**BASELINE DEMOGRAPHICS AND MEDICAL HISTORY**

Patient's gender:
- Male
- Female
- Other
- Unknown

Patient's race:
- White
- Black or African-American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Unknown

Patient's Ethnicity:
- Hispanic or Latino
- Non-Hispanic or Non-Latino
- Unknown

Do you have access to the ICD-10 code for the patient's primary cancer diagnosis?
- Yes
- No

Primary cancer currently being managed:
Please enter relevant ICD-10 code, 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:

Date of initial cancer diagnosis (for primary cancer being managed):
The date you selected is in the future. Please revisit the date field above and revise your entry.

### Use of tobacco products:
- Current smoker (including e-cigarettes and vaping)
- Former smoker (including e-cigarettes and vaping)
- Never smoked
- Unsure

### Type of tobacco products for former or current smokers: (check all that apply)
- Cigarette
- E-cigarette or vaping
- Cigar
- Pipe
- Unknown

### How many years ago did the patient start smoking (any type of tobacco product)?
- < 1 year
- 1 - 5 years
- 6 - 9 years
- 10 or more years
- Unknown

### How long since the patient quit smoking?
- < 1 year
- 1 - 5 years
- 6 - 9 years
- 10 or more years
- Unknown

### Comorbidities or healthcare conditions requiring active treatment in the past 12 months: (check all that apply)
- Alcoholism
- Chronic supplemental oxygen needed
- Cirrhosis
- Congestive heart failure (CHF)
- Coronary artery disease (CAD)
- Dementia
- Diabetes
- Hepatitis
- History of solid organ transplant
- HIV/AIDS
- Hypertension
- Immuno-suppressed due to non-cancer related treatment (defined as outpatient use of systemic corticosteroids (>=10mg/d prednisone), use of chemotherapy, use of immunosuppressive agents for solid organ transplant or for an autoimmune disease).
- Inflammatory bowel disease
- Pulmonary disease (specify pulmonary condition below)
- Renal (specify renal condition below)
- Systemic autoimmune disease
- Patient has NONE of the above listed comorbidities or conditions

### Please specify pulmonary conditions: (check all that apply)
- Asthma
- COPD/Emphysema
- Obstructive sleep apnea
- History of pulmonary embolism
- Radiation pneumonitis
- Immune checkpoint inhibitor pneumonitis
Please specify renal conditions: (check all that apply)
- [ ] Chronic renal insufficiency (CRI/CKD)
- [ ] End-stage renal disease, NOT on dialysis
- [ ] End-stage renal disease, on dialysis

What other comorbidities or health conditions has the patient received treatment for in the previous 12 months? Please separate multiple conditions with a semicolon (;).

Does the patient have a prior or concurrent malignancy?  
- [ ] Yes
- [ ] No

Is the patient pregnant?  
- [ ] Yes
- [ ] No

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

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

Patient's height (in cm):

Patient's weight (in kg):

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

Date of death:

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

Has the patient died since the last clinical encounter?  
- [ ] Yes
- [ ] No
Causes 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.

<table>
<thead>
<tr>
<th>COVID-19 INFORMATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of positive COVID-19 test:</td>
</tr>
<tr>
<td>(use best approximation if exact date is not known)</td>
</tr>
<tr>
<td>The date you selected is in the future. Please revisit the date field above and revise your entry.</td>
</tr>
</tbody>
</table>

What was the reason for testing the patient for COVID-19?
- Patient had symptoms consistent with COVID-19
- Patient had exposure to a COVID-19 patient
- Routine to test the patient prior to anti-cancer treatment in our practice
- Other
- Unknown

Where was the SARS-CoV-2 test performed?
- CDC
- State or local health department lab
- Commercial lab (e.g., Quest, LabCorp)
- Hospital lab
- Other
- Unknown

Where was the test performed?

Other reason for testing:

Patient's reported likely source of exposure method:
- Known exposure to a person with COVID-19
- Community exposure
- Unknown

What is the patient's current 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 resolution of symptoms
- Patient is still COVID-19 positive despite resolution of symptoms
- Patient was not retested after symptom resolution (i.e., COVID-19 test status is unknown)

Date of COVID-19 symptom onset:
The date you selected is in the future. Please revisit the date field above and revise your entry.

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
- Diarrhea
- Vomiting
- 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 a hospital for the COVID-19 crisis?
- Yes
- No
- Unknown

Date of admission to hospital: __________________________

Date of admission to intensive care unit: __________________________

Date of discharge from the ICU: __________________________
The date you selected 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 selected is in the future. Please revisit the date field above and revise your entry.

<table>
<thead>
<tr>
<th>What COVID-19 treatments has the patient received?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Supplemental oxygen</td>
</tr>
<tr>
<td>Ventilator</td>
</tr>
<tr>
<td>Anti-COVID-19 drugs</td>
</tr>
<tr>
<td>Other treatment approaches</td>
</tr>
</tbody>
</table>

What date did the patient start supplemental oxygen? ____________________________

The date you selected 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 (if known)? ____________________________

The date you selected 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 selected 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 selected 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 received treatment for COVID-19 as part of a therapeutic clinical trial? □ Yes □ No

**PATIENT'S CANCER INFORMATION**

Extent of cancer at the time of COVID-19 diagnosis: □ Localized □ Regional □ Metastatic □ Disease-free (receiving adjuvant therapy)

What type of adjuvant therapy has the patient been receiving? (check all that apply)
- Radiation therapy
- Drug-based therapy

Please specify the type of drug-based adjuvant therapies the patient was receiving at the time of COVID-19 diagnosis: (check all that apply)
- Antibody-Drug Conjugate
- Cellular Therapy
- Cytotoxic Chemotherapy
- Hormone Therapy
- Immunotherapy
- Targeted Monoclonal Antibody
- Targeted Small Molecule Therapy

What was the patient's cancer treatment status at the time of COVID-19 diagnosis?
- Initial diagnosis and deciding initial therapy
- In active anti-cancer therapy
- Receiving supportive care only
| What type of therapies are under consideration? (check all that apply) | Surgery |
| | Radiation therapy |
| | Drug-based therapy |
| | Supportive care only |

| Which type of anti-cancer treatments were ongoing or planned for this patient at the time of COVID-19 diagnosis? (check all that apply) | Surgery |
| | Radiation therapy |
| | Drug-based therapy |

| Please specify types of drugs under consideration: (check all that apply) | Antibody-Drug Conjugate |
| | Cellular Therapy |
| | Cytotoxic Chemotherapy |
| | Hormone Therapy |
| | Immunotherapy |
| | Targeted Monoclonal Antibody |
| | Targeted Small Molecule Therapy |

| Please specify types of drugs that were ongoing or planned: (check all that apply) | Antibody-Drug Conjugate |
| | Cellular Therapy |
| | Cytotoxic Chemotherapy |
| | Hormone Therapy |
| | Immunotherapy |
| | Targeted Monoclonal Antibody |
| | Targeted Small Molecule Therapy |

| Is the patient enrolled in hospice? | Yes |
| | No |

| Is the patient enrolled on a therapeutic cancer clinical trial? | Yes |
| | No |

**CANCER TREATMENT DELAYS AND DISCONTINUATIONS DUE TO COVID-19**

| Due to the patient’s diagnosis with COVID-19, do you plan to delay treatment, or use a less aggressive treatment strategy with any aspect of the patient’s anti-cancer treatment? | Yes |
| | No |
| | Unsure |

| Which components of care would be DELAYED due to COVID-19 disease? (check all that apply) | Surgery |
| | Radiation |
| | Drug-based |
| | None |

| Please specify types of drugs you plan to delay for this patient: (check all that apply) | Antibody-Drug Conjugate |
| | Cellular Therapy |
| | Cytotoxic Chemotherapy |
| | Hormone Therapy |
| | Immunotherapy |
| | Targeted Monoclonal Antibody |
| | Targeted Small Molecule Therapy |
| | Other |

| Which treatment modalities would you have used to treat this patient’s cancer, but will not use due to the impact of COVID-19 on the patient’s health or on the current availability of that treatment modality at your institution? (check all that apply) | Surgery |
| | Radiation |
| | Drug-based |
| | None |
Please specify which types of drugs you would you have used to treat this patient's cancer, but will not use due to the impact of COVID-19 on the patient's health or on the current availability of that treatment modality at your institution? (check all that apply)

