

NIHR Global Research Unit on Global Surgery
Floor 2, Institute of Translational Medicine
Heritage Building, Mindelsohn Way
Birmingham
B15 2TH

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a.a.bhangu@bham.ac.uk

RE: CovidSurg-3 letter of support

To Whom It May Concern:

I am writing to you on behalf of the CovidSurg Collaborative, an international research network that aims to produce the highest quality evidence to guide surgical care during the COVID-19 pandemic. In 2020 CovidSurg captured outcomes on over 190,000 patients across 2,006 hospitals in 116 countries.

Data collected in 2020 found patients with perioperative SARS-CoV-2 infection to be at increased risk of postoperative mortality (up to 24% at 30-days), pulmonary complications (up to 51% at 30-days), and venous thromboembolism. CovidSurg's data led to data-driven guidance for surgical systems during the pandemic, including:

- Guidance regarding the optimal delay prior to surgery following SARS-CoV-2 infection.
- The establishment of COVID-19-free surgical pathways to reduce nosocomial infection and complication.
- The non-effectiveness of preoperative isolation.
- Optimal preoperative SARS-CoV-2 screening protocols.
- Potential benefits of preoperative vaccination.

The Omicron SARS-CoV-2 variant of concern was first reported on 25 November 2021 and has spread globally rapidly. There is a high-level of evidence indicating Omicron has increased transmissibility and potential to evade immunity. However, there is little robust evidence regarding disease severity associated with Omicron in both vaccinated and unvaccinated patients (including in surgical patients), nor is there data to guide patient risk stratification during Omicron COVID-19 waves. CovidSurg data were collected in 2020 when the wildtype SARS-CoV-2 virus was dominant, and therefore there is a need for renewed rapid data to guide global practice during Omicron COVID-19 waves.



CovidSurg-3 is an international multi-centre cohort study that aims, in a contemporary patient group to:

- (1) Determine 30-day mortality in patients with peri-operative SARS-CoV-2 infection.
- (2) Determine 30-day postoperative pulmonary complication and venous thromboembolism rates in patients with peri-operative SARS-CoV-2 infection.
- (3) Evaluate implementation of SARS-CoV-2 mitigations and adaptations (vaccination, preoperative testing, COVID-free surgical pathways, patient selection).
- (4) Determine the frequency of peri-operative SARS-CoV-2 infection.

In order to achieve the above aims, will include all patients of all ages undergoing surgery who have tested positive on a SARS-CoV-2 PCR or rapid antigen test in the 7 days before or the 30 days after surgery. All hospitals are eligible to participate.

We would be delighted to have your team on board. The patient inclusion window is from 13 December 2021 to 28 February 2022. Although retrospective data entry is permitted, we encourage local teams to seek hospital / national approvals as soon as possible.

All the collaborators participating in CovidSurg-3 will be recognised with PubMed-indexed collaborative co-authorship on any resulting papers (example: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31182-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31182-X/fulltext)).

Please address any queries to covidsurg@contacts.bham.ac.uk.

Yours faithfully,



Mr Aneel Bhangu MBChB PhD FRCS
NIHR Clinician Scientist in Global Surgery
Senior Lecturer in Global Surgery
University of Birmingham, UK

Honorary Consultant Colorectal Surgeon
University Hospitals Birmingham, UK



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