

VIRTUAL MOBILITY (VM) GRANT REPORT TEMPLATE

This report is submitted by the VM grantee to VNS Manager, who will coordinate the approval on behalf of the Action MC.

Action number: CA18117

VM grant title: Impact of COVID-19 on Management of Gynaecological Cancers

VM grant start and end date: 15/09/2021 to 20/10/2021

Grantee name: Dr RICCARDO DI FIORE

Description of the outcomes and achieved outputs (including any specific Action objective and deliverables, or publications resulting from the Virtual Mobility).

(max. 500 words)

The rapid spread of coronavirus infection (COVID-19) has had dramatic effects on individuals and healthcare systems, particularly in leading to delay in getting treatment, which often worsened prognosis and chance of cure. Unfortunately, clinical management has become more challenging for clinicians involved in gynaecological malignancies, particularly rare cancer. This was especially since blood products or intensive care unit beds were not easily available due to patients infected with COVID-19. The aim of this survey will be to investigate how specialist oncologists, specialist gynaecologists, specialist general surgeons and clinical oncologists specialised in gynaecological malignancy, had to modify their management of gynaecological cancers during the COVID-19 pandemic. This survey is aimed at clinicians working in the countries participating in the COST Action (30 countries).

The main result of this virtual mobility grant is the formulation of a questionnaire that will allow the evaluation of how the management of patients suffering from gynaecological malignancies, including endometrial, cervical, uterine corpus, tubo-ovarian, vulvo-vaginal and other cancers, has changed during the pandemic. A questionnaire, consisting of 24 questions has been developed. The first four questions are necessary to understand the participant's professional skills, while the remaining questions are aimed at understanding if during this pandemic period, the participant has changed the type of treatment, whether surgical (e.g. open surgical and laparoscopic surgery) or medical (chemotherapy, radiotherapy, immunotherapy and hormone therapy), for patients suffering from gynaecological cancer. Finally, participants are also asked if treatment of these cancers has been delayed or not and, if yes, the duration of delay. This questionnaire is shown in detail in the attached pdf of the Googleform displaying the actual questions.

The next step is to carry out a pilot, apply for ethics approval, and then send the questionnaire among all the members and participants of the GYNOCARE COST Action. At least one manuscript will be written collaboratively based on the results of this survey and be submitted to a scientific journal for publication. Overall, on the basis of the results obtained by this survey, new guidelines could be designed in order to improve the management of gynaecological cancers, especially during this pandemic and other future pandemics.

Description of the benefits to the COST Action Strategy (what and how).

(max. 500 words)

GYNOCARE aims is to address the challenges by creating a unique network between key stakeholders and to achieve this ambitious goal, we have devised research coordination and capacity building objectives in accordance with mission and vision of the COST Action. Currently there is minimum interaction between basic and clinical researchers in the field of rare gynaecological cancers. This Virtual Mobility has lead to an important and useful contribution to the GYNOCARE COST Action on multiple fronts. In particular, the applicant who is a researcher in basic science, has networked with and brought together numerous clinicians belonging to the GYNOCARE COST Action, and managed to define new common strategic pathways addressing clinical and basis research questions about the impact of COVID-19 on management of gynaecological cancers, including the rare types.

Description of the virtual collaboration (including constructive reflection on activities undertaken, identified successful practices and lessons learned).

(max.500 words)

The participants in this virtual mobility tool were initially the applicant himself Dr. Riccardo Di Fiore from Malta, Prof. Antonio Giordano from the Sbarro Institute for Cancer Research and Molecular Medicine of the Temple University of Philadelphia and Dr. Francesca Pentimalli of the National Cancer Institute of Naples. There were several online meetings held online during this virtual mobility from the 15th September up till the 19th October 2021. A first draft of the questionnaire, partly, based on a previous survey conducted by Turkish gynae-oncologists who also participate in the GYNOCARE COST Action (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7726458/>), was compiled by the 23rd September 2021. Then, this draft was also shared with gynae-oncology surgeons from North Italy who made comments on that first draft. By the beginning of October, the second version of the survey template questions was circulated among researchers hailing from Malta and Ireland, in particular Prof Charles Savona-Ventura, obsetrician and gynaecologist and Head of Department of O+G at the University of Malta, and Dr James Beirne and Dr Sharon O'Toole from Trinity College Dublin, Ireland. Thanks to the different and remarkable skills of all the participants involved, after numerous on-line meetings, it was possible to define the questionnaire which will soon be conducted in all the countries participating in the COST Action. By the 15th October 2021, the final set of questions were entered in a Googleform, and this was again reviewed virtually and stored in a shard Dropbox.

