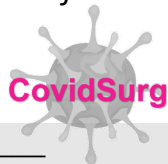


Case Report Form CovidSurg-Cancer

NB: Additional data points may be required for specific cancer types



Patient REDCap ID: _____

Age: 0-4w | 4-52w | 1-9y | 10-16y | 17-19y | 20-29y | 30-39y | 40-49y | 50-59y | 60-69y | 70-79y | 80-89y | 90y+

Sex: Female | Male ASA Grade: 1 | 2 | 3 | 4 | 5

Weight (<52 weeks only): _____ kg

WHO/ECOG Performance status: 0 | 1 | 2 | 3 | 4

Comorbidities:

- Current smoker
- Asthma
- Chronic Kidney Disease (Moderate/Severe)
- COPD (BPCO)
- Congenital abn (cardiac)
- Congenital abn (non cardiac)
- Congestive heart failure
- Dementia
- Diabetes Mellitus
- Hypertension
- Myocardial Infarction
- Peripheral Vascular Dis
- Stroke/TIA
- Other: _____

Cancer-specific details:

Location: Colon | Rectal | Gastric | Oesophageal | Lung | Liver | Pancreatic | Soft-tissue sarcoma | Bony sarcoma | Head & neck | Kidney | Bladder | Prostate | Uterine | Ovarian

Baseline **staging at decision** for surgery:

T stage: T1 | T2 | T3 | T4 | unknown

N stage: N0 | N1 | N2 | unknown

M stage: M0 | M1 | unknown

Date of cancer **diagnosis**: ___/___/___

Date of **decision** for curative surgery: ___/___/___

Did the patient have an operation related to this cancer during the 3-month study window? No / Yes

If a cancer operation WAS performed:

Date of **surgery**: ___/___/___

Was **COVID-19** suspected at time of surgery? Yes | No

Was **COVID-19 screening** performed preoperatively?

Laboratory test | CT thorax | Other: _____

Urgency of surgery:

Immediate | Urgent | Expedited | Elective

If a cancer operation WAS performed:

If **emergency cancer surgery** was required, why?

- Gastro-intestinal obstruction
- Bleeding
- Sepsis
- Tumour progression
- Organ perforation
- Other: _____

Anaesthesia: Local | Regional | General

Operation performed? _____

Approach: Open | Minimally invasive

Surgical intent: Curative | Palliative

Post-operative histology:

T stage: T1 | T2 | T3 | T4 | unknown

N stage: N0 | N1 | N2 | unknown

M stage: M0 | M1 | unknown

Resection margin status: R0 | R1 | R2 | Unknown

Did any change to treatment occur due to the COVID-19 pandemic (operated patients)?

No change to care, no neoadjuvant Rx | No change – neoadjuvant equivalent to pre-COVID | Delay to definitive Rx | Expedited definitive surgery | Change in choice of operation | Neoadjuvant treatment, not typically indicated | Neoadjuvant treatment longer than typical | Neoadjuvant treatment shorter than typical | less access to staging procedures | less access to staging investigations | Other: _____

Details of neoadjuvant Rx: _____

COVID-19 post-operatively (30 days): Yes – lab test |

Yes – CT thorax | Yes – clinical only | No

If yes: Inpatient | Required Admission | Community

Mortality: Died on table | d0-7 | d8-30 |

Alive still in hosp 30d | transferred | discharged to rehab | discharged home

Re-operation: Yes | No

Post-op intensive care: No | planned from theatre | unplanned from theatre | unplanned from ward

(If no/unplanned from ward): **Would post-operative ICU bed have been planned pre-COVID-19 era?** Yes, not available ~ COVID | Yes, not available (other) | No

Total **length of hospital stay:** ___ days

Did surgeons contract COVID-19 (30-days): Yes | No

If a cancer operation WAS performed:

Complications:

- Acute kidney injury
- ARDS
- Anastomotic leak
- Blood transfusion
- Cardiac arrest
- Coma >24h
- Deep Vein Thrombosis
- Graft/prosthesis/flap fail
- Myocardial infarction
- Pneumonia
- Respiratory failure
- Sepsis
- Septic shock
- Stroke/TIA
- SSI superficial/deep
- SSI organ space Surgical Site Infection
- UTI (urinary tract infection)
- Wound dehiscence

If NO operation was performed (by 3 months from study entry)

Is there **still** a plan for curative surgery? Yes | No

Why was no operation performed in the 3 months?

