Case Report Form CovidSurg-Cancer-Liver			Alive still in hosp 30d transferred discharged to rehab discharged	
NR: Additional data points may be required for specific cancer			home Re-operation: Yes No Post-op intensive care: No planned from theatre unplanned from	
tunos NIHP Global Health Research Unit on		Tests performed to investigate SARS-CoV-2 status:	theatre unplanned from ward	
types			(If no/unplanned from ward): Would post-operative ICU bed have	
Patient REDCap ID:			been planned pre-COVID-19 era? Yes, not available ~ COVIDI Yes,	
Age : 0-4w 4-52w 1-9y 10-16y 17-19y 20-29y 30-39y 40-49y 50-		4-7 days prior surgery \Box \Box \Box	not available (other) No	
59y 60-69y 70-79y 80-89y 90y+ Sex : Female Male ASA Grade :		1-3 days prior surgery \Box \Box \Box	Total length of hospital stay:days	
			Did surgeons contract COVID-19 (30-days): Yes No	
Willow Lood i Citorinanoc Status. O 1 L O 7			If a cancer operation WAS performed:	
BMI:		If a cancer operation WAS performed:	Complications:	□ Pneumonia
□ Underweight (<18.5)	□ Moderately obese (30-34.9)	0	- Acute Ridney Injury	□ Respiratory failure
□ Normal/healthy weight	□ Severely obese (35-39.9)	- · · · · · · · · · · · · · · · · · · ·	□ ARD3	□ Sepsis
(18.5-24.9)	□ Very severely obese (≥40)		H Anasiomolic leak	□ Septic shock
□ Overweight (25-29.9) Comorbidities:			□ Cardiac arrest	□ Stroke/TIA
□ Current smoker	□ Congestive heart failure		□ Coma >24h	□ SSI superficial/deep
□ Asthma	□ Dementia		□ Deep Vein Thrombosis	□ SSI organ space
□ CKD (Moderate/Severe)	□ Diabetes Mellitus	0 1 11 1 1 0 0 0 1 1 1 1 1 1 1 1	□ Graft/prothesis/flap fail	□ UTI
- COPD	□ Hypertension		□ Myocardial infraction	□ Wound dehiscence
□ Congenital abn (cardiac)	Myocardial Infarction	in the pre-COVID-19 era?	If NO operation was performed (by 3	3 months from study entry)
	□ Peripheral Vascular Dis□ Stroke/TIA	□ No change to operative approach	Is there still a plan for curative surger	
Cancer-specific details:	□ Other:	□ Yes, chose to avoid minimally invasive surgery related to COVID	Why was no operation performed in the	•
Tumour type		Tes, chose to avoid open surgery related to COVID	If still plan for surgery:	
□ Perinneral cholandiocarcinoma □ HCC.		Elivirolilielit ili wilicii patielit caleu ioi.	□ Patient choice to avoid surgery during pandemic □ MDT decision to delay surgery due to risk to patient	
		ITU – Designated COVID treatment area Designated non-COVID	□ Ongoing neoadjuvant treatment	
in the pre-COVID-19 era, what operation would this patient be		treatment area I No designation for this area	□ No bed / intensive care space / theatre space	
recommended?		Postop ward- Designated COVID ward Designated non-COVID	□ Change of recommendations in society guidelines related to COVID	
 □ Minor resection □ Extra major resection 		walul No ucsiulialion loi lilis walu	If no ongoing plan for surgery:	
In the pre-COVID-19 era, which operative approach would be planned		resconding status. To TT TE Status with	 □ Patient choice to avoid surgery during pandemic □ MDT decision to delay surgery due to risk to patient 	
for this nation?		bld any change to treatment occur due to the COVID-19	□ Disease progression, surgery no longer indicated	
□ Open		paridernic (operated patients):	□ Change in clinical status unrelated to cancer e.g. MI	
Date of cancer diagnosis:		Two change to care, no neoadjuvant to proceedings – neoadjuvant	Died enveilige envere	
Date of decision for curative surgery: / /		Edulvalent to bie-covid i Delav to delimitive tix i Expedited delimitive	e □ Diod directing deligery □ Changes in society guidelines due to COVID-19	
			- Othori	
treatment?			Has the cancer been re-staged? No	Yes
res – decision for surgical RX (optimal treatment option) res – decision		treatment longer than typical Neoadj treatment shorter than typical	my managed models	
for surgical Rx (compromised option due to COVID-19) No – decision for			After restaging, what operation would this patient be	
			recommended?	
Reason of compromise:		Did the patient receive any additional treatment modality before	□ Minor resection □ Major resect	ion
			□ Extra major resection □ No longer suitable for surgery	
month study window? No / Yes			Did any change to treatment occur due to the COVID-19 pandemic (non-operated patients)?	
If a cancer operation WAS performed:		covid in the distriction of a significant of the si	No change to care – delayed/cancelled other reason Operation cancelled because of COVID-19 Operation delayed because of COVID-19 Neodj treatment, not typically indicated Neoadj treatment longer than typical Neoadj treatment shorter than typical Less access	
		,		
Date of surgery:/ Op performed in: Dedicated COVID-free hospital Dedicated COVID Rx				
hospital Undesignated hospital type with ED Undesignated hospital type		COVID-19 era		
without ED Other:			to staging procedures Less access to staging investigations Other	
COVID-19 CRITCON level: 0 1 2 3 4 5		COVID-19 post-operatively (30 days): Yes – lab test Yes – CT	<u> </u>	
Did the patient have a *resolved* COVID-19 infection before the time of		thorax Yes- clinical only No	ND 0 // /	
dargory. Too hab took of thorax omnour dapple of Tho		" you impalient required riannesseri community	NB: Continued on next page	
Was COVID-19 screening performed	preoperatively?	Mortality: Died on table d0-7 d8-30		
Laboratory test CT thorax Other:				

Case Report Form CovidSurg-Cancer-Liver

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

Did the patient receive any additional treatment modality

- □ None
- $\hfill \square$ Radiofrequency ablation, optimal Rx option, indicated in pre-COVID-19 era
- □ Radiofrequency ablation, non-optimal Rx option, not indicated in pre-COVID-19 era
- $\hfill\Box$ Transarterial chemoembolization, optimal Rx option, indicated in pre-COVID-19 era
- $\hfill\Box$ Transarterial chemoembolization, non-optimal Rx option, not indicated in pre-COVID-19 era

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)



COVID-19 Patient Information	Pre-op investigations:		
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	Haemoglobin:g/L WCC:10^9/L CRP:mg/L Pre-op x-ray:		
Findings at admission: ☐ Abdominal pain ☐ Dyspnoea ☐ Myalgia ☐ Cough ☐ Nausea/vomiting ☐ Diarrhoea ☐ Sputum ☐ Fatigue ☐ Cother: ☐ Fever > 38C COVID-19 Preoperative Investigations	☐ 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		
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):		
1-3 days prior surgery Day of surgery (preop) After surgery (during index admission) After discharge from	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: □ None □ Low-flow O2 □ High-flow O2 □ ECMO		
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	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+		