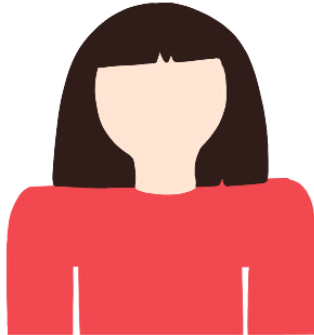




CovidSurg-Cancer – thoracic cases

1



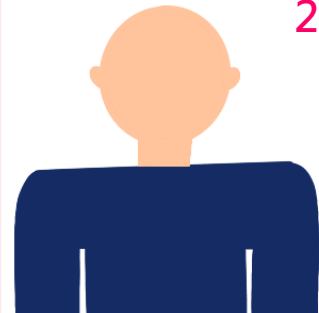
61 year-old female with a left upper lobe peripheral nodule, intense uptake on PET, stage T1N0. VATS wedge resection is performed with intraoperative frozen section, which is non-malignant. On the third post-operative day, the patient's oxygen requirements steadily increase and the CXR reveals bilateral ground glass peripheral opacifications. However, a nasopharyngeal swab for SARS-CoV-2 comes back negative.

 Exclude from CovidSurg (although there is clinical suspicion the SARS-Cov2 swab is negative)


 Exclude from CovidSurg-Cancer (benign disease despite suspicion of cancer)

64 year-old male with a history of highly symptomatic rheumatoid arthritis on methotrexate and etanercept is found to have a potentially-resectable mass in the right lower lobe. Percutaneous biopsy confirms lung primary adenocarcinoma. The MDT decision is that, whilst he would routinely be offered lobectomy, in the current climate the risk of respiratory complications is too great and he is instead referred for SABR.

2




 Exclude from CovidSurg (no perioperative diagnosis of COVID-19)


 Include in CovidSurg-Cancer (deviation from routine management due to COVID-19)

3

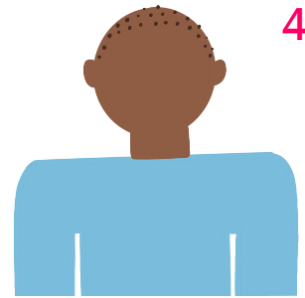


74 year-old man, lifelong smoker and metallic AVR. CT scan reveals emphysematous changes with a mass in the right upper lobe with FDG uptake in station 4R. The MDT decision is that the lesion is resectable but the patient is only borderline fit for surgery and the additional risk posed by COVID-19 is too great. Therefore, for CT guided biopsy and referral to oncology. Surgery is not offered.

 Exclude from CovidSurg (no perioperative diagnosis of COVID-19)

 Include in CovidSurg-Cancer (deviation from routine management due to COVID-19)

75 year-old man with ischaemic heart disease and chronic kidney disease, is found to have a PET-avid nodule in the left lower lobe. MDT recommendation is for surgical resection. Surgery is postponed due to lack of a critical care bed. It is re-booked on the next available list two weeks later.

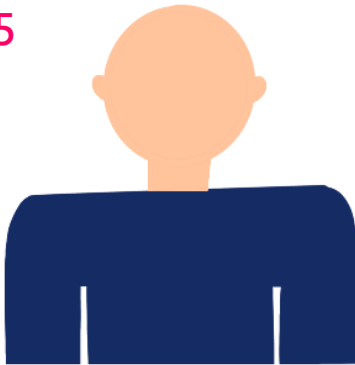


Exclude from CovidSurg (no perioperative diagnosis of COVID-19)



Include in CovidSurg-Cancer (operation delayed due to COVID-19 related pressures)

5



57 year-old male builder with a history of anxiety was found have a mass in his right lower lobe, biopsy-proven to be squamous cell carcinoma (T2a N0 M0). Patient is offered a right lower lobectomy, however, refuses to attend due to his fear of contracting COVID-19 infection whilst in hospital.

