

# Baseline Information

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Record ID

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**The Global Health Research Group for Children's Non-Communicable Diseases (Global Children's NCDs ) wishes to thank you for being a collaborator on our international multi-center study looking at the impact of the Coronavirus disease (COVID-19) on the care of childhood cancers: COVIDPaedsCancer**

In order to contribute to COVIDPaedsCancer you should first secure local study approval.

- Yes  
 No

Has local study approval been secured?

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Please secure local study approval before adding any patient data onto REDCap

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Date of birth

\_\_\_\_\_  
(Day-Month-Year)

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Does this patient have a tumour?

- Yes  
 No

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This patient does not meet the inclusion criteria for COVIDPaedsCancer

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Sex

- Female  
 Male  
 Ambiguous

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Weight (kg)

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(First weight undertaken during admission)

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ASA Grade

- 1 - a normal healthy patient  
 2 - a patient with mild systemic disease  
 3 - a patient with severe systemic disease  
 4 - a patient with severe systemic disease that is a constant threat to life  
 5 - a moribund patient who is not expected to survive without the operation  
(ASA (American Society of Anesthesiologists) grade at the time of surgery)

# Tumour Details

Diagnostic group/subgroup of tumour	<input type="radio"/> Acute lymphoblastic leukaemia <input type="radio"/> Hodgkin lymphoma <input type="radio"/> Non-Hodgkin lymphoma <input type="radio"/> Neuroblastoma <input type="radio"/> Wilms Tumour <input type="radio"/> Rhabdomyosarcoma <input type="radio"/> Osteosarcoma <input type="radio"/> Ewings sarcoma <input type="radio"/> Retinoblastoma <input type="radio"/> Glioma <input type="radio"/> Medulloblastoma
Grade of glioma	<input type="radio"/> Low grade (WHO grade I/II) <input type="radio"/> High grade (WHO grade III/IV) <input type="radio"/> Unknown
Staging	<input type="radio"/> CNS negative (CNS 1) <input type="radio"/> CNS positive (CNS 2/3) <input type="radio"/> Unknown (Central nervous system (CNS) disease: the presence of leukemia cells in the cerebral spinal fluid)
Staging	<input type="radio"/> Ann Arbor-stage IA/B <input type="radio"/> Ann Arbor-stage IIA/B <input type="radio"/> Ann Arbor-stage IIIA/B <input type="radio"/> Ann Arbor-stage IVA/B <input type="radio"/> Unknown
Staging	<input type="radio"/> Localised <input type="radio"/> Regional <input type="radio"/> Metastatic <input type="radio"/> Unknown
Date of diagnosis	<hr/> (Day-Month-Year)
What was the initial MDT (tumour board) decision for managing this tumour? (select all that apply)	<input type="checkbox"/> Chemotherapy <input type="checkbox"/> Radiotherapy <input type="checkbox"/> Immunological therapy <input type="checkbox"/> Surgery <input type="checkbox"/> No anticancer therapy
Date of treatment decision by the tumour board	<hr/> (Day-Month-Year)
Would this decision have been different prior to the COVID-19 pandemic?	<input type="radio"/> Yes <input type="radio"/> No
What would the pre-COVID 19 decision for managing this tumour be?	<input type="checkbox"/> Chemotherapy <input type="checkbox"/> Radiotherapy <input type="checkbox"/> Immunological therapy <input type="checkbox"/> Surgery <input type="checkbox"/> No anticancer therapy

# Chemotherapy

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Did the patient have chemotherapy during the study window? (12/03/2020 to the 12/06/2020)

- Yes  
 No

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Did the patient have chemotherapy during the 90-day follow up period?

- Yes  
 No

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Is there still a plan for chemotherapy treatment?

- Yes  
 No

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Were there any changes to the chemotherapy treatment due to the COVID-19 pandemic?

