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Baseline Information

Record ID _____

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

Are you able to provide a patient's date of birth? Yes
 No

In order to contribute to COVIDPaedsCancer you should first secure local study approval. Yes
 No

Has local study approval been secured?

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

Please select the option that is true for this patient Patient was undergoing active anti-cancer treatment on 12th March 2020
 Patient newly presented post 11th March 2020
 Neither of the above

Date of birth

(Day-Month-Year)

Age of patient (in years)

Does this patient have a tumour? Yes
 No

This patient does not meet the inclusion criteria for COVIDPaedsCancer

Sex Female
 Male
 Ambiguous

Weight (kg)

(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)
-

Did this patient present to the hospital before July 12th 2020?

- Yes
- No

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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	_____
	(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
Was a central venous catheter inserted in the patient?	<input type="radio"/> Yes <input type="radio"/> No (Insertion of a central venous catheter does not count as surgery)
What type of central venous catheter was inserted?	<input type="radio"/> Peripherally inserted central catheter (PICC line) <input type="radio"/> Portacaths <input type="radio"/> Other
What type of central venous catheter was inserted? (other selected)	_____

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Date of treatment decision by the tumour board

(Day-Month-Year)

Would this decision have been different prior to the COVID-19 pandemic?

- Yes
 No

What would the pre-COVID 19 decision for managing this tumour be?

- Chemotherapy
 Radiotherapy
 Immunological therapy
 Surgery
 No anticancer therapy

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Chemotherapy

Did the patient have chemotherapy post March 11th 2020?

- Yes
 No

Did the patient have chemotherapy during their 30-day follow up period?

- Yes
 No

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

- Yes
 No

Is there still a plan for chemotherapy treatment?

- Yes
 No

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

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

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Radiotherapy

Did the patient have radiotherapy post March 11th 2020?

Yes
 No

Did the patient have radiotherapy during the 30-day follow up period?

Yes
 No

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

Yes
 No

Is there still a plan for radiotherapy treatment?

Yes
 No

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

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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

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

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

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Immunological Therapy

Did the patient have immunotherapy post March 11th 2020?

Yes
 No

Did the patient have immunotherapy during the 30-day follow up period?

Yes
 No

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

Yes
 No

Is there still a plan for immunotherapy treatment?

Yes
 No

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

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

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Surgery

Did the patient have surgery post March 11th 2020? Yes
 No

Did the patient have surgery during the 30-day follow up period? Yes
 No

Did the patient have surgery during the 90-day follow up period? Yes
 No

Date of first surgery post March 11th 2020

(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

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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

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

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

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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: https://www.ncepod.org.uk/classification.html)
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
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
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
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
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
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
Was a post-operative CT head performed?	<input type="radio"/> Yes <input type="radio"/> No
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
Did the patient undergo more than one surgery post March 11th 2020?	<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 post March 11th 2020?? 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

Was screening for COVID-19 performed within 30 days from their first anti-cancer treatment post March 11th 2020?

- No
 Yes - Laboratory test
 Yes - CT thorax
 Yes - Symptomatic screening or questionnaire only
 Yes - Other
 Not applicable (no anti-cancer treatment given post March 11th 2020)

Was screening for COVID-19 performed within 30 days from their first anti-cancer treatment post March 11th 2020: other

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
 Not applicable (no anti-cancer treatment given post March 11th 2020)

Complications within 30 days from their first surgical treatment post March 11th 2020?

- Anaesthetic complications
 Anastomotic leak
 Blood transfusion
 Cardiac arrest
 Pneumonia
 Sepsis
 Wound dehiscence
 Line Infection
 Neurological injury
 Vascular injury
 Altered bowel and bladder function
 Hepatic injury
 Other loss of function
 Early recurrence / Incomplete clearance
 No complications
 Not applicable (no anti-cancer treatment given post March 11th 2020)

Complications within 30 days from their first chemotherapy treatment post March 11th 2020?

- Anaesthetic complications
 Anastomotic leak
 Blood transfusion
 Cardiac arrest
 Pneumonia
 Sepsis
 Wound dehiscence
 Line Infection
 Neurological injury
 Vascular injury
 Altered bowel and bladder function
 Hepatic injury
 Other loss of function
 Early recurrence / Incomplete clearance
 No complications
 Not applicable (no anti-cancer treatment given post March 11th 2020)

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Complications within 30 days from their first radiotherapy treatment post March 11th 2020?

