

Lay summary of BGCS framework for care of women with gynaecological cancers during COVID pandemic

We recognise that this is a time of great anxiety for those with suspected or confirmed cancer and many of you will be making difficult decisions with the help of your doctors and loved ones. Another source of anxiety is worrying about why some people are receiving treatments that appear different to the one recommended for you by your doctors.

The British Gynaecological Cancer society is a group of professionals across cancer care who look after women with gynaecological cancer – that is to say cancer of the ovaries, womb, tubes, cervix, vulva and vagina. Our group of experts have had an emergency meeting to help your doctors make the best and most safe decisions for you during this pandemic,

This document summarises the framework. At the end of the document are links for charities we are working closely with who you can approach for support.

As the situation with the pandemic evolves, it is becoming clear that some regions are being affected more severely ahead of others. That means, that the safest choice for you will vary based on where you live and how the pandemic has affected the NHS in your area. Please be reassured that at all times, your doctors and nurses have your health at heart and will be working as hard as possible both during the pandemic and afterwards to help you.

In general

- Decisions about your treatment will be made in consultation with you, after discussing the risks and benefits of going ahead with surgery or chemotherapy or radiotherapy during this time. The decisions will be made by a multidisciplinary team of specialist doctors and nurses so all the important factors regarding your care can be considered fully.
- We know from research, that the risks of death from receiving chemotherapy for instance are doubled when a patient is infected with COVID. This is particularly the case in some patients who are already considered vulnerable from an infection to COVID – for example the older, patients with underlying health conditions.
- We also know that an infection with COVID immediately after an operation also carries a higher risk of life threatening complications.
- So, for some of you, the best course of action may be to defer surgery or chemotherapy or radiotherapy for a while. Some cancers tend to grow slowly.

- We know this through research and from experience with the many thousands of patients we have cared for.
- Patients with slow growing cancers can safely receive treatment to pause/ slow down the growth of cancer defer full treatment until the risk from infection from the pandemic has reduced. An example of this, is using the hormone progesterone, either in tablet form or in a coil put into the womb that can slow down or even stop completely some womb cancers.
- All hospitals will have tracking systems in place so that if your treatment is deferred, they will still keep a virtual eye on you, to pick up the treatment when the risk has reduced.
- Your outpatient clinic appointments will be conducted using a telephone or video conferencing systems wherever possible to prevent you having to visit the hospital in keeping with public health England social distancing advice.
- Women with symptoms of cancer (see links to charities below) – please be reassured that we will continue to work with your GP's do our best to investigate you if they are concerned to rule out cancer even under these circumstances.

Your cancer, what does this mean for you?

Ovarian / Fallopian tube / primary peritoneal cancer

This group of cancers is generally treated with a combination of surgery and chemotherapy. The order of treatment is determined by your multi- disciplinary team (MDT), considering your specific presentation (symptoms), the type of cell change (microscope tests), family history and your wishes.

Your cancer team will now need to add in the availability of resources (operating theatre facilities and chemotherapy unit time) in addition to the harm to your general health from the treatment. This may mean that your doctors will need to select a therapy that will mean your visit to the hospital to receive treatment is shorter and safer, and that the order of treatment (surgery and chemotherapy) is dictated by the availability of operating theatres and intensive care facilities.

Womb Cancer

As we mentioned before, early womb cancers may be managed with the hormone progesterone in either tablet or a device (coil) put inside the womb to slow down (and in some cases stop) the cancer growing until there are available operating theatres to do this safely for you. Hormone treatment can also be helpful for some women who experience a relapse of their womb cancer. Surgery that cannot be delayed may, (along with other gynaecology cancer surgery), happen in a private sector hospital, but be reassured a cancer surgeon will still do the surgery.

The doctors will also look at how helpful chemotherapy and radiotherapy will be for each patient, the benefits, side effects and health risks at this time all playing a part.

Cervix Cancer

Cervix cancer treatment is in principle determined by its size, shape and proximity to the anatomy next to it (bladder, bowel, vagina). We treat cervix cancer with surgery (from outpatient surgery in the colposcopy unit to inpatient surgery, for example a hysterectomy) or with radiotherapy accompanied by a low dose of chemotherapy to make it more efficient.

It may be that the oncology doctors will need to look at how they schedule the chemotherapy/radiotherapy treatments due to availability of staff and resources, adapting them to care for you.

Vulva / Vaginal Cancer

Vulva/ vaginal cancer is treated by surgery, radiotherapy or chemotherapy or a combination depending on the size of the cancer. Your doctors will choose the safest and most effective treatment looking at the resources they have available to them.

What about follow-up/check-up appointments?

For most women following gynaecological cancer treatment they will be on a follow up programme. During the pandemic it is likely that your hospital follow up will be converted to a telephone consultation with your doctor (observing social distancing guidance), your doctor, who knows you will assess if they need to see you after talking through your wellbeing with you. It may also be necessary to postpone follow consultations due to lack of resources, if this is the case you will be encouraged to make contact with your cancer team if you are worried about new symptoms.

We encourage you to talk (by telephone or email) to your Cancer Nurse Specialist if you are worried in the first instance, it may be that you will have your message passed onto them by admin support as their workload will also increase at this time. The gynaecological charities (see links below) are also a superb source of support and advice.

What if I have a cancer that has come back?

If you have been treated for a gynaecological cancer and it has come back (known as relapse or recurrence), your doctors will look at the treatments available and talk with you about the risks and benefits of the treatments to make the best choice for you.

Useful information from the cancer charities:

OVARIAN CANCER

Ovarian Cancer Action

- [Advice for patients](#)
- [Ovarian Cancer and coronavirus](#)
- Ovarian Cancer Action is currently running a [survey](#) to find out what supporters want to hear from them during this time

Ovacome – links to support:

- [Staying connected program](#) (a series of webinars and online workshops, all requested by those we support and run by specialists). All workshops and webinars are being transcribed for those unable to join us online or via phone. Our choir and all our regular support groups are also now online too.
- Our [support line](#) has been super busy so we have introduced new phone numbers and have three full time staff taking calls. We also work until 8pm on a Tuesday.
- Here is our 24/7 [forum](#) We are monitoring it constantly and will ensure it has regular and factually accurate updates posted.
- We will be setting up a 'request a call back' service in the coming days – for those who we know to be especially vulnerable, those who do not have English as a first language, those who do not have internet access and those who are living in rurally isolated areas with poor connectivity. [Ovacome](#).

Target Ovarian Cancer

- Target Ovarian Cancer's nurse-led [Support Line](#) provides confidential information, support and signposting for anyone affected by ovarian cancer. The Support Line is open from 9am until 5.30pm, Monday to Friday – 020 7923 5475. Both of our support line nurses are former gynae-oncology CNSs.
- Target Ovarian Cancer's [In Touch](#) private facebook group offers women the chance to speak to other women with ovarian cancer wherever they are in the UK.

GoGirls

- [Support group](#)
- You can email GoGirls at hello@gogirlssupport.org
- An open Q&A is taking place on 1st April 19.00 – 20.00, a CNS will be available

Eve Appeal

www.eveappeal.org.uk/coronavirus

CERVICAL CANCER

Jo's Cervical Cancer Trust

- [Main support page](#)
- [Helpline](#)
- [Forum](#)
- [Ask the Expert](#)
- [Living with cervical cancer](#)

GoGirls

- [Support group](#)
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WOMB CANCER

Eve Appeal

<https://eveappeal.org.uk/supporting-you/cancer-and-coronavirus/womb-cancer-and-coronavirus-faqs/>