

United Kingdom COVID and Gynaecological Cancer Study **UKCOGS**

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INTRODUCTION:

COVID-19 has resulted in a major global-health and economic crisis. Higher morbidity and mortality (including 20% post-operative mortality) have been reported in cancer patients with COVID19.

Whilst cancer care continued, the risks of COVID -19 infection needed to be included in decision making of cancer therapies. Mitigation strategies including reprioritisation categories for surgical and non-surgical/systemic treatments have been introduced.

In-depth knowledge of the impact of COVID-19 on gynaecological-cancer (GC) care is unknown.

What is known is:

- i. 70-80% reduction in '2-Week Wait' referrals across England
- ii. deferred treatments for some 'low risk' cancers.
- iii. Delayed operations where ultra-radical procedures/ITU-support is required.

Additionally, treatment of recurrent disease and palliation is likely affected.

AIMS:

- To evaluate MDT decision making for gynaecological-cancer, patients' outcomes across the UK in response to the COVID-19 pandemic.
- To document the structural and logistic changes implemented across Gynae-oncology cancer centres in response to the COVID-19 pandemic.

METHODOLOGY:

GC Centres and Units UK-wide have been invited to participate. 43 UK centres/units joined UKCOGS within one week of launch. Each site's PI (lead clinician) is responsible for data entry/UKCOGS participation.

Inclusion-criteria: All patients discussed at the GC MDT between 1/3/2020 to 30/08/2020 (or longer if appropriate) with confirmed or suspected GC.

Pseudo-anonymised non-identifiable data will be entered into a secure REDCap database. Data access is restricted through a secure user-credentialing process. An information-governance compliant IG tool-kit will be followed. For patient data captured see Appendix-1. Compliance with national Priority-level guidance will be evaluated (gold-standard assumption=90%), along with MDT decision-making, patient outcomes, changes/trends over time.

A broad-based steering-committee has been established including representatives from all relevant specialties and UK regions(Appendix-2). Currently registered collaborating sites are in Appendix-3.

The study has been badged/endorsed by NCRI GC-CSG, BAGP, BGCS, RCOG and all main GC-charities.

We anticipate taking this work into further phases for more detailed analysis of medium to long-term data, including mortality, psychological well-being, and health-economic impact of COVID19

on GC care.

DISCUSSION:

UKCOGS is a massive national effort with huge stakeholder support demonstrated, and provides real-time real-life data. It is imperative that the impact of COVID-19 on GC-care and outcomes is examined. This information will help develop guidance should similar events occur in the future, and also provide valuable information on how deviations from standard management impacts on patient-outcomes.