If still plan for surgery:

- Patient choice to avoid surgery during pandemic
- MDT decision to delay surgery due to risk to patient
- Ongoing neoadjuvant treatment (MDT = RCP)
- No bed / intensive care space / theatre space
- Change of recommendations in society guidelines related to COVID-19

If no ongoing plan for surgery:

- Disease progression, surgery no longer indicated
- Change in clinical status unrelated to cancer e.g. MI
- Died awaiting surgery
- Other: _____

Has the cancer been **re-staged**? No | Yes

If so, date ___/___/___

T stage: T1 | T2 | T3 | T4 | unknown

N stage: N0 | N1 | N2 | unknown

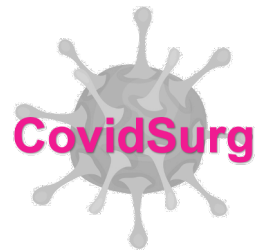
M stage: M0 | M1 | unknown

Did any change to treatment occur due to the COVID-19 pandemic (non-operated patients)?

No change to care – delayed/cancelled other reason | Operation cancelled because of COVID-19 | Operation delayed because of COVID-19 | Neoadjuvant treatment, not typically indicated | Neoadjuvant treatment longer than typical | Neoadjuvant treatment shorter than typical | Less access to staging procedures | Less access to staging investigations | Other: _____

Case Report Form CovidSurg

NB: Complete this CRF only for patients that are eligible for **both** studies (operated cancer patients with COVID-19 infection)



Patient REDCap ID: _____

COVID-19 Patient Information

How was COVID-19 diagnosis made:

- Lab test
 CT thorax
 Clinical only

When was COVID-19 diagnosis made:

- Before surgery
 Index admission (up to 30-days)
 After discharge (up to 30-days)

Symptoms at admission:

- | | |
|---|--|
| <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Haemoptysis |
| <input type="checkbox"/> Dyspnoea | <input type="checkbox"/> Myalgia |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Nausea/vomiting |
| <input type="checkbox"/> Diarrhoea | <input type="checkbox"/> Sputum |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fever >38C | |

COVID-19 Preoperative Investigations

Last available data from before surgery:

AFPU: Alert | Resp to voice | Resp to pain
 Unresponsive | Sedated and ventilated

Resp rate: _____ rpm **Heart rate:** _____ bpm
Syst BP: _____ mmHg **Diast BP:** _____ mmHg
SpO2: _____% on FiO2: _____%

Pre-op investigations:

Haemoglobin: _____ g/L **WCC:** _____ $10^9/L$
CRP: _____ mg/L **Albumin:** _____ g/L
Urea: _____ mmol/L or $\mu\text{mol/L}$
Creatinin: _____ mg/dL or g/L

Arterial blood sample on FiO2: _____%

Lact: _____ mmol/L **Bicarb:** _____ mmol/L
PaO2: _____ **PaCO2:** _____

Pre-op Xray:

- Not performed
 Yes- normal
 Yes- abnormal

Pre-op chest CT:

- Not performed
 Yes- normal
 Yes- consolidation
 Yes- ground glass opacity
 Yes- pulmonary infiltration
 Yes- other abnormality

COVID-19 Treatment

Did patient receive NSAIDs? No | Yes before admission | After admission | Both

Patient received during index admission?

- | | |
|---|---|
| <input type="checkbox"/> Antibiotics | <input type="checkbox"/> IV Immunoglobulins |
| <input type="checkbox"/> Antivirals | <input type="checkbox"/> Interferon |
| <input type="checkbox"/> Quinine/derivative | <input type="checkbox"/> IL-6 blocker |
| <input type="checkbox"/> Corticosteroids | |

Antiviral (name&dose): _____

Corticosteroid (name&dose): _____

Renal dialysis during index admission?

No | Yes but not at 30 days after surgery
 Yes and ongoing dialysis at 30 days after surgery

Pre-op respiratory support:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Non-invasive ventilation |
| <input type="checkbox"/> Low-flow O2 | <input type="checkbox"/> Invasive ventilation |
| <input type="checkbox"/> High-flow O2 | <input type="checkbox"/> ECMO |

Post-op respiratory support:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Non-invasive ventilation |
| <input type="checkbox"/> Low-flow O2 | <input type="checkbox"/> Invasive ventilation |
| <input type="checkbox"/> High-flow O2 | <input type="checkbox"/> ECMO |

Duration of post-op mechanical ventilation:

1-23h | 24-47h | 48-71h | 72-167h | 168h+