Case Report Form CovidSurg-Cancer-Neuro

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+

AS: Male | Female

Grade: 1 | 2 | 3 | 4 | 5

Weight (<32 weeks only): ___ kg

WHO/ECOG Performance status: 0 | 1 | 2 | 3 | 4 | 5

Unknown BMI:

- Underweight (<18.5) kg
- Normal/healthy weight (18.5-24.9) kg
- Overweight (25-29.9) kg

Comorbidities:

- Current smoker
- Asthma
- Current cancer disease
- CKD (Moderate/Severe)
- COPD
- Congenital abn (cardiac)
- Congenital abn (non cardiac)
- Other:

Cancer-specific details:

Location: □ Supratentorial □ Infratentorial

Tumour:

- Low grade glioma
- High grade glioma
- Meningioma
- Primary CNS lymphoma
- Vestibular schwannoma
- Pituitary adenoma
- Metastasis
- Other:

Tumour type:

□ Primary resection
□ Recurrence
□ Malignant transformation of known grade 2 glioma

Date of cancer diagnosis: __/__/____

Date of decision for curative surgery: __/__/____

If the initial MDT (tumour board) decision for surgical treatment was curative:

□ 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)

If a cancer operation was performed:

□ Yes – 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 surgery? □ Yes □ No

Was COVID-19 screening performed preoperatively? □ Lab test □ CT thorax

Was there mandatory self-isolation before surgery? □ Yes □ No

COVID-19 suspected at time of surgery? □ Yes □ No

Tests performed to investigate SARS-CoV-2 status:

| CT | CT | Swab | Swab |
| (-) | (+) | (neg) | (pos) |

4-7 days prior surgery □ □ □ □

1-3 days prior surgery □ □ □ □

Urge:

Immediate | Urgent | Expedited | Elective

If a cancer operation was performed:

□ Emergency surgery was required, why?
□ Drop in GCS
□ Obstructive hydrocephalus
□ Other:

Anesthesia:

□ Local □ Regional □ General

Operative Rx performed? □ Yes □ No

If this represented 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

Extent of resection:

Biopsy □ Subtotal resection (residual tumour on imaging) □ Gross total resection (no residual tumour is seen on imaging) □ Resection of unknown extent (no postoperative imaging)

Intraoperative adjuncts used:

□ 5-Amino-levulinic acid (5-ALA) □ Intraoperative ultrasound □ Intraoperative MRI | Image guidance (‘neuronavigation’) □ Tractography guidance □ Awake craniotomy □ Direct cortical stimulation

Operation length:

□ <1 hour □ 1-2 hours □ 2-4 hours □ 4+ hours

Histopathological / molecular tumour type:

□ Glia □ Meningioma □ Primary CNS lymphoma □ Vestibular schwannoma □ Pituitary adenoma □ Metastasis
□ Other:

Metastasis, site of primary tumour:

□ Lung □ Breast □ Melanoma □ Renal
□ Pituitary adenoma:

□ Non-functioning □ Functioning, ACTH □ Functioning, GH
□ Other:

Meningioma grade:

□ Grade 1 □ 2 □ 3 □ 4

Glioma grade:

□ Grade 1 □ 2 □ 3 □ 4

Glioma type:

□ Anaplastic □ Oligodendroglioma □ Oligo-astrocytoma □ Astrocytoma □ Glioblastoma

IDH-1 status:

□ Wildtype □ Mutated □ Not tested/unknown □ N/A

MGMT status:

□ Unmethylated □ Methylated □ Not tested/unknown □ N/A

1p19q status:

□ Intact □ Deleted □ Not tested/unknown □ N/A

Details of neoadjuvant Rx:

COVID-19 post-operatively (30 days): □ Yes – lab test □ Yes – CT thorax □ Patient chose to avoid surgery during pandemic

□ If yes: Inpatient □ Required Admission □ Community

Mortality: □ Died on table □ 40-7 □ 4-30 □ Alive still in hosp 30d □ Transferred □ Discharged to rehab □ Discharged home

Re-operation: □ Yes □ No

Post-op intensive care: □ No □ Planned from theatre □ Unplanned from ward

□ If no/unplanned from ward: Would post-operative ICU bed have been planned pre-COVID-19 era? □ Yes □ No

□ Not available □ Other

Total length of hospital stay: ___ days

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

If a cancer operation was performed:

Complications:

□ Acute kidney injury □ ARDS □ Anastomotic leak □ Blood transfusion □ Cardiac arrest needing CPR □ Coma >24h □ Deep Vein Thrombosis □ Graft/graft/hyperfusion (sepsis) □ Seizures □ Intracranial haemorrhage □ UTI □ CSF leak □ New focal neurological deficit □ Other:

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? □ Other:

□ 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 related to COVID-19
□ Other:

NB: Continued on next page
Case Report Form CovidSurg - Cancer-Neuro

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

REDCap ID:__________________________

COVID-19 Patient Information

BCG/Tuberculosis(TB) status

Vaccine - <15yrs ago | Vaccine – >15yrs 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:

- Abdominal pain
- Dyspnoea
- Cough
- Diarrhoea
- Fatigue
- Fever >38C

COVID-19 Preoperative Investigations

Last available data from before surgery:

Resp rate: ______ bpm | Heart rate: ______ bpm
Systolic BP: ______ mmHg | Diastolic BP: ______ mmHg

Tests performed to investigate SARS-CoV-2 status:

<table>
<thead>
<tr>
<th>4-7 days prior surgery</th>
<th>CT (neg)</th>
<th>CT (pos)</th>
<th>Swab (neg)</th>
<th>Swab (pos)</th>
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<tbody>
<tr>
<td>1-3 days prior surgery</td>
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<tr>
<td>Day of surgery (preop)</td>
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<tr>
<td>After surgery (during index admission)</td>
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<tr>
<td>After discharge from index admission (within 30 days of surgery)</td>
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</tbody>
</table>

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: ______*10^9/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?

- Antibiotics
- Antivirals
- Quinine/derivative
- 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:

- None
- Non-invasive ventilation
- Low-flow O2
- Invasive vent
- High-flow O2

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+

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:__________________________

Did any change to treatment occur due to the COVID-19 pandemic (non-operated patients)?

No change to care – 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 | Neodj treatment, not typically indicated | Less access to staging procedures | Less access to staging investigations | Other:__________________________