

Appendix 1

The Future of Palliative Care and Gynecologic Oncology

Education and Recruitment:

What are the aspirational ways you would like to see palliative care education grow in the field of gynecologic oncology?

What ideas do you have regarding training medical students, residents, fellows in primary palliative care skillsets?

What should be the standard educational requirements for gynecologic oncology fellows in training? Obstetrics and gynecology residents? i.e. online modules, time spent on palliative care service

What ideas do you have regarding recruitment of gynecologic oncologists into the field of HPM? How could we facilitate entry into fellowship considering the unique needs of surgeons in training?

What ideas do you have regarding mentorship for HPM in gynecologic oncology? How would this differ for recent fellowship graduates versus those with a well-established practice?

Patient Care:

Where does palliative care need to grow in relationship to patient care for gynecologic cancer?

What are critical deficits that need to be addressed urgently?

How are you improving provision of palliative care for gynecologic cancer patients at your institutions?

How would you want to see palliative care applied to the outpatient practice of gynecologic oncology?

What ideas do you have for an optimal approach to application of palliative care skillsets to gynecologic surgery and hospitalizations for surgery?

How should we modify our practice model to improve access to palliative medicine consultation in the outpatient and inpatient setting?

What is the optimal time for exposure to palliative medicine in the trajectory of gynecologic cancer care?

Should palliative care be provided by the oncologist or an HPM trained provider?

How can we address disparities in uptake of palliative care services among underrepresented groups? I.e, women of color, rural populations, undocumented persons, sexual and gender minorities, women with criminal-legal involvement

Research and advocacy:

What are the research deficits in gynecologic oncology as it relates to palliative medicine?

How should palliative care be incorporated in the context of clinical trials?

What critical research questions are unanswered regarding HPM and gynecologic oncology?

What questions are unanswered about palliative medicine and survivorship for patients living with metastatic cancer?

How can we apply symptoms science more optimally in the field of gynecologic oncology?

What surgical consent and counseling research questions are underexplored in gynecologic oncology?

What care giver /support questions are unanswered in gynecologic oncology that may be explored through a palliative medicine framework?

What education research questions need to be explored as they relate to HPM and gynecologic oncology?

How do we advocate for palliative care research to be a priority topic at national meetings, ie SGO or ASCO?

How do we advocate for research funding for research into palliative medicine and gynecologic oncology?