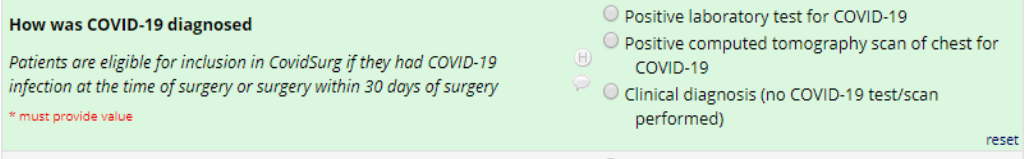
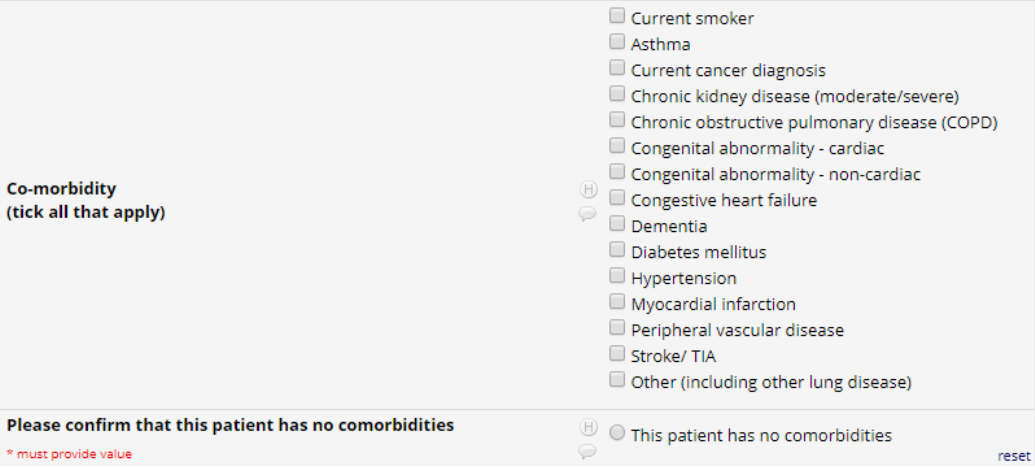




CovidSurg - Cancer Data Completion Guide

- The following pages will guide you through data entry for the key data fields for CovidSurg-Cancer. Please complete **all** fields that appear on each REDCap record. However, the data fields highlighted below are particularly crucial as they will be used in the initial data analyses. In order to provide high quality data to inform the global surgical community, it is essential that all data is as complete as possible.
- To help you ensure that your data is complete, we will intermittently send 'data completion request' emails. A spreadsheet will be attached to the email you receive. In this spreadsheet:
 - Each case entered from your centre is on a separate row.
 - The first column indicates the REDCap ID number that can be used to identify the patient on the REDCap database.
 - Each column in the spreadsheet relates to a different critical data item. The guide below indicates how the headings of the columns in the spreadsheet match to data fields on the online REDcap database.
 - If 'missing' is written in a cell, this denotes this specific data item is missing for that patient.
- Please examine each case/row and note the missing and required fields per case.
- To enter any missing data on to the online REDCap database:
 - Log into REDCap
 - Selected the CovidSurg project
 - Navigate to 'Add/ Edit Records' in the left-hand side menu under 'Data Collection'.
 - Under the 'select record' dropdown list, select the record ID you need to edit
- Please note, we are using the same REDCap project for both CovidSurg and CovidSurg-Cancer studies for which patients may be eligible for either or both. Therefore, if a patient is included in both studies (CovidSurg and CovidSurg-Cancer) you may see slightly different cancer-specific fields.