- No change to chemotherapy care because of COVID-19  
 Chemotherapy treatment cancelled because of COVID-19  
 Chemotherapy treatment delayed because of COVID-19  
 Reduction from typical chemotherapy dose because of COVID-19  
 Increase from typical chemotherapy dose because of COVID-19  
 Reduction in the number of cycles of chemotherapy because of COVID-19  
 Increase in the number of cycles of chemotherapy because of COVID-19  
 Shorter duration of treatment because of COVID-19  
 Longer duration of treatment because of COVID-19  
 Change in choice of chemotherapy agent  
 Change in route of administration of chemotherapy agent  
 Change to/addition of an alternative anti-cancer treatment modality because of COVID-19

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What were the reasons for the change(s) to the treatment?

- Change in treatment as per local MDT / hospital policy (decision making)
- Change in treatment as per regional policy (decision making)
- Change in treatment as per national policy (decision making)
- Change in treatment plan by lead clinician (decision making)
- Lockdown/Travel restrictions prevent access to treatment (infrastructure)
- Lack of hospital inpatient beds (infrastructure)
- Lack of hospital intensive care beds (infrastructure)
- Lack of outpatient facilities for support post-discharge (infrastructure)
- Lack of blood products (infrastructure)
- Lack of personal protective equipment (infrastructure)
- Lack of equipment (infrastructure)
- Lack of drugs (infrastructure)
- Insufficient staff due to redeployment/restructuring (workforce)
- Insufficient staff due to sickness (workforce)
- No treatment available due to restructuring of services (service delivery)
- Transfer to a different institution for treatment (service delivery)
- Inability to pay for treatment (financing)
- Loss of employment by caregiver (financing)
- Patient/patient's family chooses to avoid treatment during the pandemic (patient factors)
- Treatment not possible as caregiver infected with Coronavirus and under mandatory isolation (patient factors)
- Other

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What were the reasons for the change(s) to the treatment: other

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# Radiotherapy

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Did the patient have radiotherapy during the study window? (12/03/2020 to the 12/06/2020)

- Yes  
 No

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Did the patient have radiotherapy during the 90-day follow up period?

- Yes  
 No

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Is there still a plan for radiotherapy treatment?

- Yes  
 No

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Were there any changes to the radiotherapy treatment due to the COVID-19 pandemic?

- No change to radiotherapy care because of COVID-19  
 Radiotherapy treatment cancelled because of COVID-19  
 Radiotherapy treatment delayed because of COVID-19  
 Decrease in typical radiotherapy dose per fraction because of COVID-19  
 Increase in typical radiotherapy dose per fraction because of COVID-19  
 Reduction in duration from typical radiotherapy length of treatment because of COVID-19  
 Increase in duration from typical radiotherapy length of treatment because of COVID-19  
 Change in radiotherapy modality because of COVID-19  
 Change to/addition of an alternative anti-cancer treatment modality because of COVID-19

What were the reasons for the change(s) to the treatment?

- Change in treatment as per local MDT / hospital policy (decision making)
- Change in treatment as per regional policy (decision making)
- Change in treatment as per national policy (decision making)
- Change in treatment plan by lead clinician (decision making)
- Lockdown/Travel restrictions prevent access to treatment (infrastructure)
- Lack of hospital inpatient beds (infrastructure)
- Lack of hospital intensive care beds (infrastructure)
- Lack of outpatient facilities for support post-discharge (infrastructure)
- Lack of blood products (infrastructure)
- Lack of personal protective equipment (infrastructure)
- Lack of equipment (infrastructure)
- Lack of drugs (infrastructure)
- Insufficient staff due to redeployment/restructuring (workforce)
- Insufficient staff due to sickness (workforce)
- No treatment available due to restructuring of services (service delivery)
- Transfer to a different institution for treatment (service delivery)
- Inability to pay for treatment (financing)
- Loss of employment by caregiver (financing)
- Patient/patient's family chooses to avoid treatment during the pandemic (patient factors)
- Treatment not possible as caregiver infected with Coronavirus and under mandatory isolation (patient factors)
- Other

What were the reasons for the change(s) to the treatment: other

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What was the radiation field?

- Craniospinal
- Focal (brain)

What was the radiation field?

- Local
- Wide field

Radiotherapy approach

- Photon
- Proton beam

Did this represent a change to your typical radiotherapy approach in the pre-COVID-19 era?

