

ASCO Practice Survey on COVID-19 in Oncology (ASCO) Registry

Practice Changes Due to COVID-19 Pandemic Data Capture Form

ASCO requests that each practice participating in the ASCO Registry complete one baseline form about changes to usual clinical care activities or workflows that the practice has implemented due to the COVID-19 pandemic. ASCO may extend an optional invitation to practices to periodically complete this questionnaire to monitor ongoing changes. Prior to closure of the Registry, ASCO will again ask all practices to complete a final version of this form in order to collect information on whether the practice intends to continue implementation of COVID-19-related changes going forward.

Thank you for your participation in the Registry!

Please choose your practice name from the drop-down list of ASCO Registry participating practices.

- AIS Cancer Center
- Augusta University
- Baptist Clinical Research Institute
- Baptist Health Madisonville, Mahr Cancer Center
- Cancer Team -- Bellin Health
- CarolinaEast Medical Center
- Columbia Memorial Hospital/OHSU Knight Cancer Center
- Emory University
- Fox Chase Cancer Center
- Gene Upshaw Memorial Tahoe Forest Cancer Center
- Goshen Center for Cancer Care
- Great Lakes Cancer Management Specialists
- Greater Baltimore Medical Center
- Florida Cancer Specialists & Research Institute
- Florida Precision Oncology (a Division of 21st Century Oncology)
- Hartford Healthcare Cancer Institute
- Helen Diller Family Comprehensive Cancer Center, University of California, San Francisco
- Hematology Oncology Associates of Central New York
- Illinois Cancer Care
- KUMC (University of Kansas Medical Center)
- Levine Cancer Institute, Atrium Health
- LifeBridge Health
- Michiana Hematology Oncology
- Midwest Oncology Associates
- Nebraska Cancer Specialists
- NorthShore University Health System Research Institute
- Oncology Hematology Care, Inc. (Cincinnati, Ohio)
- Penn Medicine, Lancaster General Health
- Penn Medicine, Princeton Health
- PIH Health
- Rogel Cancer Center, University of Michigan
- Samaritan Health Services, Corvallis
- Sarah Cannon Research Institute at HealthONE
- Tennessee Oncology
- Tufts Medical Center
- University of North Carolina at Chapel Hill
- Virginia Cancer Specialists (Alexandria, Virginia)
- Virginia Cancer Institute

Please provide the zip code for your practice:

If you are entering data on changes made by more than one site, use the site zip code and submit this form once per site. In the following questions, refer to the changes made by the specific site at this zip code when answering questions. Otherwise, if your practice implemented the same changes across all sites (or only has one site), use the zip code for the main site of the practice.

Street Address of Practice or Site:

State:

(Please use two letter abbreviation)

Approximately how many confirmed COVID-19 patient cases have occurred in your practice since January 1, 2020 till now?

Approximately how many new cancer cases did your practice treat in 2019?

How is your practice scheduling new patient visits at this time?

- No change in scheduling new patient visits due to COVID-19 pandemic
- Declining some but not all new patient visits (e.g., benign hematology)
- Not accepting any new patients at this time

Is your practice incorporating telemedicine visits?

- Yes, for patients receiving anti-cancer therapy AND patients who are not on active anti-cancer treatment
- Yes, but ONLY for patients who are not on active anti-cancer treatment (i.e, routine follow-up visits for surveillance).
- No

Is telemedicine new to your practice?

- Yes
- No
- Unsure

Is your practice considering implementing telemedicine visits, if COVID-19 circumstances change in your region?

- Yes
- No

Please describe briefly why you are not considering telemedicine:

Has your practice modified intravenous drug infusions due to the COVID-19 pandemic (e.g., halted, shortened, switched to oral, etc.)?

- Yes
- No

Please indicate any of the following changes that your practice has implemented? (check all that apply)

- Halted some or all infusions
- Shortened some or all infusions
- Switched some patients from intravenous to oral anti-cancer drugs

What types of intravenous infusions did your practice halt? (check all that apply)

- Cancer-directed treatment
- Supportive care treatments

Approximately what date did the halt begin?

Has the halt ended?

- Yes
- No

End date:

How is your practice managing visits for patients not on active treatment who were scheduled to come to the office for routine monitoring?

- Postponed virtually ALL routine visits
- Postponed SOME routine visits
- Conducting virtually ALL routine visits by telemedicine
- Conducting SOME routine visits by telemedicine
- No changes at this time

What criteria are you using to determine which patient visits to postpone?