BASELINE INFORMATION FORM

Spreadsheet Field Label	REDCap Field and Notes
<p>COVID_Diagnosis_Method_All</p>	<p>How was COVID-19 diagnosed</p>  <p>How was COVID-19 diagnosed</p> <p><i>Patients are eligible for inclusion in CovidSurg if they had COVID-19 infection at the time of surgery or surgery within 30 days of surgery</i></p> <p><i>* must provide value</i></p> <ul style="list-style-type: none"> • Please select the appropriate option. • A positive laboratory test can include any lab test currently in use at your hospital; this includes PCR testing and antigen testing. • A clinical diagnosis refers to a patient who did not undergo CT scan or COVID-19 lab test but had symptoms/signs that have been diagnosed as COVID-19 by a senior doctor (e.g. consultant/attending).
<p>COVID_Diagnosis_Timing_All</p>	<p>When was COVID-19 diagnosed</p>
<p>Patient_Age</p>	<p>Age</p>
<p>Gender</p>	<p>Sex</p>
<p>ASA_Grade</p>	<p>ASA at time of surgery Full definitions are available from: https://www.asahq.org/standards-and-guidelines/asa-physical-status-classification-system</p>
<p>WHO_Grade</p>	<p>WHO/ECOG Performance Status</p>
<p>Comorbidity_All</p>	<p>Co-morbidity</p>  <p>Co-morbidity (tick all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current smoker <input type="checkbox"/> Asthma <input type="checkbox"/> Current cancer diagnosis <input type="checkbox"/> Chronic kidney disease (moderate/severe) <input type="checkbox"/> Chronic obstructive pulmonary disease (COPD) <input type="checkbox"/> Congenital abnormality - cardiac <input type="checkbox"/> Congenital abnormality - non-cardiac <input type="checkbox"/> Congestive heart failure <input type="checkbox"/> Dementia <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> Hypertension <input type="checkbox"/> Myocardial infarction <input type="checkbox"/> Peripheral vascular disease <input type="checkbox"/> Stroke/ TIA <input type="checkbox"/> Other (including other lung disease) <p>Please confirm that this patient has no comorbidities</p> <p><i>* must provide value</i></p> <ul style="list-style-type: none"> • Tick all boxes that apply • If the co-morbidity you would like to enter is not listed, tick 'other (including other lung disease)' and a free text box will appear to enter the relevant details. • If the patient has no co-morbidities, please confirm by selecting the option 'This patient has no comorbidities' on the data field immediately below the list of comorbidities. This field will only show if no comorbidities have been ticked.
<p>Urgency_Surgery3</p>	<p>Urgency of surgery</p>



	Full definitions are available from: https://www.ncepod.org.uk/classification.html
--	---

CONTINUE TO NEXT PAGE FOR THE PREOPERATIVE INVESTIGATIONS FORM



CANCER-SPECIFIC INFORMATION (COVIDSURG-CANCER ONLY) FORM

Spreadsheet Field Label	REDCap Field and Notes
Cancer_Location	Cancer location
Liver_Op2	Liver: In the pre-COVID-19 era, what operation would this patient be recommended? <ul style="list-style-type: none">• This field will only be present for liver cancers
Liver_Approach2	Liver: In the pre-COVID-19 era, which operative approach would be planned for this patient? <ul style="list-style-type: none">• This field will only be present for liver cancers
Baseline_TStg2	Baseline clinical or radiological T-stage at time of decision for surgery
Baseline_NStg2	Baseline clinical or radiological N-stage at time of decision for surgery
Baseline_MStg2	Baseline clinical or radiological M-stage at time of decision for surgery
Figo_Staging2	FIGO stage at time of decision for surgery <ul style="list-style-type: none">• This field will only be present for gynaecological cancers.
Cancer_DiagnosisDate2	Date of cancer diagnosis
Cancer_DecisionDate2	Date of treatment decision

Depending on the choice of cancer location, the above fields may not be available to all collaborators to input data. These have not all been listed but please ensure you complete the fields available to you appropriately.

