

# Gynecologic Cancer Program Resource Grid

This grid outlines Oncology Roundtable guidance on the resources required to develop a basic, intermediate, and advanced gynecologic cancer program. It provides a framework for initial discussions on resource investment and program implementation. Data included represent key differentiating factors by program status but are not exhaustive. Prior to using this grid, leverage internal clinical expertise to enhance and customize the grid to reflect your institution's priorities and physician feedback.

Ratings are provided for each category indicating the relative importance of that program characteristic to the tumor site in question.

- 1 Least important
- 2 Moderately important
- 3 Very important
- 4 Most important

Program Feature	Basic	Intermediate	Advanced
2 Leadership Infrastructure	<ul style="list-style-type: none"> <li>Formal program leadership (administrative or clinical)</li> </ul>	<ul style="list-style-type: none"> <li>Administrative program coordinator</li> <li>Medical director</li> </ul>	<ul style="list-style-type: none"> <li>Program steering committee</li> </ul>
2 Care Coordination	<ul style="list-style-type: none"> <li>Access to nurse navigator</li> <li>Retrospective tumor board</li> <li>Consultations and diagnostics not coordinated</li> </ul>	<ul style="list-style-type: none"> <li>Portion of cases presented at treatment planning conference</li> <li>Coordinated consultations and diagnostics</li> </ul>	<ul style="list-style-type: none"> <li>Dedicated gynecologic oncology nurse navigator</li> <li>Seamless patient evaluation completed in one visit, or virtually in 2–3 days</li> <li>Formal method for determining case inclusion in prospective treatment conferences or 100% of cases presented</li> </ul>
4 Treatment Approach	<ul style="list-style-type: none"> <li>Adherence to nationally recognized guidelines</li> </ul>	<ul style="list-style-type: none"> <li>Active discussion of and adherence to nationally recognized guidelines</li> </ul>	<ul style="list-style-type: none"> <li>Complete integration of nationally recognized guidelines or clinical pathways</li> </ul>
3 Patient Engagement	<ul style="list-style-type: none"> <li>Ad hoc shared decision making</li> <li>Access to decision aids</li> <li>Education classes (e.g., chemotherapy orientation)</li> <li>Access to education materials</li> <li>Point of contact available to answer patient questions</li> </ul>	<ul style="list-style-type: none"> <li>Standardized approach to shared decision making, including discussion of risks, benefits, and patient preferences</li> <li>Caregiver engagement, support</li> <li>Access to medical librarian</li> <li>Patients provided guidance about conducting effective online research</li> </ul>	<ul style="list-style-type: none"> <li>Regular use of decision aids</li> <li>Patient education priorities assessed periodically throughout treatment</li> <li>Educational information available to patients 24/7 via online portals</li> </ul>
4 Clinical Expertise	<ul style="list-style-type: none"> <li>Access to gynecologic oncologist</li> </ul>	<ul style="list-style-type: none"> <li>Full-time gynecologic oncologist</li> </ul>	<ul style="list-style-type: none"> <li>Subspecialized medical oncologists and radiation oncologists</li> <li>Semi-dedicated pathologist</li> </ul>
2 Diagnostic Technology	<ul style="list-style-type: none"> <li>Ultrasound</li> <li>Transvaginal ultrasound</li> <li>Colposcopy</li> <li>MRI</li> <li>PET</li> <li>CT</li> <li>PET/CT</li> <li>CA-125 blood testing</li> <li>Hysteroscopy</li> <li>Loop electrosurgical procedure (LEEP, LLETZ)</li> <li>Cold knife cone biopsy</li> </ul>	<ul style="list-style-type: none"> <li>Same as basic</li> </ul>	<ul style="list-style-type: none"> <li>Same as intermediate</li> <li>Interventional radiology techniques</li> <li>Advanced endoscopic technology</li> </ul>
