



CRF 1: COVIDSurg-Cancer H&N 12 month Follow Up

Keep this document for site use only, do not send to the COVIDSurg-Cancer H&N Follow Up Study team

REDCap record ID e.g. XXXX-001 -

Please complete the REDCap record ID from your CovidSurg-Cancer link sheet

Please note, no full dates (dd/mm/yy) will leave your centre. Only the week + year will be uploaded to the study database

Section 1 - Patient Details

Patient Identifier will not be uploaded to the REDCap database, but is found on the link sheet at site with the corresponding REDCap record ID

Patient Identifier *Site use only*

Section 2 - CovidSurg Cancer Head and Neck 12 month review

Did the patient go on to have an operation related to their tumour during the follow-up period (ie outside original 30 day COVIDSurg window (after June 2020))

Yes No

If Yes Actual Date of Primary Surgery

 - -

Was the human papillomavirus (HPV) status of the tumour recorded **Oropharyngeal cancer only**

Yes No

If Yes

Was High Risk HPV In situ hybridisation (HR HPV ISH) or HPV PCR

Positive Negative Not tested

Was p16 immunohistochemistry (IHC)

Positive Negative Not tested

All patients operated on

Readmission within 90 days of date of surgery

Yes No

Reoperation within 90 days of surgery

Yes No

If Reoperation for *tick all that apply*

Cancer resection Additional reconstruction procedure Healing problem

Section 3 - Oral Cavity Cancer patients only

If neck surgery was compromised/omitted what would standard of care neck management (pre-COVID) have been

Sentinel Lymph Node Biopsy
 Neck Dissection

If reconstruction was compromised/omitted What would standard of care reconstruction (pre-COVID) have been

No Reconstruction Local Flap Regional/Pedicle Flap
 Free Tissue Transfer

Section 4 - Laryngeal Cancer patients only

Did the patient have a total laryngectomy

Yes No

If Yes Did the type of laryngectomy performed differ from standard of care (Pre COVID)

Yes No

If Yes to differ How did this differ? (eg SoC would be partial laryngectomy but total undertaken)

Partial Laryngectomy
 Other

If Other laryngectomy pre COVID-19, please specify

Section 5 - H&N Skin cancer patients only

If neck surgery was compromised/omitted what would standard of care neck management (pre-COVID-19) have been

Sentinel node biopsy Neck Dissection Parotidectomy Neck Dissection AND Parotidectomy

Section 6 - Non Surgical Treatments

Date of definitive first treatment all patient **without** surgery - -

Was the MDT (Tumour board) decision for adjuvant radiotherapy (or chemoradiotherapy)

Yes No

If adjuvant treatment given

Radiotherapy Chemoradiotherapy

Regarding the Radiotherapy element of Adjuvant treatment – was this altered from standard of care

Yes No Unknown

If Radiotherapy element of Adjuvant treatment was altered

Fractionation <input type="radio"/> Standard <input type="radio"/> Hypofractionated <input type="radio"/> Unknown	Radiotherapy dose <input type="radio"/> Standard <input type="radio"/> Reduced <input type="radio"/> Omitted <input type="radio"/> Unknown	Radiotherapy fields <input type="radio"/> Standard <input type="radio"/> Reduced <input type="radio"/> Unknown
Regarding the Chemotherapy element of patients chemoradiotherapy – was this altered from standard of care? <input type="radio"/> Standard <input type="radio"/> Reduced or altered regime <input type="radio"/> Omitted <input type="radio"/> Unknown		

Section 7 - Survival related Fields All Patients

Recurrence occurred <input type="radio"/> Yes <input type="radio"/> No	Date of recurrence <u> </u> <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
If Yes site of recurrence tick all that apply <input type="radio"/> Local <input type="radio"/> Regional <input type="radio"/> Distant	
Laryngeal Cancer patients only - was a salvage laryngectomy performed <input type="radio"/> Yes <input type="radio"/> No	

All patients

To be able to assess survival, please enter the last date that the patient is known to be alive (i.e. last patient contact) <u> </u> <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	Has the patient died <input type="radio"/> Yes <input type="radio"/> No
	If Yes Date of Death <u> </u> <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
	Cause of Death <input type="radio"/> Death attributed to head and neck cancer <input type="radio"/> Other cause

Section 8 - Functional Fields All Patients

Nutritional Support

Nasogastric feeding tube in situ at 12 months <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Gastrostomy feeding tube (PEG/RIG) in situ at 12 months <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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Assessment of Swallow Function – Functional Oral Intake Score (FOIS)

At **Diagnosis**

- 1 No oral intake
 2 Tube dependent with minimal/inconsistent oral intake
 3 Tube supplements with consistent oral intake
 4 Total oral intake of a single consistency
 5 Total oral intake of multiple consistencies requiring special preparation
 6 Total oral intake with no special preparation, but must avoid specific foods or liquid items
 7 Total oral intake with no restrictions

At **3 months post operation**

- 1 No oral intake
 2 Tube dependent with minimal/inconsistent oral intake
 3 Tube supplements with consistent oral intake
 4 Total oral intake of a single consistency
 5 Total oral intake of multiple consistencies requiring special preparation
 6 Total oral intake with no special preparation, but must avoid specific foods or liquid items
 7 Total oral intake with no restrictions

At **12 months**

- 1 No oral intake
 2 Tube dependent with minimal/inconsistent oral intake
 3 Tube supplements with consistent oral intake
 4 Total oral intake of a single consistency
 5 Total oral intake of multiple consistencies requiring special preparation
 6 Total oral intake with no special preparation, but must avoid specific foods or liquid items
 7 Total oral intake with no restrictions

Section 9 - Your details

Name: _____	Today's Date: e.g. 17-MAY-2021 <u> </u> <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
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Please enter the information from this CRF into the COVIDSurg-Cancer H&N Follow Up Study online database
<https://globalsurgery.redcap.bham.ac.uk/>

ONLY ANONYMISED DATA WILL BE UPLOADED TO THE STUDY DATABASE