PRIORITIZATION – THE FOLLOWING PATIENTS WITH GYNECOLOGICAL CANCER WHICH SHOULD BE PRIORITIZED FOR ACCESS TO SURGERY:

EMERGENT - Immediate

Significant symptoms regardless of the primary malignancy and in the context where surgery offers the most appropriate care:

- Hemorrhage with unstable vital status, refractory to transfusion
- Refractory symptoms to medical management requiring surgical attention (e.g. pain)
- Viscus perforation
- Signs of bowel obstruction refractory to conservative treatment - closed loop bowel or large bowel obstruction
- Hydatiform mole
    - Curettage or hysterectomy

URGENT - 1 TO 4 WEEKS *depending on team conference recommendations*

Criteria based on the aggressiveness of the disease AND the possibility of a curative treatment, regardless of the age of the patient. ECOG performance status and level of medical intervention and surgical complexity should be taken into consideration. Due to the delay in surgery, these conditions are at risk of deterioration with a deleterious impact on the patient's survival. In women with metastatic disease or significant co-morbidities a medical approach should be considered.

OVARIAN CANCER	✓ Suspicious ovarian masses with elevation of tumor markers and or ascites. ✓ Timely access to interval debulking surgery after maximum benefit from neoadjuvant chemotherapy. ✓ Primary debulking for ovarian cancer unlikely to respond to neoadjuvant chemotherapy (such as low grade serous, clear cell, mucinous).
ENDOMETRIAL AND UTERINE CANCER	✓ High grade endometrial cancer (FIGO grade 3 endometrioid/ grade 2 p53 mutated/serous / carcinosarcoma / undifferentiated/clear cell). ✓ Known/suspicion of high grade uterine sarcoma.
CERVICAL CANCER	✓ Non-microinvasive (FIGO 2019 stage IB1, IB2) appropriately treated by surgery. ✓ FIGO 2019 stage IB3 and greater should be evaluated for concomitant chemoradiation.
VULVAR CANCER	✓ Large volume tumor (Stage IB and higher). ✓ If involvement of sphincters, should be considered for chemoradiotherapy.

SEMI-URGENT Although surgical management is preferable within 28 days as required by the standards for access to oncologic surgery, the following patients will be postponed after individual assessment.	
OVARIAN TUMOR	✓ Ovarian mass with adverse features with normal tumor markers.
OVARIAN CANCER	✓ Advanced ovarian cancer with the possibility of initiating neoadjuvant chemotherapy or continuing chemotherapy.
ENDOMETRIAL CANCER	✓ EIN/atypical hyperplasia and low-grade endometrial cancer ○ Progestin hormone therapy should be offered pending surgery ○ If a patient reaches 12 weeks on progestin treatment and still has persistent disease on endometrial biopsy, the priority level should be upgraded to urgent. ✓ Advanced stage endometrial cancer could be treated with neoadjuvant chemo.
CERVICAL CANCER	✓ FIGO 2019 stage IA1, IA2. ✓ These cases could be offered LEEP under local anesthesia with imaging assessment of lymph nodes.
VULVAR CANCER	✓ Presumed stage 1a tumors could be addressed by wide local excision under local anesthesia.