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 Weight kg cm

Overweight/obesity suspected (if height/weight unknown)

Prior/other malignancy None Relevant comorbidities

> Auto-immune disease Hypertension

Cardiovascular disease COPD GOLD

Diabetes mellitus Unknown

Other, please specify (if necessary copy and paste

anonymized history)

Cancer diagnosis

Cancer diagnosis

Please specify

Month and year of diagnosis

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

Lung metastasis

Pleural metastasis

Lymphangitic carcinomatosis

Other metastasis

Unknown

Intention of most recent cancer treatment

Which treatment was given for diagnosed cancer

No treatment started, patient was still in diagnostic phase

No treatment started, wait-and-see

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

Surgery

Thoracic radiotherapy Targeted therapy, please specify

Other radiotherapy, please specify Hormonal therapy, please specify

Chemotherapy, please specify

Targeted therapy, please specify

G-CSF Other therapy, please specify

Immunotherapy, please specify Unknown

Specify treatment

Start date of most recent cycle of cancer treatment

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

Was current 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Treatment was withdrawn prematurely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 State of infection Severity of COVID-19 infection Date of end COVID-19 infection (due to death or discharge from hospital) At presentation... Frailty index score Respiratory rate Systolic blood pressure Altered mental state (GCS) Use of steroids? Indication for steroid use

Use of other immunosuppressants?

Specify name and dose

Specify name and dose

DOCC_v3.0_2020.04.24 Lab values at presentation (optional) Bicarbonate	mmol/L	LDH	U/L	
CRP	mg/L	СК	U/L	
Absolute lymphocyte count	×10 ⁹ /L	WBC	x10 ⁹ /L	
Absolute neutrophil count	x10 ⁹ /L			
How was COVID-19 infection treated				
No treatment started (yet)				
Antibiotics Start date Specify		End date		
Chloroquine Start date		End date		
Antivirals Start date Specify		End date		
Antifungal Start date Specify		End date		
Anti IL-6 Start date Specify		End date		
Transfer to other hospital	Tra	ansfer date		
Were there treatment limitations				
No treatment limitations	Y	Yes, do-not-resuscitate (DNR)		
Yes, no hospital admission	Υ	Yes, do-not-intubate (DNI)		
Yes, no ICU admission	L	Unknown		
Name caller:		Tel no:		

E-mail caller: