Case Report Form CovidSurg-Cancer-Breast NB: Additional data points may be required for specific cancer types		Did the patient have a *resolved* COVID-19 infection before the time of surgery? Yes – lab test/CT thorax Clinical suspicion No Was COVID-19 screening performed preoperatively?	Did any change to treatment occur due to the COVID-19 pandemic (operated patients)? No change to care, no neoadjuvant Rx No change – neoadjuvant	
NIHR Global Health Research Unit on Global Surgery CovidSurg		Laboratory test CT thorax Other:	equivalent to pre-COVID Delay to definitive Rx Expedited	
Patient REDCap ID:		Did patient have mandatory self-isolation before surgery?	definitive surgery Change in choice of operation Op performed in	
Age : 0-4w 4-52w 1-9y 10-16y 17-19y 2	0-29y 30-39y 40-49y	Yes, > 2 weeks Yes - < 2 weeks No	alt. hospital IR procedure before surgery, not typically indicated	
50-59y 60-69y 70-79y 80-89y 90y+ Sex	: Female Male ASA	COVID-19 suspected at time of surgery? Yes No Tests performed to investigate SARS-CoV-2 status:	Neoadj treatment, not typically indicated No Neoadj, typically	
Grade: 1 2 3 4 5 Weight (<52 weeks only): kg		CT CT Swab Swab	indicated Neoadj treatment longer than typical Neoadj treatment shorter than typical Adj treatment, not typically indicated No adj,	
WHO/ECOG Performance status: 0 1 2 3 4 5 Unknown		(neg) (pos) (neg) (pos)	typically indicated Other:	
BMI: Underweight (<18.5)		4-7 days prior surgery	Details of neoadj Rx:	
	derately obese (30-34.9)	1-3 days prior surgery \Box \Box \Box	•	
	verely obese (35-39.9)	If a cancer operation WAS performed:	COVID-19 post-operatively (30 days): Yes – lab test Yes – CT	
□ Overweight (25-29.9) □ Ver	ry severely obese (≥40)	If emergency cancer surgery was required, why?	thorax Yes- clinical only No If yes: Inpatient Required Admission Community	
Comorbidities:		□ Bleeding □ Sepsis □ Tumour progression □ Other:	Mortality: Died on table d0-7 d8-30	
_	ngestive heart failure	Anaesthesia: Local Regional General	Alive still in hosp 30d transferred discharged to rehab	
- 7 totilila	mentia	Surgical intent: Curative Palliative	discharged home Re-operation: Yes No	
	betes Mellitus	Did this represent a change to your typical operative approach in the pre-COVID-19 era?	COVID-19 post-operatively (30 days): Yes – lab test Yes – CT	
,	pertension ocardial Infarction	□ No change to operative approach	thorax Yes- clinical only No	
	ripheral Vascular Dis	□ Yes, chose to avoid minimally invasive surgery related to COVID	If yes: Inpatient Required Admission Community Mortality: Died on table d0-7 d8-30	
	oke/TIA	□ Yes, chose to avoid open surgery related to COVID	Alive still in hosp 30d transferred discharged to rehab	
Cancer-specific details:	ner:	Surgical intent: Curative Palliative	discharged home	
Cancer type		Environment in which patient cared for:	Re-operation: Yes No	
	rasive carcinoma	Operative theatre – Designated COVID theatre Designated non- COVID theatre No designation for theatre	Post-op intensive care: No planned from theatre unplanned	
Menopausal status		ITU – Designated COVID treatment area Designated non-COVID	from theatre unplanned from ward	
□ Pre-menopausal □ Post-menopausal □ Unknown		treatment area No designation for this area	(If no/unplanned from ward): Would post-operative ICU bed have	
DCIS grade	P. 6	Postop ward Designated COVID ward Designated non-COVID	been planned pre-COVID-19 era? Yes, not available ~ COVID	
□ High grade □ Inte	ermediate grade	ward No designation for this ward	Yes, not available (other) No	
Oestrogen receptor status	. Cu	What would have the adjuvant therapy typically given?	Total length of hospital stay:days	
□ Positive □ Negative □ Unknown		□ Chemotherapy □ Radiotherapy □ Endocrine therapy	Did surgeons contract COVID-19 (30-days): Yes No	
Progesterone receptor status		Which of the following operation components were performed?	If a cancer operation WAS performed:	
· · · · · · · · · · · · · · · · · · ·	□ Unknown	Please select all that apply.	Complications: - Acute kidney injury - Pneumonia - Pneumonia	
HER2 status □ Positive □ Negative □	- Unknown	Mastectomy (R.Breast) Mastectomy (L.Breast) Wide local excision (R.Breast) Wide local excision (L.Breast) Sentinel node biopsy	□ ARDS	
· ·	□ Unknown	(R.Breast) Sentinel node biopsy (L.Breast) Axillary clearance	□ Anastomotic leak	
Date of cancer diagnosis:/_/ Date of decision for curative surgery:/_/		(R.Breast) Axillary clearance (L.Breast) Immediate breast	□ Blood transfusion □ Septic shock □ Stroke/TIA	
		reconstruction/oncoplasty (R.Breast) Immediate breast	□ Cardiac arrest	
Was the initial MDT (tumour board) decision for primary surgical treatment?		reconstruction/oncoplasty (L.Breast) Other:	□ Coma >24n	
Yes – decision for surgical Rx (optimal treatment option) Yes – decision		If no immediate breast reconstruction/mammoplasty was performed, why was this?	□ Deep Vein Thrombosis □ Graft/prothesis/flap fail	
for surgical Rx (compromised option due to COVID-19) No – decision		Not indicated Delayed, due to COVID-19 Delayed, not due to	□ Myocardial infraction □ Wound dehiscence	
for non-surgical Rx (optimal treatment option) No – decision for non-		COVID-19	If NO operation was performed (by 3 months from study entry)	
surgical Rx (compromised option due to COVID-19)		Nottingham Prognostic Index:	Is there still a plan for curative surgery? Yes No	
Did the patient have an operation related to this cancer during the 3-			Why was no operation performed in the 3 months?	
month study window? No / Yes		Oncotype category:	If still plan for surgery:	
If a cancer operation WAS performed:		High risk Moderate risk Low risk Unknown Post-operative histology:	□ Patient choice to avoid surgery during pandemic	
Date of surgery :/_/ Op performed in: Dedicated COVID-free hospital Dedicated COVID		T stage: T1 T2 T3 T4 unknown	□ MDT decision to delay surgery due to risk to patient	
Rx hospital Undesignated hospital type with ED Undesignated hospital		N stage: N0 N1 N2 unknown	Ongoing neoadjuvant treatment	
type without ED Other:		M stage: M0 M1 unknown	□ No bed / intensive care space / theatre space □ Change of recommendations in society guidelines related to	
COVID-19 CRITCON level: 0 1 2 3 4 5		Resection margin status: R0 – margins cleared R1 – margins	COVID-19	
Urgency of surgery:		involved	□ Other:	
Immediate Urgent Expedited Elective				