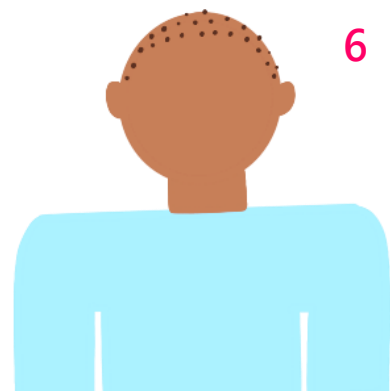


Exclude from CovidSurg (no perioperative diagnosis of COVID-19)



Include in CovidSurg-Cancer (patient-driven deviation from routine care due to COVID-19)

56 year-old with a history of asbestos exposure is diagnosed with malignant pleural mesothelioma (T2 N0 M0) at Local Anaesthetic Thoracoscopy. The MDT advises consideration of a clinical trial including extended pleurectomy/decortication with perioperative chemotherapy. However, the risk of potential COVID-19 in the perioperative period is considered too great and clinical observation is agreed with the patient, with a view to revisiting the treatment strategy in the future.



Exclude from CovidSurg (no perioperative diagnosis of COVID-19)



Include in CovidSurg-Cancer (surgical pathway delayed, deviation from routine management due to COVID-19)

7



72 year old man with a diagnosis of malignant pleural mesothelioma (T3N2 diagnosed at Local Anaesthetic Thoracoscopy. Following the LAT, he is admitted with sepsis due a malignant empyema, and undergoes VATS Partial Pleurectomy for source control. After a prolonged in-patient stay, he is discharged on postoperative day 20. However, he suffers increasing breathlessness and pyrexia, and is seen by his general practitioner on day 27. He tests positive for SARS-COV-2 and is treated on a community palliative care pathway, and passes away four days later.



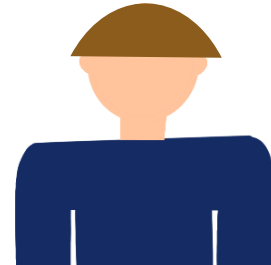
Include in CovidSurg-Cancer (diagnosis of COVID-19 within 30 days of index surgery)



Exclude from CovidSurg-Cancer (non-curative intent procedure)

8

22 year old male patient is admitted with a history of cough and a persistent first time primary spontaneous pneumothorax. He undergoes VATS bullectomy and pleurodesis. The pre-operative SARS-CoV2 screening swab was positive.

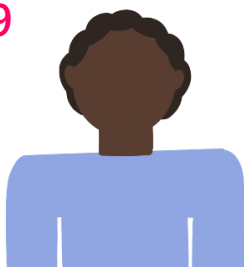


Include in CovidSurg (perioperative diagnosis of COVID-19)



Exclude from CovidSurg-Cancer (non-cancer surgery)

9



56 year-old patient with a history of colorectal cancer, presenting for pulmonary metastasectomy following MDT recommendation. Patient undergoes VATS resection of all detectable nodules. She is discharged on day 2 without complications.

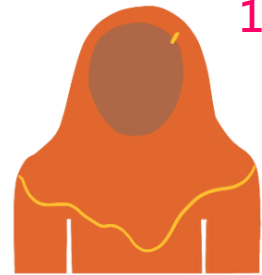


Exclude from CovidSurg (no perioperative diagnosis of COVID-19)



Include in CovidSurg-Cancer (surgery for cancer with curative intent)

53 year old female patient with an incidental, solid, 24mm anterior mediastinal mass, which the MDT considers to be a stage 1 thymoma. There is no tissue diagnosis. Due to service pressures because of COVID and the likely indolent nature of the lesion, the MDT decision is to delay the intended RATS Thymectomy for 3 months.



10



Exclude from CovidSurg (no perioperative diagnosis of COVID-19)



Include in CovidSurg-Cancer (intended surgery with curative intent delayed but delayed due to low risk lesion and COVID-19 related service pressures)