Case Report Form CovidSurg-Cancer-Gynae		Laboratory test CT thorax Other:	Post-op intensive care: No planned from theatre unplanned from theatre unplanned from ward	
NB: Additional data points may be required for specific cancer types		CT CT Swab Swab	(If no/unplanned from ward): Would post-operative ICU bed have	
		(neg) (pos) (neg) (pos) 4-7 days prior surgery	been planned pre-COVID-19 era? Yes, not available ~ COVID	
Dationt BEDCon ID:		4-7 days prior surgery	Yes, not available (other) No	
Patient REDCap ID:		Urgency of surgery:	Total length of hospital stay:days	
Age : 0-4w 4-52w 1-9y 10-16y 17-19y 20-29y 30-39y 40-49y		Immediate Urgent Expedited Elective	Did surgeons contract COVID-19 (30-days): Yes No If a cancer operation WAS performed:	
50-59y 60-69y 70-79y 80-89y 90y+ Sex : Female Male ASA		If a cancer operation WAS performed:		Hornied.
Grade: 1 2 3 4 5. Weight (<52 weeks only): kg WHO/ECOG Performance status: 0 1 2 3 4 5 Unknown		If emergency cancer surgery was required, why?	Complications: □ Acute kidney injury	□ Pneumonia
BMI:		□ Gastro-intestinal obstruction □ Bleeding □ Sepsis □ Tumour	□ ARDS	□ Respiratory failure□ Sepsis
□ Underweight (<18.5)□ Normal/healthy weight	□ Moderately obese (30-34.9)	progression Organ perforation Other:	□ Anastomotic leak	□ Septic shock
(18.5-24.9)	□ Severely obese (35-39.9)	Anaesthesia: Local Regional General	□ Blood transfusion	□ Stroke/TIA
□ Overweight (25-29.9)	□ Very severely obese (≥40)	Operation performed? Approach: Open Minimally invasive Converted to open	□ Cardiac arrest □ Coma >24h	□ SSI superficial/deep
Comorbidities:	One work or he and follows	3.Surgical intent : Curative Palliative Non-curative, life-prolonging	□ Coma >24n □ Deep Vein Thrombosis	□ SSI organ space
□ Current smoker	 □ Congestive heart failure □ Dementia 	Did this represent a change to your typical operative approach	□ Graft/prothesis/flap fail	□ UTI
□ Asthma	□ Diabetes Mellitus	in the pre-COVID-19 era?	□ Myocardial infraction	□ Wound dehiscence
□ Current cancer disease	□ Hypertension	□ No change to operative approach	· · · · · ·	ed (by 3 months from study entry)
□ CKD (Moderate/Severe)	□ Myocardial Infarction	□ Yes, chose to avoid minimally invasive surgery related to COVID	Is there still a plan for surgery?	Yes No
□ COPD	□ Peripheral Vascular Dis	□ Yes, chose to avoid open surgery related to COVID-19	Why was no operation perform	ed in the 3 months?
□ Congenital abn (cardiac)	□ Stroke/TIA	Resection margin status: R0 R1 R2 Unknown	If still plan for surgery:	
□ Congenital abn (non cardiac)	□ Other:	Environment in which patient cared for:	□ Patient choice to avoid surge	
Cancer-specific details:		Operative theatre – Designated COVID theatre Designated non-	 □ MDT decision to delay surgery due to risk to patient □ Ongoing neoadjuvant treatment 	
Cancer type Uterine Ovarian Cervical Vulva Vagina		COVID theatre No designation for theatre	□ No bed / intensive care space / theatre space	
Histological type		ITU – Designated COVID treatment area Designated non-COVID	□ Change of recommendations in society guidelines related to	
Squamous cell Adenocarcinoma Germcell, sex cord stromal or		treatment area No designation for this area		
trophoblastic Other:		Postop ward– Designated COVID ward Designated non-COVID	□ Other:	
Date of cancer diagnosis://		ward No designation for this ward	If no ongoing plan for surgery:	
Date of decision for surgery://		Did any change to treatment occur due to the COVID-19	□ Patient choice to avoid surgery during pandemic	
FIGO stage at time of decision for surgery		pandemic (operated patients)?	□ MDT decision to delay surgery due to risk to patient	
Stage 0 Stage 1 Stage II Stage III Stage IV		No change to care, no neoadjuvant Rx No change – neoadjuvant	Disease progression, surgery no longer indicated Change in clinical status uprolated to cancer of Miles	
Was the initial MDT (tumour board) decision for primary surgical treatment?		equivalent to pre-COVID Delay to definitive Rx Expedited Ghange in clinical status unrelated to cancer e.g. MI		stated to caricer e.g. ivii
Yes – decision for surgical Rx (optimal treatment option) Yes –		Change of recomme		in society guidelines
decision for surgical Rx (compromised option due to COVID-19) No		alt. hospital IR procedure before surgery, not typically indicated	□ Other:	eccici, gaideec
 decision for non-surgical Rx (optimal treatment option) No – 		Neoadj treatment, not typically indicated No Neoadj, typically indicated Neoadj treatment longer than typical Neoadj treatment	Has the cancer been re-staged	I? No I Yes
decision for non-surgical Rx (compromised option due to COVID-19)		shorter than typical Adj treatment, not typically indicated No adj,	If so, date / /	
Did the patient have an operation related to this cancer during		typically indicated Other:	FIGO stage at time of reimag	ing/re-discussion by MDT or
the 3-month study window? No / Yes		Neoadjuvant therapy	tumour board	g
If a cancer operation WAS perfo	ormed:	Chemotherapy Radiotherapy Targeted therapy Immunotherapy	Stage 0 Stage 1 Stage II St	
Date of surgery:/_/ Op performed in		Hormonal/Non-hormonal treatment Other:	Was there a response to neo	
Dedicated COVID-free hospital Dedicated COVID Rx hospital		If re-imaged before surgery, was there response to neoadjuvant	Partial response Complete res	
Mixed hospital type with ED Mixed hospital type without ED		treatment: Not re-imaged Re-imaged, partial response Re-	Did any change to treatment pandemic (non-operated patie	
Other:		imaged, complete response Re-imaged, progression		ancelled other reason Operation
COVID-19 CRITCON level: 0 1 2 3 4 5		COVID-19 post-operatively (30 days): Yes – lab test Yes – CT thorax Yes – clinical only No		9 Operation delayed because of
Did the patient have a *resolved* COVID-19 infection before the		If yes: Inpatient Required Admission Community		egy IR procedure before/instead of
time of surgery? Yes – lab test/CT thorax Clinical suspicion No		Mortality: Died on table d0-7 d8-30	surgery, not typically indicated	
Was COVID-19 screening performed preoperatively?		Alive still in hosp 30d transferred discharged to rehab discharged indicated No Neoadj, typically indicated Neoadj treatr		
Laboratory test CT thorax Other: Did patient have mandatory self-isolation before surgery?		home Re-operation : Yes No		shorter than typical Less access to
Yes, > 2 weeks Yes - < 2 weeks No			staging procedures Less acce	ss to staging investigations
COVID-19 suspected at time of surgery? Yes I No			Other	_



Case Report Form CovidSurg

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

CovidSurg

Patient REDCap ID :		OOVIB-13 I Teopera
COVID-19 Patient Info	Last available data to Resp rate: rpm Systolic BP: m	
BCG/Tuberculosis(TB) status	Systolic BF in
<15yrs ago TB diagno individual with known T	Vaccine – 15>yrs ago TB diagnosis sis >15yrs ago Close contact with B <15yrs ago Close contact with	Tests performed to
individual with known T vaccine/TB exposure	4-7 days prior surge	
·	1-3 days prior surge	
Findings at admission	::	Day of surgery (pred
☐ Abdominal pain	-	, , , , , , , , , , , , , , , , , , ,
☐ Dyspnoea ☐ Cough	☐ Haemoptysis ☐ Myalgia	After surgery (during index admissi
☐ Diarrhoea ☐ Fatigue	☐ Nausea/vomiting ☐ Sputum ☐ Other:	After discharge from index admission (wi
☐ Fever >38C	Li Other	How was SARS-Co\
		☐ Positive swab – re

	♦	
OVID-19 Preoperative Investigations	COVID-19 Treatment	
ast available data from before surgery: desp rate: rpm Heart rate: bpm dystolic BP: mmHg Diastolic BP: mmHg	Did patient receive NSAIDs? No Yes before admission After admission Both Patient received during index admission?	
ests performed to investigate SARS-CoV-2 status: CT CT Swab Swab (neg) (pos) (neg) (pos) -7 days prior surgery	☐ Antibiotics ☐ IV Immunoglobulins ☐ Interferon ☐ Quinine/derivative ☐ IL-6 blocker ☐ Corticosteroids Antiviral (name & dose):	
-3 days prior surgery	Corticosteroid (name & dose):	
And the standard of surgery (preop) Inter surgery Iduring index admission)	Renal dialysis during index admission? No Yes but not at 30 days after surgery Yes and ongoing dialysis at 30 days after surgery	
After discharge from	Pre-op respiratory support: ☐ None ☐ Non-invasive ventilation	
low was SARS-CoV-2 confirmed? I Positive swab – result received before surgery	☐ Low-flow O2 ☐ Invasive vent ☐ High-flow O2 ☐ ECMO	
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 ☐ Low-flow O2 ☐ Invasive ventilation ☐ High-flow O2 ☐ ECMO	
Clinical diagnosis/chest X-Ray – after surgery	Duration of post-op mechanical ventilation:	
re-op investigations: laemoglobin:g/L WCC:10^9/L CRP:mg/L	1-23h 24-47h 48-71h 72-167h 168h+	
Pre-op x-ray: I Not performed I Yes- normal I Yes- abnormal I Yes- ground glass opacity □ Yes- pulmonary infiltration		

☐ Yes- other abnormality

Time from admission to operation (pre-op delay) <6 hrs | 6-23 hrs | 24-47 hrs | 48-71 hrs | 72+hrs

Management