- Antibody-Drug Conjugate
- Cellular Therapy
- Cytotoxic Chemotherapy
- Hormone Therapy
- Immunotherapy
- Targeted Monoclonal Antibody
- Targeted Small Molecule Therapy
- Other

Since the patient's diagnosis with COVID-19, has the patient experienced any delays or discontinuations of cancer treatment (or are any expected in the near future)?

- Yes
- No

Which components of care have been DELAYED? (check all that apply)

- Surgery
- Radiation
- Drug-based
- None

What is the primary reason for the delay of treatment?

- Progressive disease
- Treatment-related toxicity
- Patient's COVID-19 disease
- Lack of clinical resources due to COVID-19 crisis
- Patient's choice (i.e., non-clinical reason)
- Other

Other reason for delay:

Which components of care have been DISCONTINUED? (check all that apply)

- Surgery
- Radiation
- Drug-based
- None

What is the primary reason for the discontinuation of treatment?

- Progressive disease
- Treatment-related toxicity
- Patient's COVID-19 disease
- Lack of clinical resources due to COVID-19 crisis
- Patient's choice (i.e., non-clinical reason)
- Other

Other reason for discontinuation:

Who made the choice to delay or discontinue therapy?

- Treating oncologist
- Patient
- Other (e.g., other physician)

Other person who made decision:

Is the patient still on any anti-cancer therapies (despite delay or discontinuation of one or more types of anti-cancer therapies)?

- Yes
- No

What anti-cancer therapies is the patient currently receiving (or is scheduled to receive)? (check all that apply)

- Surgery
- Radiation
- Drug-based therapy
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please specify types of drugs to the patient is currently receiving:</td>
<td>☐ Antibody-Drug Conjugate</td>
</tr>
<tr>
<td>(check all that apply)</td>
<td>☐ Cellular Therapy</td>
</tr>
<tr>
<td></td>
<td>☐ Cytotoxic Chemotherapy</td>
</tr>
<tr>
<td></td>
<td>☐ Hormone Therapy</td>
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<tr>
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<td>☐ Targeted Monoclonal Antibody</td>
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<tr>
<td></td>
<td>☐ Targeted Small Molecule Therapy</td>
</tr>
<tr>
<td></td>
<td>☐ Other</td>
</tr>
<tr>
<td>Do you have plans to prescribe anti-cancer therapy instead of other</td>
<td>☑ Yes</td>
</tr>
<tr>
<td>anti-cancer treatment(s) that have been delayed or discontinued?</td>
<td>☐ No</td>
</tr>
<tr>
<td>(e.g., less toxic treatments, or drug-therapy in the event of a</td>
<td></td>
</tr>
<tr>
<td>required surgery delay)</td>
<td></td>
</tr>
<tr>
<td>What types of therapies are you prescribing instead of the other</td>
<td>☐ Surgery</td>
</tr>
<tr>
<td>anti-cancer therapies that had been planned? (check all that apply)</td>
<td>☐ Radiation</td>
</tr>
<tr>
<td></td>
<td>☐ Drug-based therapy</td>
</tr>
<tr>
<td></td>
<td>☐ None of the above</td>
</tr>
<tr>
<td>Please specify types of drugs to be used instead of the planned</td>
<td>☐ Antibody-Drug Conjugate</td>
</tr>
<tr>
<td>treatment approach:</td>
<td>☐ Cellular Therapy</td>
</tr>
<tr>
<td>(check all that apply)</td>
<td>☐ Cytotoxic Chemotherapy</td>
</tr>
<tr>
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