

Subject number assigned by hospital

DOCC_v4.0_2020.10.20

Subject number assigned by Sponsor

COVID 19 in Patients Treated for Cancer

Age of patient (if >90, fill in 90)

Sex of patient

Smoker

Height

cm

Weight

kg

Overweight/obesity suspected (if height/weight unknown)

Comorbidities?

None

Unknown

Hypertension

Prior malignancy: Basal cell cancer

Cardiovascular disease

Prior malignancy: Squamous skin cancer

Auto-immune disease

Prior malignancy: Prostate cancer

COPD GOLD

Prior malignancy: Breast cancer

Diabetes mellitus

Prior malignancy: Colon cancer

Other, please specify (if necessary copy and paste anonymized history)

Prior malignancy: Hematologic (please specify)

Prior malignancy: Other solid tumor (please specify)

Cancer diagnosis

Cancer diagnosis

Please specify

Month and year of diagnosis

Metastatic disease

No/Not applicable (e.g. hematological malignancy)

Lung metastasis

Pleural metastasis

Lymphangitic carcinomatosis

Other metastasis

Unknown

Intention of most recent cancer treatment

Which treatment was given most recently for current cancer (within last 6 months)? **Please complete this question before submitting**

No treatment started yet, patient was still in diagnostic phase

No treatment started yet, wait-and-see

No treatment, treatment completed >6 months before COVID-19 infection

No active treatment planned, best supportive care

Thoracic radiotherapy

Targeted therapy, please specify

Other radiotherapy, please specify

Hormonal therapy, please specify

Chemotherapy, please specify

Surgery

G-CSF

Other therapy, please specify

Immunotherapy, please specify

Unknown

Stem cell transplantation, please specify

Specify treatment

Start date of most recent cycle of cancer treatment

Date of last cycle of cancer treatment given (if applicable)

Was most recent treatment modified because of the COVID-19 outbreak in the Netherlands?

No dose or schedule modification

Treatment plan was adjusted: higher dose with more time between cycles, please specify

Treatment plan was adjusted: only chemotherapy no immunotherapy, please specify

Treatment plan was adjusted: only hormonal therapy no targeted therapy , please specify

Treatment plan was adjusted: other, please specify

Most recent cycle was delayed

Treatment was temporarily interrupted (until further notice)

Treatment was withdrawn prematurely

Higher dose of treatment was given

Lower dose of treatment was given

Patient had already completed treatment prior to COVID-19 measures

Unknown

Specify

COVID-19 infection

Basis for COVID-19 diagnosis or suspicion

Date of COVID-19 diagnosis

(if no test, date of first suspicion)

Has patient been transferred **from** another hospital?

Date of transfer

Severity of COVID-19 infection

Outcome of COVID-19 infection

Date of end COVID-19 infection
(due to death or discharge from hospital)

At start of COVID-19 symptoms, did patient...

Use steroids?

Indication for steroid use

Specify name and dose

Use other immunosuppressants?

Specify name and dose

Receive flu vaccination for 2020/2021 season?

Discuss treatment limitations?

What were the treatment limitations?

[No treatment limitations](#)

[Yes, no hospital admission](#)

[Yes, no ICU admission](#)

[Yes, do-not-resuscitate \(DNR\)](#)

[Yes, do-not-intubate \(DNI\)](#)

[Unknown](#)

How was COVID-19 infection treated

No treatment started (yet)

Antibiotics

Start date

End date

Specify

Dexamethasone Start date

End date

Dose

Other steroids

Start date

End date

Specify

Remdesevir

Start date

End date

Other antivirals

Start date

End date

Specify

Other therapy

Start date

End date

Specify

Anti IL-6

Start date

End date

Specify

Transfer **to** other hospital

Transfer date

Name caller:

Tel no:

E-mail caller: