Case Report Form CovidSurg-Cancer		COVID-19 suspected at time of surgery? Yes No	If no ongoing plan for surgery:	
NB: Additional data points may be		Tests performed to investigate SARS-CoV-2 status:	□ Patient choice to avoid surgery du	
NIHR Global Health Research Unit on	required for specific current types	CT CT Swab Swab	□ MDT decision to delay surgery due	
MIHR Global Health Research Unit on Global Surgery CovidSurg		(neg) (pos) (neg) (pos)	□ Disease progression, surgery no lo	
Patient REDCap ID:		4-7 days prior surgery	□ Change in clinical status unrelated	to cancer e.g. MI
Age: 0-4w 4-52w 1-9y 10-16y 1	7-19v 20-29v 30-39v 40-49v	1-3 days prior surgery	□ Died awaiting surgery	
50-59y 60-69y 70-79y 80-89y 9		Did any change to treatment occur due to the COVID-19	□ Change of recommendations in so	
Ambiguous ASA Grade: 1 2 3 4 5		pandemic (operated patients)?	Change to alternative treatment modality	
Weight (<52 weeks only): kg		No change to care, no neoadjuvant Rx No change – neoadjuvant	□ Other:	
WHO/ECOG Performance status: 0 1 2 3 4 5 Unknown		equivalent to pre-COVID Delay to definitive Rx Expedited definitive	Has the cancer been re-staged? No	Yes
BMI:		surgery Change in choice of operation Op performed in alt. hospital	If so, date//	
□ Underweight (<18.5)	□ Moderately obese (30-34.9)	IR procedure before surgery, not typically indicated Neoadj	T stage: T1 T2 T3 T4 unknown	
□ Normal/healthy weight	□ Severely obese (35-39.9)	treatment, not typically indicated No Neoadj, typically indicated	N stage: N0 N1 N2 unknown	
(18.5-24.9)	□ Very severely obese (≥40)	Neoadj treatment longer than typical Neoadj treatment shorter than	M stage: M0 M1 unknown	
□ Overweight (25-29.9)		typical Adj treatment, not typically indicated No adj, typically	Did any change to treatment occur	r due to the COVID-19
Comorbidities:	- Congestive beart failure	indicated Other:	pandemic (non-operated patients)?	
□ Current smoker	□ Congestive heart failure □ Dementia	Urgency of surgery: Immediate Urgent Expedited Elective	No change to care – delayed/cancell	ed other reason I Operation
□ Asthma	□ Diabetes Mellitus	If a cancer operation WAS performed:	cancelled because of COVID-19 Op	
□ Current cancer disease			COVID-19 Change in Rx strategy IR procedure before/instead of	
□ CKD (Moderate/Severe)	☐ Hypertension☐ Myocardial Infarction	If emergency cancer surgery was required, why?	surgery, not typically indicated Neodj treatment, not typically	
□ COPD	□ Peripheral Vascular Dis	□ Gastro-intestinal obstruction □ Bleeding □ Sepsis □ Tumour	indicated No Neoadj, typically indicated	
□ Congenital abn (cardiac)	□ Stroke/TIA	progression Organ perforation Other:	than typical Neoadj treatment short	
□ Congenital abn (non cardiac)	□ Other:	Anaesthesia: Local Regional General	staging procedures Less access to	• • •
Cancer-specific details:	duloi.	Operation performed?	Other	3 3 3 3 4 4 4 4
		Approach: Open Minimally invasive Converted to open	Outcomes	
Location: Colon Rectal Gastric Oesophageal Head or neck Lung Liver Pancreatic Soft-tissue sarcoma Bony sarcoma		Did this represent a change to your typical operative approach in	COVID-19 post-operatively (30 day	s): Yes – lab test Yes – CT
		the pre-COVID-19 era?	thorax Yes- clinical only No	
Intracranial tumour (benign/malignant) Kidney Bladder Prostate Gynaecological Breast		□ No change to operative approach		n Community
Baseline staging at decision for surgery:		□ Yes, chose to avoid minimally invasive surgery related to COVID Mortality: Died on table d0-7 d8-30		80
T stage: T1 T2 T3 T4 unknown		□ Yes, chose to avoid open surgery related to COVID Alive still in hosp 30d transferred discharged to rehab		discharged to rehab discharged
N stage: N0 N1 N2/3 unknown		Surgical intent: Curative Palliative	home	
M stage: M0 M1 unknown		Environment in which patient cared for:	Re-operation: Yes No	
Date of cancer diagnosis: / /		Operative theatre – Designated COVID theatre Designated non-	Post-op intensive care: No planned from theatre unplanned from	
Date of initial treatment decision ://		COVID theatre No designation for theatre	theatre unplanned from ward	
Was the initial MDT (tumour board) decision for primary surgical		ITU – Designated COVID treatment area Designated non-COVID	If a cancer operation WAS perform	<u>ied:</u>
treatment?	, ,,,	treatment area No designation for this area	Complications:	- Dnaumania
Yes – decision for surgical Rx (optim	nal treatment option) Yes –	Postop ward – Designated COVID ward Designated non-COVID	□ Acute kidney injury	□ Pneumonia□ Respiratory failure
decision for surgical Rx (compromised option due to COVID-19) No –		ward No designation for this ward	□ ARDS	□ Sepsis
decision for non-surgical Rx (optimal treatment option) No – decision		Post-operative histology:	□ Anastomotic leak	□ Septic shock
for non-surgical Rx (compromised option due to COVID-19)		T stage: T1 T2 T3 T4 unknown	□ Blood transfusion	□ Stroke/TIA
Did the patient have an operation related to this cancer during the		N stage: N0 N1 N2 unknown	Cardiac arrest	□ SSI superficial/deep
3-month study window? No / Yes		M stage: M0 M1 unknown	□ Coma >24h□ Deep Vein Thrombosis	□ SSI organ space
		Resection margin status: R0 R1 R2 Unknown	□ Graft/prothesis/flap fail	□ UTI
If a cancer operation WAS performed: Date of surgery: / /		Details of neoadj Rx:	Myocardial infraction	□ Wound dehiscence
Op performed in: Dedicated COVID-free hospital Dedicated COVID		Did surgeons contract COVID-19 (30-days): Yes No	•	
Rx hospital Undesignated hospital type with ED Undesignated		If NO operation was performed (by 3 months from study entry) Is there still a plan for curative surgery? Yes No	(If no/unplanned from ward): Would	post-operative ICU bed have
hospital type without ED Other:		Why was no operation performed in the 3 months?	been planned pre-COVID-19 era?	res, not available ~ COVID Yes,
COVID-19 CRITCON level: 0 1 2 3 4 5		If still plan for surgery:	not available (other) No	
Did the patient have a *resolved* COVID-19 infection before the time		□ Patient choice to avoid surgery during pandemic	Total length of hospital stay:	days
of surgery? Yes – lab test/CT thorax Clinical suspicion No		□ MDT decision to delay surgery due to risk to patient		
Was COVID-19 screening performed preoperatively?		□ Ongoing neoadjuvant treatment		
Laboratory test CT thorax Other:		□ No bed / intensive care space / theatre space		
Did patient have mandatory self-isolation before surgery?		□ Change of recommendations in society guidelines		
Yes, > 2 weeks Yes - < 2 weeks 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