

Update Patient's COVID-19 status

BRANCHING LOGIC EXISTS IN THE FIELDS BELOW WHICH IS NOT REFLECTED IN THE FORMS

Please contact CENTRA@asco.org if you have any problems with the data capture instruments

To accurately link this patient update to previous record on this patient, please confirm the patient's primary cancer diagnosis.

Do you have access to the ICD-10 code for the patient's primary cancer diagnosis?

- Yes
 No

It is strongly preferred that ICD-10 codes are entered. If you need to look up an ICD-10 code, please refer to this site:
<https://www.icd10data.com/ICD10CM/Codes/C00-D49>

Primary cancer currently being managed:
Please enter ICD-10, or begin typing cancer type to use auto-fill feature.

Primary cancer currently being managed:

- Bladder Cancer
 Breast Cancer
 Colon and Rectal Cancer
 Endometrial Cancer
 Kidney Cancer
 Leukemia
 Liver Cancer
 Lung Cancer
 Melanoma
 Non-Hodgkin Lymphoma
 Pancreatic Cancer
 Prostate Cancer
 Thyroid Cancer
 Other

Other cancer type:

PATIENT HEALTH STATUS

Date of clinical encounter associated with this report of the patient's COVID-19 and cancer status:

The date you entered is in the future. Please revisit the date field above and revise your entry.

Patient's ECOG performance status at clinical encounter:

- 0 - Fully active, able to continue with all pre-disease activities without restriction.
- 1 - Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light housework, office work.
- 2 - Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours.
- 3 - Capable of only limited self-care. Confined to bed or chair more than 50% of waking hours.
- 4 - Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.
- 5 - Dead

Has the patient died since the last clinical encounter?

- Yes
- No

Date of death:

The date you entered is in the future. Please revisit the date field above and revise your entry.

Cause of death:

- Cancer progression
- Complication of cancer treatment
- COVID-19 or complications due to COVID-19
- Another cause unrelated to Cancer or COVID-19
- Unknown cause of death

Although the patient has died, please complete the following information regarding the patient's COVID-19 experience prior to his/her death.

COVID-19 INFORMATION:

What is the patient's current (or last known) COVID-19 status?

- Symptomatic
- COVID-19 test positive but asymptomatic
- Fully recovered with no current symptoms
- Deceased due to COVID-19 or COVID-19 complication
- Deceased due to other or unknown cause

Given full recovery of symptoms, what is the patient's COVID-19 test status?

- Patient has tested negative since since resolution of symptoms
- Patient is COVID-19 positive despite resolution of symptoms
- Patient was not retested after symptom resolution (i.e. COVID-19 test status is unknown)

What COVID-19 symptoms has the patient experienced?
(check all that apply)

- Fever
- Headache
- Sore throat
- Cough
- Shortness of breath
- Loss of taste or smell
- Vomiting
- Diarrhea
- Other
- None of the above (Asymptomatic)

Other COVID-19 symptoms:

Has the patient developed pneumonia?

- Yes
- No

Is the patient receiving any care or treatment (for COVID-19 or cancer) via telemedicine?

- Yes
- No
- Unsure

Has the patient been hospitalized for COVID-19 or COVID-19 complications?

- No
- Yes, but not in the intensive care unit
- Yes, in the intensive care unit

Has the patient been admitted to a temporary hospital, such as a field hospital or other building converted to hospital for the COVID-19 crisis?

- Yes
- No
- Unknown

Date of admission to hospital:

The date you entered is in the future. Please revisit the date field above and revise your entry.

Date of admission to intensive care unit:

The date you entered is in the future. Please revisit the date field above and revise your entry.

Has the patient been discharged from the intensive care unit?

- Yes
- No

Date of discharge from the ICU:

The date you entered is in the future. Please revisit the date field above and revise your entry.

Has the patient been discharged from the hospital? Yes
 No

Date of discharge from hospital: _____

The date you entered is in the future. Please revisit the date field above and revise your entry.

What COVID-19 treatments has the patient received?

	Yes	No	Unsure or unknown
Supplemental oxygen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ventilator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anti-COVID-19 drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other treatment approaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What date did the patient start supplemental oxygen? _____

The date you entered is in the future. Please revisit the date field above and revise your entry.

Is the patient still on supplemental oxygen? Yes
 No
 Unsure

When did the patient stop using supplemental oxygen? _____

The date you entered is in the future. Please revisit the date field above and revise your entry.

What date did the patient start treatment with a ventilator? _____

The date you entered is in the future. Please revisit the date field above and revise your entry.

Is the patient still on a ventilator? Yes
 No
 Unsure

When did the patient stop using a ventilator? _____

The date you entered is in the future. Please revisit the date field above and revise your entry.

Which anti-COVID-19 drugs has the patient received?
(check all that apply)

- ribavirin
- remdesivir
- lopinavir + ritonavir (kaletra)
- avipiravir
- hydroxychloroquine
- chloroquine
- tocilizumab
- siltuximab
- azithromycin
- losartan
- convalescent plasma
- mesenchymal stem cells
- IVIG
- Other
- Unknown

Other anti-COVID19 drugs:

Has the patient had any of the following SYSTEMIC complications during his/her COVID-19 illness?

	Yes	No	Unsure/Unknown
Bleeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disseminated intravascular coagulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multiorgan failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sepsis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Has the patient had any of the following PULMONARY complications during his/her COVID-19 illness?

	Yes	No	Unsure/Unknown
ARDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pneumonitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulmonary embolism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiratory failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Has the patient had any of the following CARDIOVASCULAR complications during his/her COVID-19 illness?

	Yes	No	Unsure/Unknown
Cardiac arrhythmia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cerebrovascular accident (e.g., CVA, stroke)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Congestive heart failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deep venous thrombosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Myocardial infarction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Has the patient had any of the following GASTROINTESTINAL complications during his/her COVID-19 illness?

	Yes	No	Unsure/Unknown
Acute hepatic injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bowel perforation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peritonitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Has the patient had any of these OTHER complications during his/her COVID-19 illness?

	Yes	No	Unsure/Unknown
Acute renal failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encephalopathy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seizures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CLINICAL TRIAL PARTICIPATION

Has the patient received treatment for COVID-19 as part of a therapeutic clinical trial? Yes No