

**United Kingdom COVID Gynaecological Cancer Study (UKCOGS)**

<b>Study ID</b>		<b>Hospital</b>	
<b>Age</b>		<b>Cancer Centre /Unit</b>	
<b>MDT date</b>		<b>Consultant name</b>	
<b>Performance Status</b>		<b>Centre/Unit Contact Email</b>	
<b>Ethnicity</b>		White/Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other Ethnic minority <input type="checkbox"/>	
<b>2 week wait referral</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/> <b>Date of referral</b>
<b>BMI</b>		<b>Date of Diagnosis</b>	
<b>Diagnosis</b>			
<b>Patient Comorbidities</b>			
<b>Cancer Type</b>			
Vulval <input type="checkbox"/>	Vaginal <input type="checkbox"/>	Endometrial <input type="checkbox"/>	Uterine (Sarcoma) <input type="checkbox"/>
Tubo-Ovarian/ PPC <input type="checkbox"/>	Cervical <input type="checkbox"/>	Other <input type="checkbox"/>	Unknown <input type="checkbox"/>
<b>FIGO Stage</b>	Stage based on	Clinical <input type="checkbox"/> Imaging <input type="checkbox"/> Surgery <input type="checkbox"/> Histology <input type="checkbox"/>	
<b>Histological type</b>			
<b>Grade</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Other	
<b>Recurrence</b>	Yes <input type="checkbox"/>	If Yes, which no. (1/2/3/4/etc)	
<b>COVID Testing</b>		Date of test	
Covid19 Status	Pos swab <input type="checkbox"/>	Neg swab <input type="checkbox"/>	Unknown (not tested) <input type="checkbox"/>
Other COVID19 tests	Serology <input type="checkbox"/>	IgG <input type="checkbox"/> IgM <input type="checkbox"/> Neg <input type="checkbox"/>	
	Chest CT/CXR suggests COVID		Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
<b>Patient Pathway</b>	Altered <input type="checkbox"/>	Normal <input type="checkbox"/>	
<b>Treatment Deferred</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes for how many weeks _____	
<b>Standard MDT decision (Pre-COVID situation)</b>			
<b>MDT decision changed due to COVID</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Revised MDT decision (If any change)</b>			
<b>BGCS Surgical Priority level</b>		1a <input type="checkbox"/> 1b <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
<b>Chemotherapy priority level</b>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	
<b>Radiotherapy priority level</b>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
<b>Change in treatment Plan</b>			
<b>Potential Impact</b>	minimal <input type="checkbox"/>	moderate <input type="checkbox"/>	High <input type="checkbox"/> Unknown <input type="checkbox"/>
<b>Free Text / Notes</b>			
<b>Date Form Filled</b>		Filled by	

*Study ID should be kept by the Consultant/PI separately in a file along-with patient identifiable details (name, dob, NHS number) as a pseudo-anonymised record which can be accessed later if needed. No identifiable data should be entered in this form.*