

Patient's baseline demographics, COVID-19 and cancer information

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

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
- Other
- Unknown

Patient's Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Non-Latino
- Other
- Unknown

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 relevant ICD-10 code, or begin typing cancer type to use auto-fill feature.

(MOST ICD-10 CODES for CANCERS BEGIN WITH THE LETTER "C". IF THE CODE YOU ARE ENTERING DOES NOT BEGIN WITH C, PLEASE CONFIRM THAT THIS PATIENT HAS CANCER AND NOT A PRECANCEROUS (OR OTHER) CONDITION.)

You stated that the patient's primary cancer is:

[icd_10]

Please confirm that it is the patient's PRIMARY CANCER and not a precancerous condition, a secondary tumor, or a non-cancerous condition.

Primary cancer currently being managed:

- Bladder Cancer
- Breast Cancer
- Colon and Rectal Cancer
- Endometrial Cancer
- Head and Neck 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 ($\geq 10\text{mg/d}$ 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

Is the patient taking an ACE inhibitor for his/her hypertension?

- Yes
- No
- Unsure

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 the most recent clinical encounter associated with the patient's COVID-19 status OR cancer and cancer treatment 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 BMI is:

(If patient's BMI is available in his/her chart, please check for consistency with this calculation.)

Has the patient died since the last clinical encounter?

- Yes
 No

What is the last date the patient was known to still be alive?

The patient's death was likely most related to which of the following?

- 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

Date of death:

Patient's last known ECOG performance status:

- 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.
 Unknown ECOG status

Although the patient has died, please complete the following information regarding the patient's COVID-19 experience.

COVID-19 INFORMATION:

Either before the patient was diagnosed with COVID-19 or after, did the patient receive a COVID-19 vaccine?

- Yes
 No
 Unsure

Do you have the date that the COVID-19 vaccine (1st injection) was obtained?

- Yes
 No

Approximately when did the patient receive the COVID-19 vaccine (1st injection)?

- Within the last 7 days
- 2 - 4 weeks ago
- More than 1 month ago
- Unsure

Date of COVID-19 vaccine (1st injection):

Do you have the date that the COVID-19 vaccine (2nd injection) was obtained?

- Yes
- No

Approximately when did the patient receive the COVID-19 vaccine (2nd injection)?

- Within the last 7 days
- 2 - 4 weeks ago
- More than 1 month ago
- Unsure

Date of 2nd injection of vaccine (if received):

Which vaccine did the patient receive?

- Moderna
- Pfizer
- AstraZeneca
- Unsure/Unknown

Date of positive COVID-19 test:
(use best approximation if exact date is not known)

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

What was the reason for testing the patient for COVID-19?
(select all that apply)

- 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

Other reason for testing:

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?

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 cancer
- 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:
(leave blank if patient has never had symptoms)

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
- Fatigue
- Body or muscle aches
- Loss of appetite
- Chest pain
- Congestion and/or runny nose
- Other
- None of the above (Asymptomatic)

Other COVID-19 symptoms:

Has the patient developed pneumonia?

- Yes
- No

Is the patient receiving any care appointments with the medical team (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:

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

Date of admission to intensive care unit:

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 intensive care unit? Yes No

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.

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 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
 dexamethasone
 monoclonal antibodies
 Other
 Unknown

Other anti-COVID19 drugs:

Has the patient experienced any of the following SYSTEMIC complications that could be related to 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"/>
Sepsis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Has the patient experienced any of the following PULMONARY complications that could be related to 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 experienced any of the following CARDIOVASCULAR complications that could be related to 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 experienced any of the following GASTROINTESTINAL complications that could be related to 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 experienced any of these OTHER complications that could be related to 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"/>

COVID-19 CLINICAL TRIAL PARTICIPATION

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

CANCER AND CANCER TREATMENT INFORMATION

Please use the patient's cancer status and treatment information at the time of COVID-19 diagnosis for the following questions.