- Clinical treatment guidelines
- Other

Please describe other criteria:

How will you determine when to resume routine in-office visits? (check all that apply)

- We have set a date
- We will base it on a decline in the number of COVID-19 cases in our region
- We will follow our local health authorities' policy directives for medical offices
- Other

Date for resuming routine office visits:

Please describe how you will determine when to resume routine visits:

Is your practice considering changing the scheduled visits of patients not on active treatment, if COVID-19 circumstances change in your region?

- Yes
- No

For patients who are coming to the office for visits, is your practice contacting these patients ahead of scheduled in-office visits to screen for COVID-19 symptoms?

- Yes
- No

Are you considering implementing screening procedures for patients ahead of in-office visits in the future as COVID-19 cases increase in your region?

- Yes
- No

Why is your practice not considering screening in advance of visits?

For patients who come to your office for a visit, are you routinely screening these patients for COVID-19 symptoms (e.g., fever, dry cough, headache, sore throat, shortness of breath, etc.) AT THE ENTRANCE TO YOUR OFFICE or in a space outside your office before routine check-in procedures being?

- Yes
 No

Why is your practice not screening outside the clinic area?

Do you have a standard operating procedure (SOP) for how to manage patients who have or have had exhibited any COVID-19 symptoms in the previous week?

- Yes
 No

Is your practice using home-based anti-cancer drug IV infusions?

- Yes
 No

Please list IV regimens provided in the home-based setting:
 Separate regimens using semi-colons (;)

Is your practice considering this change, if COVID-19 circumstances change in your region?

- Yes
 No

Please describe:

Has your practice changed in-office laboratory specimen collection to provide specimen collection opportunities elsewhere? (check all that apply)

- Yes, in the patient's home
 Yes, at a collection site closer to patient's home
 Yes, but only for patients on oral anti-cancer drugs
 No

Is your practice considering this change, if COVID-19 circumstances change in your region?

- Yes
 No

Have you changed the physical arrangements in your office to enable staff and patients to follow physical distancing recommendations? (check all that apply)

- Alerted patients that they would NOT be able to bring a family member or friend to their appointment (unless circumstances require an exception)
- Requiring patients to wear masks while in the office
- Established triage stations outside the facility, clinic, or office to screen patients and visitors for COVID-19 symptoms before they enter
- Installed barriers or social distancing mechanisms at front desks
- Converted or eliminated waiting area to allow for distancing of at least six feet
- Reduced number of visits and/or increased time between visits
- Modified infusion suite to semi-private space and/or use curtains as barrier
- Suspended or moved to a virtual platform, all on-site group and patient wellness and support activities (e.g., yoga, education seminars, support groups, etc.)
- Other
- We have made no changes to the physical arrangements

Please describe other changes your practice has made:

Has your practice experienced shortages or limited access to any of the following resources during the COVID-19 pandemic? (check all that apply)

- Anti-Cancer Drugs
- Opioids and Other Controlled Substances
- Other Supportive Care Drugs
- Nasopharyngeal Swabs for COVID-19 Specimen Collection
- Medical Hand Sanitizer
- Personal Protective Equipment (e.g., N95 masks, surgical masks, other masks, gowns, gloves, etc.)
- Other
- No, our practice is not experiencing any of the above shortages.

Please list the Anti-Cancer Drugs in shortage:
Separate names by semi-colons (;)

Please list the Opioids and Other Controlled Substances in shortage:
Separate names by semi-colons (;)

Please list the Other Supportive Care Drugs in shortage:
Separate names by semi-colons (;)

Please list the Other Resources in shortage:
Separate names by semi-colons (;)

Has your practice had a reduction in staff due to any of the following? (check all that apply)

- Staff COVID-19 illness
- Staff availability due to impact of SARS-Cov-2 pandemic on family care responsibilities
- Reduction in staffing due to reduced patient visits
- Staff transfer to other clinical areas
- No

Please describe any other relevant steps your practice has taken during the SARS-Cov-2 pandemic that we have not asked about in previous questions.

Have the physicians in your practice made any of the following changes to the provision of in-patient care? (check all that apply)

- Shorter or fewer in-patient visits
- Initiated remote in-patient visits
- Shifted rounding responsibilities or schedules to reduce physician exposure to hospital setting
- Other (explain below)
- No changes to our physicians' in-patient responsibilities have been made

Other changes made to in-patient care.

Have COVID-19 circumstances affected your practice in the following areas?

	Worsened	Stayed the same	Improved	Unsure
Financial sustainability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workforce well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient access to high-quality cancer care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advancing new care model or payment initiatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please confirm that you are providing this information on behalf of [practice_name].

- Yes
- No

Is this correct? If not, please scroll to the top of the page and select the correct practice.