

# Case Report Form Covid19-Surg-Cancer-Bladder

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 | 5 | Unknown  
BMI:

- ☐ Underweight (<18.5)
- ☐ Normal/healthy weight (18.5-24.9)
- ☐ Overweight (25-29.9)
- ☐ Moderately obese (30-34.9)
- ☐ Severely obese (35-39.9)
- ☐ Very severely obese (≥40)

- Comorbidities:**
- ☐ Current smoker
  - ☐ Asthma
  - ☐ Current cancer disease
  - ☐ CKD (Moderate/Severe)
  - ☐ COPD
  - ☐ 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:

**Tumour type:** ☐ Bladder ☐ Prostatic urethra

**Was a Transurethral Resection of Bladder Tumour (TURBT)**

**performed?** ☐ Yes ☐ No **Date of TURBT:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Why was no TURBT performed?**

☐ Patient choice ☐ Risk to patient ☐ No capacity ☐ Other: \_\_\_\_\_

**Was the TURBT performed as an emergency?**

☐ Yes, for bleeding ☐ Yes, other reason ☐ No, planned/elective op

**Baseline T-stage (based on clinical, radiological and pathological information)**

**T stage:** Carcinoma in situ | Ta | T1 | T2 | T3 | T4 | Unknown

**N stage:** N0 | N1 | N2/3 | unknown **M stage:** M0 | M1 | unknown

**Date of cancer diagnosis:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date of initial treatment decision:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Was the post-TURBT MDT (tumour board) or surgeon's decision for definitive surgical treatment i.e cystectomy**

Yes – decision for surgical Rx (optimal treatment option) | Yes – decision for surgical Rx (compromised option due to COVID-19) | No – decision for non-surgical Rx (optimal treatment option) | No – decision for non-surgical Rx (compromised option due to COVID-19)

**Definitive treatment planned after TURBT**

☐ Endoscopic surveillance ☐ Intravesical BCG ☐ Intravesical chemotherapy ☐ Curative surgery ☐ Radiotherapy ☐ Palliative radiotherapy ☐ No further treatment planned ☐ Other: \_\_\_\_\_

**Did this represent a compromised treatment option?**

☐ Yes, compromised by COVID ☐ Yes, compromised unrelated to COVID ☐ No optimal treatment option

**Did the patient have a cystectomy related to this cancer during the 3-month study window?** No / Yes

**If a cystectomy WAS performed:** Date of cystectomy: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Urgency of surgery:** Immediate | Urgent | Expedited | Elective

**Cystectomy performed in:** Dedicated COVID-free hospital | Dedicated COVID Rx hospital | Undesignated hospital type with ED | Undesignated hospital type without ED | Other: \_\_\_\_\_

**COVID-19 CRITCON level:** 0 | 1 | 2 | 3 | 4 | 5

Did the patient have a **\*resolved\* COVID-19 infection** before the time of cystectomy? Yes – lab test/CT thorax | Clinical suspicion | No  
Was **COVID-19 screening** performed preoperatively?

Laboratory test | CT thorax | Other: \_\_\_\_\_

Did patient have mandatory self-isolation before cystectomy?

Yes, > 2 weeks | Yes - < 2 weeks | No

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

**Tests performed to investigate SARS-CoV-2 status:**

	CT (neg)	CT (pos)	Swab (neg)	Swab (pos)
4-7 days prior surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-3 days prior surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 | Op performed in alt. hospital | IR procedure before surgery, not typically indicated | Neoadj treatment, not typically indicated | No Neoadj, typically indicated | Neoadj treatment longer than typical | Neoadj treatment shorter than typical | Adj treatment, not typically indicated | No adj, typically indicated | Other: \_\_\_\_\_

**If a cystectomy 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 | Converted to open

**Operation components performed**

☐ Radical cystectomy ☐ Partial cystectomy ☐ Ileal conduit ☐ Orthotopic substitution ☐ Other: \_\_\_\_\_

**Did this represent a change to your typical operative approach in the pre-COVID-19 era?**

☐ No change to operative approach  
☐ Yes, chose to avoid minimally invasive surgery related to COVID  
☐ Yes, chose to avoid open surgery related to COVID  
**Surgical intent:** Curative | Palliative