CONTINUE TO NEXT PAGE FOR THE MANAGEMENT FORM

MANAGEMENT FORM

Spreadsheet Field Label	REDCap Field and Notes
MDT_Decision2	<p>Was the initial MDT (tumour board) decision for primary surgical treatment?</p> <p>Was the initial MDT (tumour board) decision for primary surgical treatment?</p> <p>Further details about the patients treatment pathway are contained within this form</p> <p>* must provide value</p> <ul style="list-style-type: none"> <input type="radio"/> Yes - decision for surgical treatment which was the ideal/optimal treatment option <input type="radio"/> Yes - decision for surgical treatment, however this was a compromised treatment option (because of COVID-19) <input type="radio"/> No - decision for non-surgical treatment (e.g. radiotherapy), but this was an ideal/optimal alternative treatment option <input type="radio"/> No - decision for non-surgical treatment (e.g. radiotherapy) which was a compromised treatment option (because of COVID-19) <ul style="list-style-type: none"> • Please select the most appropriate option
Date_Op2	Date of operation
Hospital_Type2	What type of hospital was the operation performed in?
Critcon2	COVID-19 CRITCON level of the hospital at time of surgery. Please state the level for the hospital the operation was performed in if this was different to the hospital where treatment was initially planned. For full description of CRITCON levels visit: bit.ly/CRITCON
Covid_Surg_All	Was COVID-19 suspected at the time of surgery?
Covid_Screening	Was screening for COVID-19 performed within the 72h before surgery?
Anaesthesia	<p>Anaesthesia type</p> <p>Anaesthesia type</p> <p>Please tick all that apply</p> <p>* must provide value</p> <ul style="list-style-type: none"> <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> General <ul style="list-style-type: none"> • Please tick all that apply if more than one type of anaesthesia was used • Please note that this field is not available for pancreatic cancers
Surgical_Procedure_All2	<p>Surgical procedure completed</p> <p>Main surgical procedure completed - please select closest matching procedure</p> <p>If no appropriate procedures are listed, please enter free text below</p> <p>Procedures are listed by organ/ system operated.</p> <p>Please note that this list is searchable by keyword.</p> <p>Surgical procedure completed</p> <p>This field is OPTIONAL in case you wish to give additional details</p> <ul style="list-style-type: none"> • Please choose the closest matching surgical procedure from the drop down menu. • If more than one procedure was performed, enter the primary procedure only • Please use the 'surgical procedure completed' field to add further details or clarification of the procedure



Op_Approach_All	Operative approach
OG_Approach_Abdo_All	Oesophagogastric: Approach for abdominal phase <ul style="list-style-type: none">• This field is only present for oesophagogastric cancers
OG_Approach_Thoracic_All	Oesophagogastric: Approach for thoracic phase <ul style="list-style-type: none">• This field is only present for oesophagogastric cancers
Surg_Intent_All	Final surgical intent

CONTINUE TO NEXT PAGE FOR THE COVID-19 TREATMENT FORM

COVID-19 TREATMENT (COVID+ PATIENTS ONLY) FORM

Spreadsheet Field Label	REDCap Field and Notes
Hospital_Treatment_All	<p>At any point during the index hospital admission did the patient receive</p> <div style="border: 1px solid #ccc; padding: 5px; margin: 5px 0;"> <p>At any point during the index hospital admission did the patient receive</p> <p><small>* must provide value</small></p> <ul style="list-style-type: none"> <input type="checkbox"/> None of the treatments listed below <input type="checkbox"/> Antibiotics <input type="checkbox"/> Antivirals <input type="checkbox"/> Quinine or derivative <input type="checkbox"/> Corticosteroids <input type="checkbox"/> Intravenous immunoglobulins <input type="checkbox"/> Interferon <input type="checkbox"/> IL-6 blocker </div> <ul style="list-style-type: none"> Please tick all COVID-19 treatments listed. Tick as many as apply. Options should be ticked regardless of the specific drug/dose administered. Options should be ticked if the patient received them at any point in the 30 days following surgery. If none of the treatments listed were given, tick 'None of the treatments listed below'.
Renal_Dialysis_All	Renal dialysis - at any point during the index hospital admission
PreOp_Resp_Support_All	Preoperative respiratory support
PostOp_Resp_Support_All	<p>Postoperative respiratory support</p> <div style="border: 1px solid #ccc; padding: 5px; margin: 5px 0;"> <p>Postoperative respiratory support</p> <p><small>(please tick all that apply)</small></p> <p><small>* must provide value</small></p> <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> Low-flow supplemental oxygen <input type="checkbox"/> High-flow supplemental oxygen <input type="checkbox"/> Non-invasive ventilation <input type="checkbox"/> Invasive mechanical ventilation <input type="checkbox"/> Extracorporeal membrane oxygenation (ECMO) </div> <ul style="list-style-type: none"> Please select the type of respiratory support given after the patient left the theatre recovery.
Ventilation_Hours_All	Duration of postoperative invasive mechanical ventilation or ECMO

