| Case Report Form CovidSurg-Cancer- Renal | | Laboratory test CT thorax Other: | □ Patient choice to avoid surgery du | ring pandemic |
|--|---|--|--|---------------------------------------|
| | | Did patient have mandatory self-isolation before surgery? | | e to risk to patient |
| NB: Additional data points may be required for specific cancer types | | Yes, > 2 weeks Yes - < 2 weeks No | □ Ongoing neoadjuvant treatment | |
| NIHR Global Health Research Unit on Global Surgery | CovidSurg | COVID-19 suspected at time of surgery? Yes No | □ No bed / intensive care space / theatre space | |
| Patient REDCap ID: | | Tests performed to investigate SARS-CoV-2 status: | □ Change of recommendations in so | ciety guidelines |
| Age : 0-4w 4-52w 1-9y 10-16y 17 | '-19y 20-29y 30-39y 40-49y | CT CT Swab Swab | □ Other: | |
| 50-59y 60-69y 70-79y 80-89y 90y+ Sex : Female Male ASA | | (neg) (pos) (neg) (pos) | If no ongoing plan for surgery: | |
| Grade: 1 2 3 4 5. Weight (<52 weeks only): kg | | 4-7 days prior surgery | □ Patient choice to avoid surgery du | ring pandemic |
| WHO/ECOG Performance status: 0 1 2 3 4 5 Unknown | | 1-3 days prior surgery \Box \Box \Box | □ MDT decision to delay surgery due | e to risk to patient |
| BMI: □ Underweight (<18.5) | | Did any change to treatment occur due to the COVID-19 pandemic (operated patients)? | □ Disease progression, surgery no lo□ Change in clinical status unrelated | |
| □ Normal/healthy weight | □ Moderately obese (30-34.9) | No change to care, no neoadjuvant Rx No change – neoadjuvant | □ Died awaiting surgery | |
| (18.5-24.9) | □ Severely obese (35-39.9) | equivalent to pre-COVID Delay to definitive Rx Expedited definitive | □ Change of recommendations in so | ciety auidelines |
| □ Overweight (25-29.9) | □ Very severely obese (≥40) | | □ Change to alternative treatment m | |
| Comorbidities: | a very severely obese (=+0) | | □ Other: | , |
| □ Current smoker | | not typically indicated No Neoadj, typically indicated Neoadj treatment | | Yes If so . date |
| □ Asthma | □ Congestive heart failure | longer than typical Neoadj treatment shorter than typical Adj treatment | T stage: Tx Tis T1 T1a T1b T2 | 2 T2a T2b T3 T3a T3b |
| □ Current cancer disease | □ Dementia | not typically indicated No adj, typically indicated Other: | T3c T4 Unknown N stage: N0 N | |
| □ CKD (Moderate/Severe) | □ Diabetes Mellitus | Urgency of surgery: Immediate Urgent Expedited Elective | M stage: M0 M1 unknown | |
| □ COPD | □ Hypertension | If a cancer operation WAS performed: | Was there any metastatic disease | progression |
| □ Congenital abn (cardiac) | □ Myocardial Infarction | If emergency cancer surgery was required, why? | □ Progressive disease (>30% increa | |
| □ Congenital abn (non cardiac) | □ Peripheral Vascular Dis | □ Gastro-intestinal obstruction □ Bleeding □ Sepsis □ Tumour | | s tumour thrombus Yes No |
| Cancer-specific details: | □ Stroke/TIA | progression Organ perforation Other: | Mayo level: Renal vein only Level | |
| Tumour type | □ Other: | Anaesthesia: Local Regional General | Did any change to treatment occu | |
| □ Renal parenchymal lesion □ Upper urinary tract urothelial lesion − | | Operation performed? | pandemic (non-operated patients)? | |
| renal pelvis Upper urinary tract urothelial lesion – ureter | | Approach: Open Minimally invasive Converted to open | No change to care – delayed/cancelled other reason Operation | |
| Baseline clinical or radiological T-st | | Minimally invasive surgery type: Laparoscopic Robot-assisted | cancelled because of COVID-19 Operation delayed because of | |
| | | Did this represent a change to your typical operative approach in | COVID-19 Change in Rx strategy IR procedure before/instead of | |
| T stage: Tx Tis T1 T1a T1b T2 T2a T2b T3 T3a T3b T3c T4 Unknown N stage: N0 N1 N2/3 unknown | | the pre-COVID-19 era? | surgery, not typically indicated Neodj treatment, not typically | |
