

Table S1: COVID-19 Survey of Gynae-oncology Centres and Units

Do you represent a Centre or Unit	Centre <input type="checkbox"/>	Unit <input type="checkbox"/>	
Name of Centre or Unit			
Regarding staffing, have you experienced significant reduction in staff numbers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes, is this due to COVID related sickness or redeployment or both (please enter/tick accordingly). For example if Junior doctor staff numbers are reduced from 10 to 7 (i.e. by 30%) then enter 30 in the % reduced column.	COVID	Redeployment	% reduced
Junior doctor staff numbers	<input type="checkbox"/>	<input type="checkbox"/>	
GO Sub-specialty Trainee numbers (hospitals where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Consultant staff numbers	<input type="checkbox"/>	<input type="checkbox"/>	
CNS staff numbers	<input type="checkbox"/>	<input type="checkbox"/>	
Regarding MDT functioning, have you implemented any changes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes, tick all that apply			
Moved to Virtual MDT	<input type="checkbox"/>		
Mixed virtual and face to face MDT	<input type="checkbox"/>		
Suspended MDT	<input type="checkbox"/>		
Reduced MDT frequency	<input type="checkbox"/>		
Reduced number of attendees	<input type="checkbox"/>	% reduced _____	
Regarding Out-patient clinics			
What proportion of your out-patient clinic is remote consultation (telephone/ video)			_____
Please answer questions below in terms of Gynae Oncology related activity: (for example if number of theatre sessions are reduced from 10 to 7 (i.e. by 30%) then enter 30 in the % reduced column.			% reduced
Re theatre time, how much reduction in theatre time has occurred? (If not reduced enter '0')			_____
What is the proportion of surgical cases postponed (if no cases postponed, enter '0')			_____
Re Medical Oncology access/capacity, how much is this reduced by? (If not reduced enter '0', If unknown enter NK)			_____
Re Clinical Oncology access/capacity, how much is this reduced by? (If not reduced enter '0', If unknown enter NK)			_____
Re Radiology access/capacity, how much is this reduced by? (If not reduced enter '0', If unknown enter NK)			_____
Re Pathology access/capacity, how much is this reduced by? (If not reduced enter '0', If unknown enter NK)			_____
Re Palliative care access/capacity, how much is this reduced by? (If not reduced enter '0', If unknown enter NK)			_____
How much have your rapid access referrals dropped by? (If not reduced enter '0')			_____
How much has your weekly MDT list/workload reduced by? (If not reduced enter '0')			_____
Have you needed to move activity off site to another hospital (e.g. Independent sector)	Yes	No	
Moved operating lists	<input type="checkbox"/>	<input type="checkbox"/>	
Moved Clinics	<input type="checkbox"/>	<input type="checkbox"/>	
Moved other activity	<input type="checkbox"/>	<input type="checkbox"/>	
Not yet moved but are planning to move	<input type="checkbox"/>	<input type="checkbox"/>	
Do you need to go via a central hub or committee to access operating	<input type="checkbox"/>	<input type="checkbox"/>	
Are you undertaking Minimal access procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Please use the box below to provide any free text comments.			