

AOFOG Statement on COVID-19 (Gynaecological Oncology)

(Updated on 26th November 2020)

COVID-19 pandemic has become a global problem. Cancer patients are found to be more susceptible for deterioration from COVID-19 than those without cancer. Patients and their carers should be educated with the knowledge about the signs and symptoms of COVID-19, as well as the general hygienic measures.

New patients should be triaged according to severity of symptoms, nature of the disease, availability of shared care with family physician, chance of cure, and physical fitness of the patients. Medical care providers have to be equipped with qualified protection.

Operations should be triaged where resources are restricted, and should be based on patients' symptoms, biology of the diseases, expected life expectancy, intent of the operations, complexity of the operations and the likelihood of intensive care unit (ICU) / high dependency unit (HDU) requirement.

Hypo-fractionation (increase dose per day and reduce the number of fractions) might be considered instead of conventional radiotherapy, to reduce the number of times necessary for patients to visit the hospital for treatments.

Patients receiving certain anti-cancer treatment are at risk of neutropenia and immunosuppression. Replacing parenteral medications with oral drugs and use shorter treatment regimens should be considered.

The decision should be fully discussed in multidisciplinary team and communicated to the patients and their family. The situation is evolving from time to time and different centres have different capacity, the management has to be individualised and well-documented.

Patients who are in disease remission should be deferred from routine follow-up, and those with stable active disease should have less frequent hospital visits. Follow-up by phone or video should be considered.

The number of active clinical trials should be limited and priority should be given to those trials that are curative intent, and those that offer drugs where there are limited effective therapies. The local ethics committee and sponsors should be informed about the potential deviation of the study drugs and monitoring from study protocol.

A summary of the management approach in gynaecologic cancers are as follow.

Diseases	Alternative strategies
Cervical cancer	
Early stage	Defer those potentially long operations like radical hysterectomy till resources become available. Neo-adjuvant chemotherapy can also be considered.
Locally advanced	Consider hypo-fractionation.
Recurrent	Consider carboplatin / paclitaxel instead of cisplatin / paclitaxel. Consider delaying non-curative treatment.
Endometrial cancer	
Early stage low risk	Defer operations for 1-2 months and use progestogen at the meantime.
Early stage high risk	Hold radiotherapy unless this is for curative intent.
Advanced stage	Consider to use chemotherapy first instead of upfront surgery. Hold radiotherapy unless this is for curative intent or severe symptoms like heavy bleeding.
Recurrent	Consider to use megestrol acetate, or megestrol acetate alternating with tamoxifen if estrogen/progesterone receptors are positive. Consider delaying non-curative treatment.
Ovarian cancer	
Early stage low risk	If restaging surgery is required, it should be deferred from 1–2 months. Hold chemotherapy for controversial histology groups, such as stage 1c1 mucinous carcinoma.
Advanced stage	Consider neoadjuvant chemotherapy instead of upfront surgery, and administer 6 cycles instead of 3. Choose 3-weekly carboplatin / paclitaxel instead of dose-dense therapy. Reduce the use of HIPEC or intraperitoneal chemotherapy. For those BRCA / HRD positive and platinum sensitive patients, consider to use oral PARPi instead of bevacizumab for maintenance. For those not eligible for PARPi, need to balance the benefit of bevacizumab and the need of frequent hospital visit and risk of COVID-19.
Progressive / Recurrent	For those BRCA / HRD positive and platinum sensitive patients, consider to use oral PARPi instead of bevacizumab for maintenance. For those not eligible for PARPi, need to balance the benefit of bevacizumab and the need of frequent hospital visit and risk of COVID-19. Consider delaying non-curative treatment.
Rare tumours	
Uterine leiomyosarcoma	Hold chemotherapy for stage I disease. Choose doxorubicin, or oral aromatase inhibitors if estrogen receptor is positive, or pazopanib, instead of combination chemotherapy
Gem cell tumour	Hold bleomycin in dysgerminoma.
Low grade serous CA ovary	Consider aromatase inhibitor monotherapy instead of chemotherapy in advanced / recurrent patients.

Gestational trophoblastic neoplasia	Low risk: Consider pulse actinomycin-D instead of methotrexate. High risk: Consider immunotherapy instead of combination chemotherapy.
Vulvar cancers	Postpone treatment for a few weeks if a tumour is not progressing much in elderly patients. Consider neoadjuvant chemo-irradiation in advanced diseases.

Resources

American Society of Clinical Oncology

<https://www.asco.org/asco-coronavirus-information/care-individuals-cancer-during-covid-19>

Asian Society of Gynecologic Oncology

<http://www.asiansgo.org/News/News/view.asp?seq=32&pagec=1&find=&searchword=>

British Gynaecological Cancer Society

<https://www.bgcs.org.uk/public-information/covid-19/>

European Society of Gynaecological Oncology

<https://www.esgo.org/esgo-covid-19-communication/>

European Society of Medical Oncology

<https://www.esmo.org/for-patients/patient-guides/cancer-care-during-the-covid-19-pandemic>

<https://www.esmo.org/guidelines/cancer-patient-management-during-the-covid-19-pandemic/gynaecological-malignancies-epithelial-ovarian-cancer-in-the-covid-19-era>

<https://www.esmo.org/guidelines/cancer-patient-management-during-the-covid-19-pandemic/gynaecological-malignancies-endometrial-cancer-in-the-covid-19-era>

<https://www.esmo.org/guidelines/cancer-patient-management-during-the-covid-19-pandemic/gynaecological-malignancies-cervical-cancer-in-the-covid-19-era>

National College of French Gynecologists and Obstetricians

<https://www.sciencedirect.com/science/article/pii/S2468784720300635>

International Federation of Gynecology and Obstetrics

<https://www.igo.org/covid-19-management-gynecological-cancers>

International Gynecologic Cancer Society

<https://igcs.org/covid-19/>

Society of Gynecologic Oncology

<https://www.sgo.org/clinical-practice/management/covid-19-resources-for-health-care-practitioners/>

Society of Gynecologic Oncology of Canada

<http://g-o-c.org/publications/goc-position-statements/>