| M stage: M0 M1 unknown | | □ No change to operative approach | indicated No Neoadj, typically indicated Neoadj treatment longer | |
| Date of cancer diagnosis: / / | | □ Yes, chose to avoid minimally invasive surgery related to COVID | than typical Neoadj treatment shorter than typical Less access to | |
| Date of initial treatment decision : / / | | □ Yes, chose to avoid open surgery related to COVID | staging procedures Less access to staging investigations | |
| Tumour size (cm) : Venous tumour thrombus : Yes : No | | Surgical intent: Curative Palliative | Other | |
| Mayo level: Renal vein only Level 1 2 3 4 | | Environment in which patient cared for: | Outcomes | |
| Was a renal mass biopsy performed? | | Operative theatre – Designated COVID theatre Designated non- | COVID-19 post-operatively (30 days): Yes – lab test Yes – CT | |
| □ No, related to COVID-19 pandemic □ No, unrelated to COVID-19 □ Yes | | COVID theatre No designation for theatre | thorax Yes- clinical only No | |
| Was the initial MDT (tumour board) decision for primary surgical | | ITU – Designated COVID treatment area Designated non-COVID | If yes: Inpatient Required Admission Community | |
| treatment? | | treatment area No designation for this area | Mortality: Died on table d0-7 d8-30 | |
| Yes – decision for surgical Rx (optimal treatment option) Yes – | | Postop ward Designated COVID ward Designated non-COVID ward | Alive still in hosp 30d transferred discharged to rehab discharged | |
| decision for surgical Rx (compromised option due to COVID-19) No – | | No designation for this ward | home Re-operation: Yes No | |
| decision for non-surgical Rx (optimal treatment option) No – decision | | Renal/upper urothelial tract: Histology | Post-op intensive care: No planned from theatre unplanned from | |
| for non-surgical Rx (compromised option due to COVID-19) | | ccRCC pRCC type 1 pRCC type 2 chRCC cdRCC Oncocytoma | theatre unplanned from ward | |
| Did the patient have an operation related to this cancer during the | | AML Upper urinary tract urothelial cancer Other: <u>If a cancer operation WAS performed:</u> | | ned: |
| 3-month study window? No / Yes | | Post-operative histology: | Complications: | |
| If a cancer operation WAS performe | ed: | T stage: Tx Tis T1 T1a T1b T2 T2a T2b T3 T3a T3b T3c | □ Acute kidney injury | □ Pneumonia |
| Date of surgery:/_/ | | T4 Unknown N stage: N0 N1 N2 unknown | □ ARDS | □ Respiratory failure |
| Initial treatment planned by MDT/tu | mour hoard/surgeon | M stage: M0 M1 unknown Tumour size (cm) : | □ Anastomotic leak | □ Sepsis |
| Active surveillance Partial nephrectomy Radical nephrectomy | | Venous tumour thrombus □ Yes □ No | □ Blood transfusion | □ Septic shock |
| Ablation Stereotactic Ablative Radios | • | Mayo level: Renal vein only Level 1 2 3 4 | □ Cardiac arrest | □ Stroke/TIA |
| Op performed in: Dedicated COVID-free hospital Dedicated COVID | | Resection margin status: R0 R1 R2 Unknown | □ Coma >24h | □ SSI superficial/deep |
| Rx hospital Undesignated hospital type with ED Undesignated | | Details of neoadj Rx: | □ Deep Vein Thrombosis | □ SSI organ space |
| hospital type without ED Other: | | Did surgeons contract COVID-19 (30-days): Yes No | □ Graft/prothesis/flap fail | UTI |
| COVID-19 CRITCON level: 0 1 2 3 4 5 | | If NO operation was performed (by 3 months from study entry) | □ Myocardial infraction | □ Wound dehiscence |
| Did the patient have a *resolved* COVID-19 infection before the time | | Is there still a plan for curative surgery? Yes No | (If no/unplanned from ward): Would | post-operative ICU bed have |
| of surgery? Yes – lab test/CT thorax Clinical suspicion No | | Why was no operation performed in the 3 months? | been planned pre-COVID-19 era? | |
| Was COVID-19 screening performed preparatively? | | If still plan for surgery: | not available (other) No. Total leng | · · · · · · · · · · · · · · · · · · · |



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