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

Location
Select all that apply
☐ Retroperitoneum  ☐ Pelvis  ☐ Intraabdominal
☐ Limb/extremity  ☐ Thorax
☐ Other:____________________