Overall, this virtual mobility grant has generated the basis of a questionnaire to enquire about the current state of gynaeoncological oncology, not only in Malta, Italy, Ireland and USA, but also among all the countries of this COST Action. This, in line with the strategy of GYNOCARE COST Action, will consolidate the network among the researchers from different countries, which will be able define new common guidelines for management of gynaecological cancers, including rare forms, during the COVID-19 pandemic.

Survey: Impact of COVID-19 on the Management of Gynaecological Cancers

We are conducting a survey among doctors to investigate how the COVID-19 pandemic may have impacted their work in relation to the treatment of gynecological cancers (e.g. ovarian, endometrial, cervical and vulvar cancer). The survey consists of 23 questions and will take approximately 10 minutes to answer.

This survey is approved by the Ethics committee of Faculty of Medicine and Surgery at the University of Malta.

The data will remain anonymous and confidential

1. Job Title

Check all that apply.

- Specialist Gynaecologist
- Specialist General Surgeon
- Specialist Oncologist
- Clinical Oncologist specialised in Gynecological malignancy

Other: _____

2. How many years have you been practicing as a specialist in the field of gynaecological malignancy?

Mark only one oval.

- 5 years or less
- 6-10 years
- More than 10 years

3. In which country do you practice?

4. Where do you practice?

Check all that apply.

- Public healthcare service
- University healthcare services
- Private healthcare services

Other: _____

5. Did the Covid-19 pandemic affected access to the healthcare services relevant to gynaecological malignancy screening?

Mark only one oval.

- Yes
- No

6. Did the Covid-19 pandemic affected access to the healthcare services relevant to gynaecological malignancy?

Mark only one oval.

- Yes
- No

7. Did the Covid-19 pandemic influence your surgical management of gynaecological malignancies?

Mark only one oval.

- Yes
- No

8. If Yes: please specify how

9. Did the Covid-19 pandemic influence your medical (e.g. chemotherapy) management of gynaecological malignancies?

Mark only one oval.

Yes

No

10. If Yes: please specify how

11. Did the Covid-19 pandemic influence your radiotherapy management of gynaecological malignancies?

Mark only one oval.

Yes

No

12. If Yes: please specify how

13. Has your management of patients with gynaecological malignancies now completely returned to normal, (ie as it used to be prior to the COVID-19 pandemic)?

Mark only one oval.

- Yes
- No
- Partially

14. If Partially: please specify how

15. Overall do you think you have treated less cases of gynaecological malignancies during the COVID-19 pandemic (in 2020 and early 2021), as compared to the pre-COVID period?

Mark only one oval.

- Yes
- No
- Do not know

16. If yes, what type of gynaecological malignancies listed below have you seen less of when compared to pre-pandemic

Check all that apply.

- Vulvo-vaginal
 Cervical
 Uterine corpus
 Endometrial carcinoma
 Tubo-ovarian

Other: _____

17. Did you have any instance where the theatre staff got infected with COVID infection through contact with a patient undergoing a surgical procedure?

Mark only one oval.

- Yes
 No
 Do not know

18. Endometrial Cancer - do you think that cases have presented with postmenopausal bleeding at a later stage than prior to the COVID pandemic?

Mark only one oval.

- Yes
 No
 Do not know

19. Do you think that other gynaecological malignancies have presented at a later stage than they would have prior to the COVID pandemic?

Mark only one oval.

- Yes
- No
- Do not know

20. For which of the following gynaecological malignancies did you alter your management in any way as a result of COVID?

Check all that apply.

- Endometrial - Early stage, low grade
- Endometrial - Early stage, high grade
- Endometrial - Advanced stage
- Endometrial - Recurrence
- Cervical - Microinvasive
- Cervical - Early stage
- Cervical - Advanced stage
- Cervical - Recurrence
- Vulvo-vaginal - Early stage
- Vulvo-vaginal - Locally advanced stage
- Vulvo-vaginal - Recurrence
- Tubo-ovarian - Borderline tumour
- Tubo-ovarian - Early stage
- Tubo-ovarian - Advanced stage
- Tubo-ovarian - Relapse

Other: _____

21. If you have changed your management protocols for any of the above, have you generally shown a preference towards:

Check all that apply.

- Open surgical management
- Laparoscopic surgery
- Chemotherapy
- Hormonal therapy
- Radiotherapy
- Immunotherapy

Other: _____

22. Do you think that treatment initiation for gynaecological malignancies has been delayed?

Mark only one oval.

- Yes
- No
- Do not know

23. If YES, by how long has management been delayed

Mark only one oval.

- 1 month
- 2 months
- 3 months
- more than 3 months

24. Any further comments

Thank you for completing this questionnaire.

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