**Environment in which patient cared for:**

**Operative theatre** – Designated COVID theatre | Designated non-COVID theatre | No designation for theatre

**ITU** – Designated COVID treatment area | Designated non-COVID treatment area | No designation for this area

**Postop ward** – Designated COVID ward | Designated non-COVID ward | No designation for this ward

**Post-operative histology:**

**T stage:** Carcinoma in situ | Ta | T1 | T2 | T3 | T4 | Unknown

**N stage:** N0 | N1 | N2 | unknown **M stage:** M0 | M1 | unknown

**Resection margin status:** R0 | R1 | R2 | Unknown

**Details of neoadj Rx:** \_\_\_\_\_

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

**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
- ☐ No bed / intensive care space / theatre space
- ☐ Change of recommendations in society guidelines
- ☐ Other: \_\_\_\_\_

*If no ongoing plan for surgery:*

- ☐ Patient choice to avoid surgery during pandemic
- ☐ MDT decision to delay surgery due to risk to patient
- ☐ Disease progression, surgery no longer indicated
- ☐ Change in clinical status unrelated to cancer e.g. MI
- ☐ Died awaiting surgery
- ☐ Change of recommendations in society guidelines
- ☐ Change to alternative treatment modality
- ☐ Other: \_\_\_\_\_

Has the cancer been **re-staged**? No | Yes **If so**, date \_\_\_\_/\_\_\_\_/\_\_\_\_

**T stage:** Carcinoma in situ | Ta | 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 | Change in Rx strategy | IR procedure before/instead of surgery, not typically indicated | Neoadj treatment, not typically indicated | No Neoadj, typically indicated | Neoadj treatment longer than typical | Neoadj treatment shorter than typical | Less access to staging procedures | Less access to staging investigations | Other: \_\_\_\_\_

## Outcomes

**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

**Timing of reoperation**

☐ During index admission ☐ Readmission with complications

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

**If a cancer operation WAS performed:**

**Complications:**

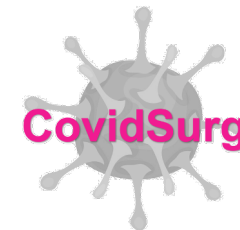
- ☐ Acute kidney injury
- ☐ ARDS
- ☐ Anastomotic leak
- ☐ Blood transfusion
- ☐ Cardiac arrest
- ☐ Coma >24h
- ☐ Deep Vein Thrombosis
- ☐ Graft/prosthesis/flap fail
- ☐ Myocardial infraction
- ☐ Pneumonia
- ☐ Respiratory failure
- ☐ Sepsis
- ☐ Septic shock
- ☐ Stroke/TIA
- ☐ SSI superficial/deep
- ☐ SSI organ space
- ☐ UTI
- ☐ Wound dehiscence

**(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



## 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

#### BCG/Tuberculosis(TB) status

Vaccine - <15yrs ago | Vaccine – 15>yrs ago | TB diagnosis <15yrs ago | TB diagnosis >15yrs ago | Close contact with individual with known TB <15yrs ago | Close contact with individual with known TB >15yrs ago | No previous BCG vaccine/TB exposure | BCG vaccination/TB exposure unknown

#### Findings 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:

Resp rate: \_\_\_\_\_ rpm Heart rate: \_\_\_\_\_ bpm  
Systolic BP: \_\_\_\_\_ mmHg Diastolic BP: \_\_\_\_\_ mmHg

#### Tests performed to investigate SARS-CoV-2 status:

	CT (neg)	CT (pos)	Swab (neg)	Swab (pos)
4-7 days prior surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-3 days prior surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day of surgery (preop)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After surgery (during index admission)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After discharge from index admission (within 30 days of surgery)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### How was SARS-CoV-2 confirmed?

- ☐ Positive swab – result received before surgery  
☐ Positive swab – result received after surgery  
☐ CT scan of chest confirming COVID-19 – before surgery  
☐ CT scan of chest confirming COVID-19 – after surgery  
☐ Clinical diagnosis/chest X-Ray – before surgery  
☐ Clinical diagnosis/chest X-Ray – after surgery

#### Pre-op investigations:

Haemoglobin: \_\_\_\_\_ g/L WCC: \_\_\_\_\_ 10<sup>9</sup>/L CRP: \_\_\_\_\_ mg/L

#### Pre-op x-ray:

- ☐ 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

### Management

#### Time from admission to operation (pre-op delay)

<6 hrs | 6-23 hrs | 24-47 hrs | 48-71 hrs | 72+hrs

### 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 vent            |
| <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 vent            |
| <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+