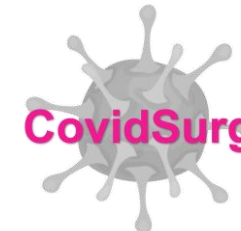




## Case Report Form CovidSurg-Cancer-Head&Neck

NB: Complete this additional CRF only for patients that have head & neck cancer.



Patient REDCap ID: \_\_\_\_\_

### Cancer-specific information

#### Head & Neck: Location

##### Select all that apply

- ☐ Oral ☐ Oropharyngeal ☐ Larynx  
☐ Hypopharynx ☐ Salivary ☐ Thyroid  
☐ Paranasal sinus ☐ Skin  
☐ Other: \_\_\_\_\_

### Management

#### Was the initial MDT (or tumour board) decision for primary surgical treatment?

- ☐ Yes - decision for surgery (optimal Rx option)  
☐ Yes - decision for surgery (non-optimal Rx option due to COVID-19)  
☐ No - non-surgical (radiotherapy) Rx (optimal Rx option)  
☐ No - non-surgical (radiotherapy) Rx (non-optimal Rx option due to COVID-19)

#### Did the patient go on to have an operation related to their cancer in 3-month study window?

- ☐ Yes ☐ No

#### Operation components completed

##### Select all that apply

- Primary Excision (inc. wide local excision)  
☐ Neck dissection ☐ Reconstruction  
☐ Other: \_\_\_\_\_

#### Type of reconstruction

- ☐ Local flap ☐ Regional/Pedicle flap  
☐ Free flap ☐ Obturation  
☐ Other: \_\_\_\_\_

#### Was there any alteration between the originally planned and delivered surgical management?

##### Please select all that apply

- ☐ Change of airway utilised  
☐ Change to primary site treatment (eg. Extent/technique)  
☐ Change to neck treatment (eg. Omission of neck and extent of dissection (side/levels))  
☐ Change to reconstruction ☐ Other

#### If other, please detail changes between your planned and delivered surgical treatment.

##### Please include the impact of the COVID-19 pandemic on your decision making

#### Intraoperative airway management

- ☐ Extubation at completion of procedure  
☐ Jet ventilation/high flow oxygen  
☐ Overnight intubation (delayed oral/nasal extubation)  
☐ Tracheostomy ☐ Other: \_\_\_\_\_

#### Was there any compromise to the operating theatre environment in which surgery occurred due to COVID-19 pandemic?

- ☐ Compromise to location – non-specialised theatre  
☐ Compromise to location – lack of access to specialised equipment  
☐ Compromise to theatre staffing – reduced number of staff

- ☐ Compromise to theatre staffing – reduced/different skillset  
☐ Non-specialist anaesthetist  
☐ Other: \_\_\_\_\_

### Surgical outcomes

#### Highest Clavien-Dindo complication grade as inpatient – up to 30 postoperative days

- ☐ Grade 1 ☐ Grade 2 ☐ Grade 3A  
☐ Grade 3B ☐ Grade 4A ☐ Grade 4B  
☐ Grade 5

#### Were there any changes to the postoperative feeding regime to that which would be planned in the pre-COVID19 era? Eg. PEG not sited

- ☐ Yes ☐ No

#### Highest Clavien-Dindo complication grade post-discharge – up to 30 postoperative days

- ☐ Grade 1 ☐ Grade 2 ☐ Grade 3A  
☐ Grade 3B ☐ Grade 4A ☐ Grade 4B  
☐ Grade 5

#### Reconstructive outcomes at 30-days postoperatively

- ☐ Complete success  
☐ Partial failure (some component(s) lost and further secondary reconstruction/obturator required)  
☐ Complete flap failure  
☐ Fistula without reconstructive failure  
☐ Other complication: \_\_\_\_\_