CONTINUE TO NEXT PAGE FOR THE SURGICAL OUTCOMES FORM

SURGICAL OUTCOMES FORM

Spreadsheet Field Label	REDCap Field and Notes
PostOp_CoVID_All	COVID-19 infection after surgery, up to 30-days postoperatively <ul style="list-style-type: none"> • Please ensure this field is completed as accurately as possible as this is the primary endpoint of the study.
PostOp_CoVID_Timing_All	When did the COVID-19 infection occur?
Outcome_30day_All2	Outcome at 30 days after surgery <div style="background-color: #ffffcc; padding: 5px; margin-bottom: 5px;">Mortality</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <input type="radio"/> Died - on-table <input type="radio"/> Died - on days 0-7 after surgery <input type="radio"/> Died - on days 8-30 after surgery </div> <div style="border: 1px solid #ccc; padding: 5px;"> Outcome at 30 days after surgery <small>* must provide value</small> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <input type="radio"/> Alive - remains admitted in hospital <input type="radio"/> Alive - transferred to another hospital <input type="radio"/> Alive - discharged to a rehabilitation centre <input type="radio"/> Alive - discharged home </div> <div style="width: 35%; font-size: 0.8em;"> <input type="radio"/> Day of surgery is day 0 </div> </div> </div> <ul style="list-style-type: none"> • Please ensure this field is completed as accurately as possible as this is an important endpoint of the study.
Reoperation_Reintervention2	Re-operation or re-intervention This includes any unplanned re-operation or re-intervention, including interventional radiology, endoscopy, or surgery.
PostOp_ICU_All2	Postoperative intensive care admission
Complications_All	Complications (if any) <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <input type="checkbox"/> Acute kidney injury <input type="checkbox"/> Acute respiratory distress syndrome (ARDS) <input type="checkbox"/> Anastomosis leak <input type="checkbox"/> Bleeding requiring transfusion <input type="checkbox"/> Cardiac arrest requiring CPR <input type="checkbox"/> Coma >24 hours <input type="checkbox"/> Deep vein thrombosis <input type="checkbox"/> Graft/ prosthesis/ flap failure <input type="checkbox"/> Myocardial infarction <input type="checkbox"/> Pneumonia <input type="checkbox"/> Pulmonary embolism <input type="checkbox"/> Sepsis <input type="checkbox"/> Septic shock <input type="checkbox"/> Stroke/ cerebrovascular accident <input type="checkbox"/> Surgical site infection - superficial or deep <input type="checkbox"/> Surgical site infection - organ space <input type="checkbox"/> Urinary tract infection <input type="checkbox"/> Wound dehiscence <input type="checkbox"/> Other complication </div> <div style="border: 1px solid #ccc; padding: 5px;"> Please confirm that this patient did not have any postoperative complications <small>* must provide value</small> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"></div> <div style="width: 35%; font-size: 0.8em;"> <input type="radio"/> This patient did not have any postoperative complications </div> </div> </div> <ul style="list-style-type: none"> • Please tick all complications that occurred within 30 days of surgery whether directly related to the original operation or not. • If a complication occurred that is not listed, select 'other complication' and a free text field will appear to enter the relevant details • If the patient did not experience any complications, please confirm by selecting the option 'This patient did not have any postoperative complications'. This field will only show if no complication have been ticked.



	<ul style="list-style-type: none">• Different complications may be available depending on cancer location
--	---