- No change to radiotherapy approach
- Yes, chose to avoid photon radiotherapy related to COVID-19
- Yes, chose to avoid proton beam radiotherapy related to COVID-19

# Immunological Therapy

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Did the patient have immunotherapy during the study window? (12/03/2020 to the 12/06/2020)

- Yes  
 No

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Did the patient have immunotherapy during the 90-day follow up period?

- Yes  
 No

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Is there still a plan for immunotherapy treatment?

- Yes  
 No

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Were there any changes to the immunotherapy treatment due to the COVID-19 pandemic?

- No change to immunotherapy care because of COVID-19  
 Immunotherapy treatment cancelled because of COVID-19  
 Immunotherapy treatment delayed because of COVID-19  
 Change in typical immunotherapy dose because of COVID-19  
 Change in typical immunotherapy length of treatment because of COVID-19  
 Change to/addition of an alternative anti-cancer treatment modality because of COVID-19

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What were the reasons for the change(s) to the treatment?

- Change in treatment as per local MDT / hospital policy (decision making)
- Change in treatment as per regional policy (decision making)
- Change in treatment as per national policy (decision making)
- Change in treatment plan by lead clinician (decision making)
- Lockdown/Travel restrictions prevent access to treatment (infrastructure)
- Lack of hospital inpatient beds (infrastructure)
- Lack of hospital intensive care beds (infrastructure)
- Lack of outpatient facilities for support post-discharge (infrastructure)
- Lack of blood products (infrastructure)
- Lack of personal protective equipment (infrastructure)
- Lack of equipment (infrastructure)
- Lack of drugs (infrastructure)
- Insufficient staff due to redeployment/restructuring (workforce)
- Insufficient staff due to sickness (workforce)
- No treatment available due to restructuring of services (service delivery)
- Transfer to a different institution for treatment (service delivery)
- Inability to pay for treatment (financing)
- Loss of employment by caregiver (financing)
- Patient/patient's family chooses to avoid treatment during the pandemic (patient factors)
- Treatment not possible as caregiver infected with Coronavirus and under mandatory isolation (patient factors)
- Other

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What were the reasons for the change(s) to the treatment: other

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# Surgery

Did the patient have surgery during the study window?  
(12/03/2020 to the 12/06/2020)

- Yes  
 No

Did the patient have surgery during the 90-day follow  
up period?

- Yes  
 No

Date of surgery

\_\_\_\_\_  
(Day-Month-Year)

Is there still a plan for surgical treatment?

- Yes  
 No

Were there any changes to the surgical treatment due  
to the COVID-19 pandemic?

- No change to operative care because of COVID-19  
 Operation not offered because of COVID-19  
 Operation abandoned because of COVID-19  
 Operation delayed because of COVID-19  
 Change in choice of operation  
 Operation performed in an alternative hospital  
(e.g. designated COVID-free)  
 Interventional radiology procedure performed  
before surgery where this would not typically have  
been indicated  
 Underwent neoadjuvant therapy where this would not  
typically have been indicated  
 No neoadjuvant therapy given, where this would  
typically have been indicated  
 Underwent a longer or more intensive course of  
neoadjuvant therapy that would have typically been  
indicated  
 Underwent a shorter or less intensive course of  
neoadjuvant therapy that would have typically been  
indicated  
 Underwent adjuvant therapy where this would not  
typically have been indicated  
 No adjuvant therapy, where this would typically  
have been indicated  
 Not recruited to a clinical trial, where this  
would typically have been offered  
 Recruited to a clinical trial, where this would  
not have previously been offered  
 Changed to active palliative care instead of  
operative care

What were the reasons for the change(s) to the treatment?