- Anaesthetic complications
- Anastomotic leak
- Blood transfusion
- Cardiac arrest
- Pneumonia
- Sepsis
- Wound dehiscence
- Line Infection
- Neurological injury
- Vascular injury
- Altered bowel and bladder function
- Hepatic injury
- Other loss of function
- Early recurrence / Incomplete clearance
- No complications
- Not applicable (no anti-cancer treatment given post March 11th 2020)

Complications within 30 days from their first immunotherapy treatment post March 11th 2020?

- Anaesthetic complications
- Anastomotic leak
- Blood transfusion
- Cardiac arrest
- Pneumonia
- Sepsis
- Wound dehiscence
- Line Infection
- Neurological injury
- Vascular injury
- Altered bowel and bladder function
- Hepatic injury
- Other loss of function
- Early recurrence / Incomplete clearance
- No complications
- Not applicable (no anti-cancer treatment given post March 11th 2020)

Outcomes at 30-day follow up?

- Died - did not receive anti-cancer treatment
- Died - during anti-cancer treatment
- Died - on days 0-7 after anti-cancer treatment
- Died - on days 8-30 after anti-cancer treatment
- Alive - remains admitted in hospital
- Alive - transferred to another hospital
- Alive - discharged to a rehabilitation centre
- Alive - discharged home

Mortality at 90-day follow up?

- Alive
- Dead
- Unknown

Total length of hospital stay (days) within the 90-day follow up period

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How many admissions did the patient have within their 90-day follow up period?

- 1
 2
 3
 4
 5
 6
 7
 8
 9
 10
 > 10

Was the 1st admission a planned admission?

- Yes
 No

Length of stay during 1st admission

What treatments were provided during the 1st admission?

- Chemotherapy
 Radiotherapy
 Immunological therapy
 Surgery
 Complication management
 None of the above

Was the 2nd admission a planned admission?

- Yes
 No

Length of stay during 2nd admission

What treatments were provided during the 2nd admission?

- Chemotherapy
 Radiotherapy
 Immunological therapy
 Surgery
 Complication management
 None of the above

Was the 3rd admission a planned admission?

- Yes
 No

Length of stay during 3rd admission

What treatments were provided during the 3rd admission?

- Chemotherapy
 Radiotherapy
 Immunological therapy
 Surgery
 Complication management
 None of the above

Was the 4th admission a planned admission?

- Yes
 No

Length of stay during 4th admission

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What treatments were provided during the 4th admission?

- Chemotherapy
 Radiotherapy
 Immunological therapy
 Surgery
 Complication management
 None of the above

Was the 5th admission a planned admission?

- Yes
 No

Length of stay during 5th admission

What treatments were provided during the 5th admission?

- Chemotherapy
 Radiotherapy
 Immunological therapy
 Surgery
 Complication management
 None of the above

Was the 6th admission a planned admission?

- Yes
 No

Length of stay during 6th admission

What treatments were provided during the 6th admission?

- Chemotherapy
 Radiotherapy
 Immunological therapy
 Surgery
 Complication management
 None of the above

Was the 7th admission a planned admission?

- Yes
 No

Length of stay during 7th admission

What treatments were provided during the 7th admission?

- Chemotherapy
 Radiotherapy
 Immunological therapy
 Surgery
 Complication management
 None of the above

Was the 8th admission a planned admission?

- Yes
 No

Length of stay during 8th admission

What treatments were provided during the 8th admission?

- Chemotherapy
 Radiotherapy
 Immunological therapy
 Surgery
 Complication management
 None of the above

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Was the 9th admission a planned admission? Yes
 No

Length of stay during 9th admission

What treatments were provided during the 9th admission?

- Chemotherapy
- Radiotherapy
- Immunological therapy
- Surgery
- Complication management
- None of the above

Was the 10th admission a planned admission? Yes
 No

Length of stay during 10th admission

What treatments were provided during the 10th admission?

- Chemotherapy
- Radiotherapy
- Immunological therapy
- Surgery
- Complication management
- None of the above

Mortality at 12-month follow-up? Alive
 Dead
 Unknown