4 Treatment Technology	<ul style="list-style-type: none"> <li>3D-CRT</li> <li>IMRT</li> </ul>	<ul style="list-style-type: none"> <li>Brachytherapy</li> <li>Robotic surgery (e.g., da Vinci)</li> <li>Laparoscopic surgery</li> </ul>	<ul style="list-style-type: none"> <li>Ablation techniques</li> <li>IORT</li> <li>SBRT</li> <li>Hypofractionation</li> <li>Tumor marker testing (e.g., HER2, PTEN)<sup>1</sup></li> </ul>
2 Research	<ul style="list-style-type: none"> <li>No gynecologic cancer-specific clinical trials</li> </ul>	<ul style="list-style-type: none"> <li>Few gynecologic cancer-specific clinical trials at institution</li> <li>Access to clinical trial networks</li> <li>Data management support on a limited basis</li> </ul>	<ul style="list-style-type: none"> <li>Active gynecologic cancer-specific clinical research at institution</li> <li>Collaboration with other entities (e.g., NCI)</li> <li>Dedicated data management support</li> </ul>
2 Quality Improvement	<ul style="list-style-type: none"> <li>Retrospective data analyses from tumor registry data</li> <li>Data analyses leveraged for individual initiatives</li> <li>Participation in national benchmarking initiatives (e.g., CP3R)</li> </ul>	<ul style="list-style-type: none"> <li>Internal benchmarking</li> <li>Actionable gynecologic cancer-specific dashboards</li> <li>Data analyses sometimes leveraged to inform program (re)design</li> </ul>	<ul style="list-style-type: none"> <li>Dedicated gynecologic tumor registrar</li> <li>Real-time data updates</li> <li>Dedicated gynecologic cancer data mart</li> <li>Data analyses actively inform program (re)design</li> <li>Part-time data/analytic support</li> </ul>
3 Support Services <sup>2</sup>	<ul style="list-style-type: none"> <li>Social work, clinical psychology available</li> <li>Basic nutrition education</li> <li>Support groups</li> <li>Palliative care available</li> </ul>	<ul style="list-style-type: none"> <li>Standardized nutrition referrals</li> <li>Lymphedema specialists</li> <li>Financial counseling available</li> <li>Sexual health counseling and services available</li> <li>Fertility counseling and services available</li> </ul>	<ul style="list-style-type: none"> <li>Pelvic floor rehabilitation services</li> <li>Comprehensive nutrition program</li> <li>Access to complementary and alternative medicine</li> <li>After-hours symptom management</li> </ul>
3 Survivorship	<ul style="list-style-type: none"> <li>Survivorship care plans</li> </ul>	<ul style="list-style-type: none"> <li>Survivorship support services</li> </ul>	<ul style="list-style-type: none"> <li>Dedicated survivorship clinic</li> </ul>
1 Outreach	<ul style="list-style-type: none"> <li>Information on gynecologic oncology program available on-site</li> <li>Participation in off-site information expos, which may or may not be hospital-sponsored</li> </ul>	<ul style="list-style-type: none"> <li>Community educational sessions</li> <li>Hospital-sponsored outreach events</li> <li>Dissemination of gynecologic oncology program information to all referring physicians and current patients with appropriate risk factors</li> </ul>	<ul style="list-style-type: none"> <li>Community outreach, education on HPV vaccine</li> <li>Provide gynecologic oncologist expertise to community cancer programs (e.g., telehealth, leasing agreements)</li> </ul>
3 Prevention/Risk Assessment	<ul style="list-style-type: none"> <li>Imaging services (e.g., transvaginal ultrasound)</li> <li>Access to genetic testing, counseling</li> </ul>	<ul style="list-style-type: none"> <li>Dietary, lifestyle programs</li> <li>Basic high-risk clinic (e.g., dedicated staff, resources)</li> </ul>	<ul style="list-style-type: none"> <li>Comprehensive high-risk clinic (e.g., dedicated space, systematic patient follow-up)</li> </ul>

1) Still in research and development.  
 2) Support services are made available to gynecologic cancer patients but are not necessarily dedicated exclusively to them.

Source: Oncology Roundtable interviews and analysis.