- Change in treatment as per local MDT / hospital policy (decision making)
- Change in treatment as per regional policy (decision making)
- Change in treatment as per national policy (decision making)
- Change in treatment plan by lead clinician (decision making)
- Lockdown/Travel restrictions prevent access to treatment (infrastructure)
- Lack of hospital inpatient beds (infrastructure)
- Lack of hospital intensive care beds (infrastructure)
- Lack of outpatient facilities for support post-discharge (infrastructure)
- Lack of blood products (infrastructure)
- Lack of personal protective equipment (infrastructure)
- Lack of equipment (infrastructure)
- Lack of drugs (infrastructure)
- Insufficient staff due to redeployment/restructuring (workforce)
- Insufficient staff due to sickness (workforce)
- No treatment available due to restructuring of services (service delivery)
- Transfer to a different institution for treatment (service delivery)
- Inability to pay for treatment (financing)
- Loss of employment by caregiver (financing)
- Patient/patient's family chooses to avoid treatment during the pandemic (patient factors)
- Treatment not possible as caregiver infected with Coronavirus and under mandatory isolation (patient factors)
- Other

What were the reasons for the change(s) to the treatment: other

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What type of hospital was the operation performed in?

- Designated COVID-free 'cold' hospital
- Designated COVID-treatment 'hot' hospital
- Undesignated hospital type with emergency department
- Undesignated hospital type without emergency department

Time from admission to operation (preoperative delay)

- < 6 hours
- 6-23 hours
- 24-47 hours
- 48-71 hours
- 72+ hours

Urgency of surgery	<input type="radio"/> IMMEDIATE - life, limb or organ-saving intervention - within minutes of decision to operate <input type="radio"/> URGENT - within hours of decision to operate <input type="radio"/> EXPEDITED - patient requiring early treatment but no immediate threat to life, limb or organ - within days of decision to operate <input type="radio"/> ELECTIVE - Intervention planned or booked in advance of routine admission to hospital (Full definitions available at: <a href="https://www.ncepod.org.uk/classification.html">https://www.ncepod.org.uk/classification.html</a> )
What was the reason urgent or emergency cancer surgery was required?	<input type="radio"/> Gastro-intestinal obstruction <input type="radio"/> Bleeding <input type="radio"/> Sepsis <input type="radio"/> Tumour progression <input type="radio"/> Organ perforation <input type="radio"/> Functional compromise <input type="radio"/> Other
Other reason for why urgent or emergency cancer surgery was required	_____
Did the patient have a mandatory self-isolation period before elective surgery?	<input type="radio"/> Yes, two weeks or more <input type="radio"/> Yes, less than two weeks <input type="radio"/> No
Was screening for COVID-19 performed within the 72 hours before surgery?	<input type="radio"/> No <input type="radio"/> Yes - Laboratory test <input type="radio"/> Yes - CT thorax <input type="radio"/> Yes - Symptomatic screening or questionnaire only <input type="radio"/> Yes - Other
Screening: Other	_____
Was the patient known to have COVID-19 infection before the time of surgery?	<input type="radio"/> Yes - proven with laboratory test or CT Thorax <input type="radio"/> Probable - clinically suspected <input type="radio"/> No <input type="radio"/> Unknown
Had the COVID-19 infection resolved?	<input type="radio"/> Yes <input type="radio"/> No
How long before the date of surgery was COVID-19 diagnosed?	<input type="radio"/> Less than 1 week <input type="radio"/> 2 to 4 weeks <input type="radio"/> 5 to 8 weeks <input type="radio"/> Greater than 8 weeks
What was the primary purpose of the surgery?	<input type="radio"/> Diagnostic <input type="radio"/> Curative <input type="radio"/> Palliative
Type of anaesthesia used?	<input type="radio"/> Local <input type="radio"/> Regional <input type="radio"/> General

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Operative approach	<input type="radio"/> Open <input type="radio"/> Minimally-invasive <input type="radio"/> Minimally-invasive converted to open
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Did this represent a change to your typical operative approach in the pre-COVID-19 era?	<input type="radio"/> No change to operative approach <input type="radio"/> Yes, chose to avoid minimally invasive surgery related to COVID-19 <input type="radio"/> Yes, chose to avoid open surgery related to COVID-19
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Designation of the operating theatre	<input type="radio"/> Designated COVID treatment area (only COVID patients treated there) <input type="radio"/> Designated non-COVID treatment area (only non-COVID patients treated there) <input type="radio"/> No designation for this area (either COVID or non-COVID patients can be treated there) <input type="radio"/> Not applicable
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Designation of the intensive care unit	<input type="radio"/> Designated COVID treatment area (only COVID patients treated there) <input type="radio"/> Designated non-COVID treatment area (only non-COVID patients treated there) <input type="radio"/> No designation for this area (either COVID or non-COVID patients can be treated there) <input type="radio"/> Not applicable
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Would a post-operative intensive care unit stay have been planned in a pre-COVID-19 era?	<input type="radio"/> Yes <input type="radio"/> No
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Designation of the postoperative ward	<input type="radio"/> Designated COVID treatment area (only COVID patients treated there) <input type="radio"/> Designated non-COVID treatment area (only non-COVID patients treated there) <input type="radio"/> No designation for this area (either COVID or non-COVID patients can be treated there) <input type="radio"/> Not applicable
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Was a post-operative CT head performed?	<input type="radio"/> Yes <input type="radio"/> No
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Did any of the operating surgeons contract COVID-19 within 30-days of the date of surgery?	<input type="radio"/> Yes <input type="radio"/> No
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# No Anticancer Treatment