Is the patient's cancer a solid tumor? Yes
 No

What was the extent of the patient's cancer at the time of COVID-19 diagnosis? Local
 Regional
 Metastatic
 Cancer-free but receiving adjuvant therapy

What was the status of the patient's cancer's status at the time of COVID-19 diagnosis (or last known status prior to COVID-19 diagnosis)? Progressing
 Stable
 Responding to treatment
 Unknown

Was the patient enrolled on a therapeutic cancer clinical trial at the time of COVID-19 diagnosis? Yes
 No

Was the patient enrolled in hospice at the time of COVID-19 diagnosis? Yes
 No

Did the patient have a surgery to resect or remove cancer within 6 weeks prior to COVID-19 diagnosis? Yes
 No

Date of most recent anti-cancer surgery prior to COVID-19 diagnosis if known: _____

CANCER TREATMENT AT COVID-19 DIAGNOSIS

Which of the following cancer treatment types was the patient receiving or scheduled to receive at the time of COVID-19 diagnosis? (CHECK ALL THAT APPLY)

"Receiving" should be taken to mean had a least one treatment in a planned schedule of treatments. For example, a patient had received one cycle of chemotherapy prior to COVID-19 diagnosis with a treatment plan that included 3 more cycles of chemotherapy.

- surgery scheduled within 0 to 6 weeks after COVID-19 diagnosis
- radiation therapy
- drug-based therapy
- transplant (e.g., BMT) or cellular therapy (e.g., CAR-T cell therapy)
- the patient was not receiving any of the above listed anti-cancer therapies and had none planned at COVID-19 diagnosis

CHANGES TO PATIENT'S TREATMENT PLAN AT COVID-19 DIAGNOSIS

Which of the following describes how the patient's treatment plan was modified at or immediately after COVID-19 diagnosis? (Check all that apply)

If a patient was on more than one drug-based therapy with different status (e.g., one received on schedule, one delayed), check different status per drug for drug-based therapy row.

	Patient received on schedule or within 14 days	Patient receipt of therapy or surgery was delayed at least 14 days from initial treatment date	Patient receipt of therapy or surgery was discontinued or canceled with no plans of restart
Surgery scheduled 0 to 6 weeks after COVID-19 Dx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiation therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug-based therapies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transplant (e.g. bone marrow transplant) or Cellular Therapy (e.g., CAR-T cell therapy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date of the originally scheduled SURGERY if known. That is, the date the patient was supposed to have surgery before the patient's was diagnosed with COVID-19.

What was the PRIMARY reason for the delay or cancellation of SURGERY?

- Progressive or recurrent disease
 Patient's COVID-19 disease
 Lack of clinical resources (i.e., restrictions or shortages due to COVID-19 pandemic)
 Patient's choice
 Other/Unknown

What is the current status of the SURGERY?

- surgery has occurred
 surgery is scheduled, but has not yet happened
 the surgery has not been scheduled, but has not been canceled
 the surgery has been canceled
 unknown

Was SARS-CoV-2 testing performed to confirm COVID-19 negativity prior to SURGERY?

- Yes
 No

Date of SARS-CoV-2 testing to confirm negative status:

Date of SURGERY:

Scheduled date for SURGERY if known:

Did the patient receive at least one dose of RADIATION therapy on the day of or PRIOR to COVID-19 diagnosis?

- Yes
 No

Date of first dose of RADIATION therapy PRIOR to COVID-19 diagnosis:

[If exact date is not known, please list an approximate date.] _____

Date of last dose of RADIATION therapy PRIOR to COVID-19 diagnosis (i.e., last date PRIOR to delay or discontinuation):

[If exact date is not known, please list an approximate date.] _____

Has RADIATION therapy been received/resumed after the COVID-19 diagnosis?

- Yes
 No or not yet
-

Was SARS-CoV-2 testing performed to confirm COVID-19 negativity prior to RADIATION therapy receipt?

