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Dear Friends & Colleagues,

It is my pleasure to bring two observational studies to your attention. As all of you have experienced the COVID-19 pandemic and its influence on our neurosurgical services worldwide, it is important that we collaborate to collect data and examine the outcomes of SARS-CoV-2 positive patients undergoing surgery.

Nonetheless, the consequences of reduction of surgical capacity and access to elective surgical treatment on patients, who require surgery for an intracranial tumour are not foreseeable and may lead to relevant collateral damage.

The EANS has endorsed and is supporting two observational studies coordinated by the NIHR Global Surgery Unit at the University of Birmingham, United Kingdom.

- The [CovidSurg Cohort study](#) is enrolling SARS-CoV-2 positive patients undergoing surgery and will examine their outcomes.

- The [CovidSurg-Cancer study](#) is focusing on patients with tumours that require surgical treatment during the pandemic. It will examine the outcomes of all cancer patients without COVID-19 who were operated during these times, but also the outcomes of patients who are experiencing delays in receiving surgery.

The University of Birmingham are providing the infrastructure and are running the study. They are overseeing the [REDCap database](#), as they developed the framework for the observation.

Importantly, all intracranial tumours are included, as it is recognised that benign lesions also require our attention – during the pandemic as before. Any hospital in the world can take part subject to local approvals; as this is a purely observational study and no identifiable data are included, the approvals are not cumbersome. Local clinicians from the participating units tend to form teams of 3-5 people and enter data for their hospital. The participation of residents is helpful, of course.

I would encourage as many of you as possible to participate in both studies, as this way we will hopefully include a large number of neurosurgical patients. In turn, this will allow us to draw some meaningful conclusions specific to neurooncological surgery.

Karl Schaller
EANS President