Did the patient or their family choose to avoid treatment during the pandemic before the initial MDT (tumour board) meeting?

- Yes  
 No

Was the patient given palliative treatment?

- Yes  
 No

Were there any changes to the palliative care treatment due to the COVID-19 pandemic?

- No change to palliative care because of COVID-19  
 Palliative treatment \*not\* provided because of COVID-19  
 Palliative treatment provided because of COVID-19  
 Palliative treatment delayed because of COVID-19  
 Change from typical palliative care plan because of COVID-19

What were the reasons for the change to palliative care treatment?

- Change in treatment as per local MDT / hospital policy (decision making)  
 Change in treatment as per regional policy (decision making)  
 Change in treatment as per national policy (decision making)  
 Change in treatment plan by lead clinician (decision making)  
 Lockdown/Travel restrictions prevent access to treatment (infrastructure)  
 Lack of hospital inpatient beds (infrastructure)  
 Lack of hospital intensive care beds (infrastructure)  
 Lack of outpatient facilities for support post-discharge (infrastructure)  
 Lack of blood products (infrastructure)  
 Lack of personal protective equipment (infrastructure)  
 Lack of equipment (infrastructure)  
 Lack of drugs (infrastructure)  
 Insufficient staff due to redeployment/restructuring (workforce)  
 Insufficient staff due to sickness (workforce)  
 No treatment available due to restructuring of services (service delivery)  
 Transfer to a different institution for treatment (service delivery)  
 Inability to pay for treatment (financing)  
 Loss of employment by caregiver (financing)  
 Patient/patient's family chooses to avoid treatment during the pandemic (patient factors)  
 Treatment not possible as caregiver infected with Coronavirus and under mandatory isolation (patient factors)  
 Other

What were the reasons for the change to palliative care treatment: other

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# Outcomes

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Was screening for COVID-19 performed within 30 days post-surgery?

- No
- Yes - Laboratory test
- Yes - CT thorax
- Yes - Symptomatic screening or questionnaire only
- Yes - Other

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Was screening for COVID-19 performed within 30 days post-surgery: other

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Was the patient diagnosed with COVID-19 within 30 days from their first anti-cancer treatment post March 11th 2020?

- Yes - proven with laboratory test or CT Thorax
- Probable - clinically suspected
- No
- Unknown

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Complications within 30 days post-surgery?

- Anaesthetic complications
- Anastomotic leak
- Blood transfusion
- Cardiac arrest
- Pneumonia
- Sepsis
- Wound dehiscence
- Line Infection
- Neurological injury
- Vascular injury
- Altered bowel and bladder function
- Other loss of function
- Early recurrence / Incomplete clearance

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Outcomes at 30 days from their first anti-cancer treatment post March 11th 2020?

- Died - during surgery
- Died - on days 0-7 after surgery
- Died - on days 8-30 after surgery
- Alive - remains admitted in hospital
- Alive - transferred to another hospital
- Alive - discharged to a rehabilitation centre
- Alive - discharged home

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Mortality at 90 days from their first anti-cancer treatment post March 11th 2020?

- Alive
- Dead
- Unknown

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Total length of hospital stay (days)

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Mortality at 1 year from their first anti-cancer treatment post March 11th 2020?

- Alive
- Dead
- Unknown