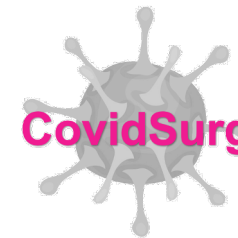




Case Report Form CovidSurg-Cancer-Sarcoma

NB: Complete this additional CRF only for patients that have sarcoma.



Patient REDCap ID: _____

Cancer-specific information

Sarcoma: Location

Select all that apply

- ☐ Retroperitoneum ☐ Pelvis ☐ Intraabdominal
☐ Limb/extremity ☐ Thorax
☐ Other: _____

Management

For sarcoma operations, enter closest OPCS code(s): _____

Primary or recurrent tumour

- ☐ Primary ☐ Recurrent ☐ Unknown

Tumour type

- ☐ Well-differentiated liposarcoma
☐ De-differentiated liposarcoma
☐ Myxoid liposarcoma
☐ Other liposarcoma
☐ Leiomyosarcoma
☐ Solitary fibrous tumour
☐ Osteosarcoma
☐ Chondrosarcoma
☐ Ewing sarcoma/PNET
☐ Rhabdomyosarcoma
☐ Angiosarcoma
☐ Myxofibrosarcoma
☐ Synovial sarcoma
☐ Uterine leiomyosarcoma
GIST
Other: _____

Max tumour diameter (in cm): _____

Tumour grade

- ☐ Grade 1 ☐ Grade 2 ☐ Grade 3