- Yes
 No
-

Date of SARS-CoV-2 testing to confirm negative status:

Was the schedule of radiation therapy altered after COVID-19 diagnosis?

- No, schedule stayed the same
 Yes, schedule was altered to a reduced number of sessions or total dose.
 Unsure if schedule was changed
-

Date of first RADIATION therapy AFTER COVID-19 diagnosis:

[If exact date is not known, please list an approximate date.] _____

Date of last (most recent) RADIATION therapy dose that the patient received AFTER COVID-19 diagnosis:

[If exact date is not known, please list an approximate date.] _____

What was the PRIMARY reason for the delay, alteration or discontinuation of RADIATION therapy?

- Progressive or recurrent disease
 Treatment-related toxicity
 Patient's COVID-19 disease
 Lack of clinical resources (i.e., restrictions or shortages due to COVID-19 pandemic)
 Patient's choice
 Other/Unknown
-

Is the patient scheduled to receive more RADIATION therapy after the last recorded dose?

- No, the patient has completed the prescribed regimen of radiation therapy
 No, the patient stopped radiation therapy prior to completing the prescribed regimen
 Yes, the patient will receive at least one more dose of radiation therapy
 Unknown status of radiation schedule
-

Why did the patient stop radiation therapy prior to completion of prescribed regimen?

- Progressive or recurrent disease
 Treatment-related toxicity
 Patient's COVID-19 disease
 Lack of clinical resources (i.e., restrictions or shortages due to COVID-19 pandemic)
 Patient's choice
 Other/Unknown

What was the PRIMARY reason for the delay or discontinuation of one or more DRUG-BASED agents?

- Progressive or recurrent disease
 Treatment-related toxicity
 Patient's COVID-19 disease
 Lack of clinical resources (i.e., restrictions or shortages due to COVID-19 pandemic)
 Patient's choice
 Other/Unknown

How many anti-cancer DRUG-BASED agents was the patient receiving or was planned to receive at COVID-19 diagnosis?

- 1
 2
 3
 4 or more

Please enter the FIRST (or only) ANTI-CANCER DRUG (generic name) the patient was receiving or was planned for patient at COVID-19 diagnosis.

(This field is populated by NCI Thesaurus. Begin typing the generic drug name and text box should autofill with options.)

Did the patient receive at least one dose of [drug_at_dx] on the day of or prior to COVID-19 diagnosis?

- Yes
 No

Date of first dose of [drug_at_dx] prior to COVID-19 diagnosis:

Date of last dose of [drug_at_dx] received prior to COVID-19 diagnosis (i.e., last date prior to delay or discontinuation):

Was [drug_at_dx] received/resumed after the COVID-19 diagnosis?

- Yes, at same dose and schedule
 Yes, but less intense schedule (e.g., interval dosing)
 No or not yet

Date of first dose of [drug_at_dx] AFTER COVID-19 diagnosis:

Date of last (most recent) dose of [drug_at_dx] that the patient received AFTER COVID-19 diagnosis:

Is the patient scheduled to continue receiving [drug_at_dx]?

- No, the patient has completed the prescribed regimen of [drug_at_dx]
 No, the patient stopped [drug_at_dx] prior to completing the prescribed regimen
 Yes, the patient will receive at least one more dose of [drug_at_dx]

Why did the patient stop [drug_at_dx] prior to completion of prescribed regimen?

- Progressive or recurrent disease
 Treatment-related toxicity
 Patient's COVID-19 disease
 Lack of clinical resources (i.e., restrictions or shortages due to COVID-19 pandemic)
 Patient's choice
 Other/Unknown

Please enter the 2nd ANTI-CANCER DRUG (generic name) the patient was receiving at COVID-19 diagnosis.

(This field is populated by NCI Thesaurus. Begin typing the generic drug name and text box should autofill with options.)