Case Report Form CovidSurg-Cancer-Breast

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

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 □ Other:				
Has the cancer been re-staged? No Yes				
If so, date/_/				
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 procedure before/instead of surgery, not typically indicate Neodj 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 investigation Other	IR ed			

Case Report Form CovidSurg



Patient REDCap ID:

NB: Complete this CRF <u>only</u> for patients that are NIHR Global Health Research Unit on Global Surgery eligible for **both** studies (operated cancer patients with COVID-19 infection)



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	Pre-op investigations: Haemoglobin:g/L WCC:10^9/L CRP:mg/L Pre-op x-ray: Not performed Yes- normal Yes- abnormal Yes- consolidation Yes- ground glass opacity Yes- pulmonary infiltration Yes- other abnormality
Findings at admission: ☐ Abdominal pain ☐ Dyspnoea ☐ Myalgia ☐ Cough ☐ Diarrhoea ☐ Sputum ☐ Fatigue ☐ Fever > 38C COVID-19 Preoperative Investigations	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
Last available data from before surgery: Resp rate: rpm	Patient received during index admission? ☐ Antibiotics ☐ IV Immunoglobulins ☐ Antivirals ☐ Interferon ☐ Quinine/derivative ☐ IL-6 blocker ☐ 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: ☐ Non-invasive ventilation
After discharge from	□ None □ Low-flow O2 □ High-flow O2 □ High-flow O2
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	Post-op respiratory support: ☐ None ☐ Non-invasive ventilation ☐ Low-flow O2 ☐ Invasive vent ☐ High-flow O2 ☐ ECMO Duration of post-op mechanical ventilation: 1-23h 24-47h 48-71h 72-167h 168h+
☐ Clinical diagnosis/chest X-Ray – after surgery	1 2011 21 1111 10 1 111 12 10111 10011