in timing of Interval debulking surgery
- Adjuvant chemotherapy postponed
- No changes in timing of adjuvant chemotherapy

Advanced stage epithelial ovarian cancer (primary treatment) (167 respondents)

COVID negative COVID positive

E percentages %

Advanced stage epithelial ovarian cancer (primary treatment) (167 respondents)

COVID negative COVID positive

E percentages %
No changes in practice

Diagnostic LPS (laparoscopy) preferred + eventually chemotherapy

Only US/CT guided biopsy followed by chemotherapy

Secondary cytoreductive surgery (regardless of approach)

Surgery no more considered

Chemotherapy without acquiring a new histology

Treatment (any) postponed unless symptomatic patients

Relapsed ovarian cancer (Oligometastatic, DFI>24 months) (168 respondents)
Early stage cervical cancer (177 respondents)

- No changes in surgical treatment (Radical Hysterectomy + nodal evaluation)
- Radiation treatment preferred
- Treatment postponed

Locally advanced cervical cancer (Chemo-radiation) (181 respondents)

- No changes in treatment
- Changed schedule of RT fractioning (i.e.: hypofractioning)
- Treatment postponed

Advanced/metastatic cervical cancer (177 respondents)

- No changes in treatment
- Treatment postponed

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Figure S3: Changes in practice according to different type of cancers and COVID status:  
A) Early stage low grade endometrioid endometrial cancer; B) Early stage high risk (high grade, serous…) endometrial cancer and uterine sarcomas; C) Advanced stage endometrial cancer; D) Early stage epithelial ovarian cancer; E) Advanced stage epithelial ovarian cancer (primary treatment); F) Relapsed ovarian cancer (Oligometastatic, DFI>24 months); G) Early stage cervical cancer; H) Locally advanced cervical cancer (Chemo-radiation); I) Advanced/metastatic cervical cancer; J) Early stages vulvar cancer (surgically resectable); K) Advanced stages vulvar cancer (not amenable of surgical treatment)
Figure S4: Follow-up strategies