

Appendix: Gynaecological cancer follow-up survey of current practice

Introduction

Patients may appreciate the attention given to follow up after treatment for cancer yet the survival benefit of follow up is unclear. We are planning to review local practice to determine if follow up to detect recurrence at an early stage can improve survival. However a preliminary assessment of national practice would be ideal. A prospective study of follow up strategies may follow. We would appreciate a few minutes of your time as cancer specialists to complete the following questionnaire.

Questions

Q1. In which cancer network do you work?

Q2. Where do you work?

- i. Cancer Centre
- ii. Cancer unit
- iii. Other (please specify)

Q3. Please enter name of the hospital (s) at which you work? (Optional)

Q4. Is your work within surgical, medical or clinical oncology or another discipline?

- i. Surgical oncology
- ii. Medical oncology
- iii. Clinical oncology
- iv. Imaging
- v. Pathology
- iv. Other (please specify)

Q4.a. What is your profession?

- i. Medical
- ii. Nursing
- iii. Other (please specify)

Q5. Do you have a standard follow up protocol following completion of treatment for gynaecological cancer?

- i. Yes
- ii. No
- iii. Don't know

Q5a. Do you have a different protocol for different tumour sites e.g. cervix and ovary?

- i. Yes
- ii. No
- iii. Don't know

Q5b. Do you have a different protocol for different tumour types e.g. well or poorly differentiated?

- i. Yes
- ii. No
- iii. Don't know

Q5c. Does the routine follow-up involve visits to primary care?

- i. Yes
- ii. No
- iii. Don't know

Q6. Do you have regular follow-up appointments? Regular follow-up appointments here means an agreed schedule of visits from which the patient may discharge if she remains disease free after a specified period of time.

- i. Yes
- ii. No
- iii. Don't know

Q6a. If so, when can you book urgent follow-up appointments for symptomatic patients?

- i. In less than 2 weeks
- ii. 2-4
- iii. 4+ weeks
- iv. Don't know

Q6b. Who provides the follow-up?

- i. Nurses
- ii. Doctors
- iii. Don't know
- iv. Other (please specify)

Q7. Do you have telephone follow-up appointments? A telephone follow-up appointment is an appointment pre-arranged for a member of the cancer team to contact the patient by telephone without a need for the patient to attend hospital.

- i. Yes
- ii. No
- iii. Don't know

Q7a. If so when can you book urgent follow-up appointments for symptomatic patients?

- i. In less than 2 weeks
- ii. 2-4
- iii. 4+ weeks
- iv. Don't know

Q7b. Who provides the follow-up?

- i. Nurses
- ii. Doctors
- iii. Don't know
- iv. Other (please specify)

Q8. Do you have patient initiated follow-up appointments? Patient initiated follow-up is when the patient is not followed-up in secondary care but sees only if the patient requests (such as suspicion of recurrent disease).

- i. Yes
- ii. No
- iii. Don't know

Q8a. Do you have a protocol for asking patients to self-refer with contact details (e.g. a secretary, Macmillan Nurse or her GP)?

- i. Yes
- ii. No
- iii. Don't know

Q8b. If so, can urgent appointments for symptomatic patients be booked? To see the patient

- i. In less than 2 weeks
- ii. 2-4
- iii. 4+ weeks
- iv. Don't know

Q8c. Who provides the follow-up?

- i. Nurses
- ii. Doctors
- iii. Don't know
- iv. Other (please specify)

Q9. Do you have a combination of regular follow-up, telephone follow up and/ or patient initiated follow-up appointments?

- i. Yes
- ii. No
- iii. Don't know

Q9a. Do you have a follow-up where patients attend either a medical or a nurse led clinic?

- i. Yes
- ii. No
- iii. Don't know

Q9b. If yes, do you have a protocol to allocate patents to each clinic?

- i. Yes
- ii. No

Q10. Do you have combined follow-up clinics with other specialties (e.g. combined surgical and medical oncology, surgical and clinical oncology clinics)?

- i. Yes
- ii. No
- iii. Don't know

Q10a. If yes please specify

- i. Clinical
- ii. Medical
- iii. Surgical oncology

Q11. During follow-up do you carry out certain blood tests (e.g. CA125), vault cytology or imaging such as CT or MR routinely for cases at a certain time interval?

- i. Yes
- ii. No
- iii. Don't know

Q11a. Ovary

- i. Yes
- ii. No

Q11a.i. Please provide details of which tests and when these are usually carried if possible

Q11b. Cervix

- i. Yes
- ii. No

Q11b.i. Please provide details of which tests and when these are usually carried if possible

Q11c. Endometrium

- i. Yes
- ii. No

Q11c.i. Please provide details of which tests and when these are usually carried if possible

Q11d. Vulva

- i. Yes
- ii. No

Q11d.i. Please provide details of which tests and when these are usually carried if possible

Q11e. Other

- i. Yes
- ii. No

Q11e.i. Please provide details of which tumour site(s)

Q11e.i.i. Please provide details of which tests and when these are usually carried if possible

Q12. After how many years of follow up are patients usually discharged?

- i. 1
- ii. 2
- iii. 3
- iv. 4
- v. 5
- vi. 6
- vii. 7
- viii. 8
- ix. 9
- x. 10
- xi. 10+
- xii. Never
- xiii. N/A
- xiv. Other(please specify)

Q13. If we were to develop a larger study would your centre be prepared to participate?

- i. Yes
- ii. No

Q13a. If so please add contact details here or email Simon Leeson