COVID-19 CRITICON level: 0 | 1 | 2 | 3 | 4 | 5
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? Laboratory test | CT thorax | Other: _____
Did patient have mandatory self-isolation before surgery? Yes, > 2 weeks | Yes, < 2 weeks | No
COVID-19 suspected at time of surgery? Yes | No
Tests performed to investigate SARS-CoV-2 status:

<table>
<thead>
<tr>
<th>CT</th>
<th>CT</th>
<th>Swab</th>
<th>Swab</th>
</tr>
</thead>
<tbody>
<tr>
<td>(neg)</td>
<td>(pos)</td>
<td>(neg)</td>
<td>(pos)</td>
</tr>
</tbody>
</table>

4-7 days prior surgery □ □ □ □
1-3 days prior surgery □ □ □ □
Immediate | Urgent | Expedited | Elective

If a cancer operation WAS performed:

If emergency cancer surgery was required, why?

- □ Gastro-intestinal obstruction
- □ Bleeding
- □ Sepsis
- □ Tumour progression
- □ Organ perforation
- □ Other: _____

Operation performed: _____

Approach: Open | Minimally invasive
Surgical intent: Curative | Palliative

Resection margin status: R0 | R1 | R2 | Unknown
Did this represent 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

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

- □ No change to care, no neoadjuvant Rx | □ No change – neoadjuvant equivalent to pre-COVID | □ Delay to definitive Rx | □ Exploited definitive surgery | □ Change in choice of operation | □ Op in alt. hospital | □ IR before surgery, not typically indicated | □ Neoad treatment, not typically indicated | □ No Neoad treatment, typically indicated | □ Neoad treatment longer than typical | □ Neoad treatment shorter than typical | □ Adj treatment, not typically indicated | □ No Adj treatment, typically indicated | □ Other:

Neoad Rx: Radiotherapy | Chemotherapy | Other: _____

Details of neoad Rx: _____

COVID-19 post-operatively (30 days): Yes – lab test | Yes – CT thorax | Yes – clinical only | No
If yes: Inpatient | Required Admission | Community
Mortality: Died on table | d0-7 | d8-30 | 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 theatre | unplanned from ward
(If no/unplanned from ward): Would post-operative ICU bed have been planned pre-COVID-19 era? Yes, not available | Yes, not available (other) | No

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
- □ Anostomatic leak
- □ Blood transfusion
- □ Cardiac arrest
- □ Coma >24h
- □ Deep Vein Thrombosis | Graft/prothesis/flap fail
- □ Myocardial infarction
- □ Pneumonia
- □ Respiratory failure
- □ Sepsis
- □ Septic shock
- □ Stroke/TIA
- □ SSI superficial/deep
- □ SSI organ space
- □ UTI
- □ Wound dehiscence

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?

If still plan for surgery:

- □ 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

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
- □ Changes in society guidelines due to COVID-19
- □ Other: _____

Has the cancer been re-staged? No | Yes, If so, date__/__/__

NCCN classification:

Resectable | Borderline resectable (vein involvement) | Borderline resectable (arterial involvement) | Locally advanced

Date of cancer diagnosis: _____

Date of decision for curative surgery: _____

Prior to COVID-19, did your hospital routinely operate on jaundiced patients with resectable PDAC without preoperative biliary drainage?

- □ Yes
- □ No

Was patient potentially eligible for surgery without preoperative biliary drainage (PBD) at your unit?

- □ Yes
- □ No

Did the patient undergo PDB?

- □ Yes – due to COVID-19 pandemic
- □ Yes – unrelated to COVID-19 pandemic
- □ No – jaundiced patient underwent surgery without PBD
- □ No – patient not jaundiced

Was the initial MDT (tumour board) decision for primary surgical treatment?

- □ 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)

Reason of compromise:

If a cancer operation WAS performed:

Date of surgery: _____

Op performed in: Dedicated COVID-free hospital | Dedicated COVID Rx hospital | Undesignated hospital type with ED | Undesignated hospital type without ED | Other: _____

Unplanned admission with cholangitis

- □ Yes
- □ No
**Case Report Form CovidSurg**

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

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### 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:**
- 4-7 days prior surgery
  - CT (neg)
  - CT (pos)
  - Swab (neg)
  - Swab (pos)
- 1-3 days prior surgery
  - CT (neg)
  - CT (pos)
  - Swab (neg)
  - Swab (pos)
- Day of surgery (preop)
  - CT (neg)
  - CT (pos)
  - Swab (neg)
  - Swab (pos)
- After surgery (during index admission)
  - CT (neg)
  - CT (pos)
  - Swab (neg)
  - Swab (pos)
- After discharge from index admission (within 30 days of surgery)
  - CT (neg)
  - CT (pos)
  - Swab (neg)
  - Swab (pos)

**Finding at admission:**
- Abdominal pain
- Dyspnoea
- Cough
- Diarrhoea
- Fatigue
- Fever >38C
- Haemoptysis
- Myalgia
- Nausea/vomiting
- Sputum
- Other: ____________

**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: _____ x 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

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### COVID-19 Treatment

**Did patient receive NSAIDs?**
- No
- Yes before admission
- Yes 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
- ECMO

**Post-op respiratory support:**
- None
- Non-invasive ventilation
- Low-flow O2
- Invasive vent
- ECMO

**Duration of post-op mechanical ventilation:**
- 1-23h
- 24-47h
- 48-71h
- 72-167h
- 168h+