Did the patient received at least one dose of [drug_at_dx2] on the day of or prior to COVID-19 diagnosis?

- Yes
 No

Date of first dose of [drug_at_dx2] prior to COVID-19 diagnosis:

Date of last dose of [drug_at_dx2] received prior to COVID-19 diagnosis (i.e., last date prior to delay or discontinuation):

Was [drug_at_dx2] received/resumed after the COVID-19 diagnosis?

- Yes, at same dose and schedule
 Yes, but less intense schedule (e.g., interval dosing)
 No or not yet

Date of first dose of [drug_at_dx2] AFTER COVID-19 diagnosis:

Date of last (most recent) dose of [drug_at_dx2] that the patient received AFTER COVID-19 diagnosis:

Is the patient scheduled to continue receiving [drug_at_dx2]?

- No, the patient has completed the prescribed regimen of [drug_at_dx2]
 No, the patient stopped [drug_at_dx2] prior to completing the prescribed regimen
 Yes, the patient will receive at least one more dose of [drug_at_dx2]

Why did the patient stop [drug_at_dx2] prior to completion of prescribed regimen?

- Progressive or recurrent disease
 Treatment-related toxicity
 Patient's COVID-19 disease
 Lack of clinical resources (i.e., restrictions or shortages due to COVID-19 pandemic)
 Patient's choice
 Other/Unknown

Please enter the 3rd ANTI-CANCER DRUG (generic name) the patient was receiving at COVID-19 Dx

(This field is populated by NCI Thesaurus. Begin typing the generic drug name and text box should autofill with options.)

Did the patient receive at least one dose of [drug_at_dx3] on the day of or prior to COVID-19 diagnosis?

- Yes
 No

Date of first dose of [drug_at_dx3] prior to COVID-19 diagnosis:

Date of last dose of [drug_at_dx3] received prior to COVID-19 diagnosis (i.e., last date prior to delay or discontinuation): _____

Was [drug_at_dx3] received/resumed after the COVID-19 diagnosis?

- Yes, at same dose and schedule
 Yes, but less intense schedule (e.g., interval dosing)
 No or not yet

Date of first [drug_at_dx3] treatment AFTER COVID-19 diagnosis: _____

Date of last (most recent) dose of [drug_at_dx3] that the patient received AFTER COVID-19 diagnosis: _____

Is the patient scheduled to continue receiving [drug_at_dx3]?

- No, the patient has completed the prescribed regimen of [drug_at_dx3]
 No, the patient stopped [drug_at_dx3] prior to completing the prescribed regimen
 Yes, the patient will receive at least one more dose of [drug_at_dx3]

Why did the patient stop [drug_at_dx3] prior to completion of prescribed regimen?

- Progressive or recurrent disease
 Treatment-related toxicity
 Patient's COVID-19 disease
 Lack of clinical resources (i.e., restrictions or shortages due to COVID-19 pandemic)
 Patient's choice
 Other/Unknown

Please enter the 4th ANTI-CANCER DRUG (generic name) the patient was receiving at COVID-19 Dx

(This field is populated by NCI Thesaurus. Begin typing the generic drug name and text box should autofill with options.)

Did the patient receive at least one dose of [drug_at_dx4] on the day of or prior to COVID-19 diagnosis?

- Yes
 No

Date of first dose of [drug_at_dx4] prior to COVID-19 diagnosis: _____

Date of last dose of [drug_at_dx4] received prior to COVID-19 diagnosis (i.e., last date prior to delay or discontinuation): _____

Was [drug_at_dx4] received/resumed after the COVID-19 diagnosis?

- Yes, at same dose and schedule
 Yes, but less intense schedule (e.g., interval dosing)
 No or not yet

Date of first [drug_at_dx4] treatment AFTER COVID-19 diagnosis: _____

Date of last (most recent) dose of [drug_at_dx4] that the patient received AFTER COVID-19 diagnosis: _____

Is the patient scheduled to continue receiving [drug_at_dx4]?

- No, the patient has completed the prescribed regimen of [drug_at_dx4]
- No, the patient stopped [drug_at_dx4] prior to completing the prescribed regimen
- Yes, the patient will receive at least one more dose of [drug_at_dx4]

Why did the patient stop [drug_at_dx4] prior to completion of prescribed regimen?

- Progressive or recurrent disease
- Treatment-related toxicity
- Patient's COVID-19 disease
- Lack of clinical resources (i.e., restrictions or shortages due to COVID-19 pandemic)
- Patient's choice
- Other/Unknown

Was SARS-CoV-2 testing performed to confirm COVID-19 negativity prior to resumption of any DRUG-BASED therapies?

- Yes
- No

Date of SARS-CoV-2 testing to confirm negative status:

Date of the originally scheduled TRANSPLANT or CELLULAR THERAPY. That is, the date the patient was supposed to have transplant or cellular therapy before the patient's was diagnosed with COVID-19.

What was the PRIMARY reason for the delay or discontinuation of TRANSPLANT or CELLULAR THERAPY?

- Progressive or recurrent disease
- Patient's COVID-19 disease
- Lack of clinical resources (i.e., restrictions or shortages due to COVID-19 pandemic)
- Patient's choice
- Other/Unknown

What is the current status of the TRANSPLANT or CELLULAR THERAPY?

- transplant or cellular therapy has occurred
- transplant or cellular therapy is scheduled, but has not yet happened
- the transplant or cellular therapy has not been scheduled, but has not been canceled
- the transplant or cellular therapy has been canceled

Date of TRANSPLANT or CELLULAR THERAPY:

Scheduled date for TRANSPLANT or CELLULAR THERAPY:

Was SARS-CoV-2 testing performed to confirm COVID-19 negativity prior to TRANSPLANT or CELLULAR THERAPY?

- Yes
- No

Date of SARS-CoV-2 testing to confirm negative status:

OTHER CANCER TREATMENTS

Has the patient received any other TREATMENTS or SURGERIES that ARE NOT listed above (i.e., treatments that were NOT part of the patient's initial treatment plan) since his or her COVID-19 diagnosis?

Please indicate which other cancer treatments that patient has received since COVID-19 diagnosis:

	Yes	No
Surgery	<input type="radio"/>	<input type="radio"/>
Radiation Therapy	<input type="radio"/>	<input type="radio"/>
Drug-Based Therapy	<input type="radio"/>	<input type="radio"/>
Transplant (e.g., BMT) or Cellular Therapy (e.g., CAR-T cell Therapy)	<input type="radio"/>	<input type="radio"/>

Date of SURGERY:

Was SARS-CoV-2 testing performed to confirm COVID-19 negativity prior to SURGERY?

- Yes
 No

Date of SARS-CoV-2 testing to confirm negative status:

Date of start of RADIATION THERAPY:
[If exact date is not known, please list an approximate date.]

Date of most recent dose of RADIATION THERAPY:
[If exact date is not known, please list an approximate date.]

Was SARS-CoV-2 testing performed to confirm COVID-19 negativity prior to RADIATION therapy?

- Yes
 No

Date of SARS-CoV-2 testing to confirm negative status:

Is the patient scheduled to continue receiving RADIATION THERAPY?

- No, the patient has completed the prescribed regimen of radiation therapy
 No, the patient stopped radiation therapy prior to completing the prescribed regimen
 Yes, the patient will receive at least one more dose of radiation therapy
 Unknown whether the patient will receive more radiation.

Why did the patient stop radiation therapy prior to completion of prescribed regimen?

- Progressive or recurrent disease
 Treatment-related toxicity
 Patient's COVID-19 disease
 Lack of clinical resources (i.e., restrictions or shortages due to COVID-19 pandemic)
 Patient's choice
 Other/Unknown

How many other DRUG-BASED therapies has the patient received that are not listed in the above responses?

- 1
 2
 3 or more

Was SARS-CoV-2 testing performed to confirm COVID-19 negativity prior to receipt of DRUG-BASED AGENTS?

- Yes
 No

Date of SARS-CoV-2 testing to confirm negative status:

Please enter the 1st of the ANTI-CANCER DRUGS (generic name) the patient has received since COVID-19 that was not part of his or her initial treatment plan:

(This field is populated by NCI Thesaurus. Begin typing the generic drug name and text box should autofill with options.)

Date of first dose of [other_drug_1] after COVID-19 diagnosis:

Date of most recent dose of [other_drug_1] received after COVID-19 diagnosis.

Is the patient scheduled to continue receiving [other_drug_1]?

- No, the patient has completed the prescribed regimen of [other_drug_1]
 No, the patient stopped [other_drug_1] prior to completing the prescribed regimen
 Yes, the patient will receive at least one more dose of [other_drug_1]

Why did the patient stop [other_drug_1] prior to completion of prescribed regimen?

- Progressive or recurrent disease
 Treatment-related toxicity
 Patient's COVID-19 disease
 Lack of clinical resources (i.e., restrictions or shortages due to COVID-19 pandemic)
 Patient's choice
 Other/Unknown

Please enter the 2nd of the ANTI-CANCER DRUGS (generic name) the patient has received since COVID-19 that was not part of his or her initial treatment plan:

(This field is populated by NCI Thesaurus. Begin typing the generic drug name and text box should autofill with options.)

Date of first dose of [other_drug_2] after COVID-19 diagnosis:

Date of most recent dose of [other_drug_2] received after COVID-19 diagnosis.

Is the patient scheduled to continue receiving [other_drug_2]?

- No, the patient has completed the prescribed regimen of [other_drug_2]
- No, the patient stopped [other_drug_2] prior to completing the prescribed regimen
- Yes, the patient will receive at least one more dose of [other_drug_2]

Why did the patient stop [other_drug_2] prior to completion of prescribed regimen?

- Progressive or recurrent disease
- Treatment-related toxicity
- Patient's COVID-19 disease
- Lack of clinical resources (i.e., restrictions or shortages due to COVID-19 pandemic)
- Patient's choice
- Other/Unknown

Please enter the 3rd of the ANTI-CANCER DRUGS (generic name) the patient has received since COVID-19 that was not part of his or her initial treatment plan:

(This field is populated by NCI Thesaurus. Begin typing the generic drug name and text box should autofill with options.)

Date of first dose of [other_drug_3] after COVID-19 diagnosis:

Date of most recent dose of [other_drug_3] received after COVID-19 diagnosis.

Is the patient scheduled to continue receiving [other_drug_3]?

- No, the patient has completed the prescribed regimen of [other_drug_3]
- No, the patient stopped [other_drug_3] prior to completing the prescribed regimen
- Yes, the patient will receive at least one more dose of [other_drug_3]

Why did the patient stop [other_drug_3] prior to completion of prescribed regimen?

- Progressive or recurrent disease
- Treatment-related toxicity
- Patient's COVID-19 disease
- Lack of clinical resources (i.e., restrictions or shortages due to COVID-19 pandemic)
- Patient's choice
- Other/Unknown

Date of TRANSPLANT or CELLULAR THERAPY:

Was SARS-CoV-2 testing performed to confirm COVID-19 negativity prior to TRANSPLANT or CELLULAR THERAPY?

- Yes
- No

Date of SARS-CoV-2 testing to confirm negative status:

Did the patient receive any WBC growth factors as part of his/her ANTI-CANCER treatment regimens after COVID-19 Infection?

- Yes
- No

Once you click Submit, a patient ID will be provided.
Please record this for subsequent form submissions
for this patient.

Yes, I will write down the patient ID after
clicking Submit.