

**Outcomes of neuro-oncology and skull base patients during COVID-19 pandemic: national cohort study (CovidNeuroOnc)**

Site: \_\_\_\_\_ Patient study ID: \_\_\_\_\_  
Age: 16-19y | 20-29y | 30-39y | 40-49y | 50-59y | 60-69y | 70-79y | 80-89y | 90y+  
Sex: Female / Male  
ECOG: 0 | 1 | 2 | 3 | 4

Date of MRI: day / month / year  
Radiology diagnosis: LGG | HGG | PCNSL | meningioma | | VS | metastases (n=\_\_\_\_)  
Other \_\_\_\_\_  
If metastasis: known primary | synchronous

Date of MDT: day / month / year

**WHAT WOULD YOU HAVE RECOMMENDED AS BEST MANAGEMENT PRE-COVID?**

Best supportive care: yes | no  
Surgery: biopsy | resection  
RT: yes | no  
Dose: \_\_\_\_\_  
Fractions: \_\_\_\_\_  
SRS: yes | no  
Dose: \_\_\_\_\_  
Chemo: yes | no  
Type: \_\_\_\_\_  
Dose: \_\_\_\_\_  
Cycles: \_\_\_\_\_  
Interval monitoring: yes | no

**PRIMARY OUTCOME:**

Has the MDT outcome and management plan changed because of COVID?: yes | no

**NEWLY-DIAGNOSED TUMOURS**

**WHAT MANAGEMENT HAVE YOU RECOMMENDED POST-COVID?**

Best supportive care: yes | no  
Delay/defer treatment: yes | no  
Delayed scan time: \_\_\_\_\_ weeks  
Surgery: biopsy | resection  
RT: yes | no  
Dose: \_\_\_\_\_  
Fractions: \_\_\_\_\_  
Chemo: yes | no  
Type: \_\_\_\_\_  
Dose: \_\_\_\_\_  
Fractions: \_\_\_\_\_  
Interval monitoring: yes | no

Was surgery performed? yes | no  
Date of surgery: day / month / year  
Extent of surgery: biopsy | STR | GTR

Pathology diagnosis date: day / month / year  
Glioma grade: 2 | 3 | 4  
Glioma type: A | O | AA | AO | GBM  
IDH-1: wildtype | mutated | NT | n/a  
MGMT: unmethylated | methylated | NT | n/a  
1p19q: intact | deleted | NT | n/a  
Meningioma grade : 1 | 2 | 3  
Vestibular schwannoma: yes | no  
PCNSL: yes | no  
Metastasis: yes | no  
Primary type: lung | breast | melanoma | renal | other metastasis \_\_\_\_\_  
Other \_\_\_\_\_

**WHAT ONCOLOGY TREATMENT WAS GIVEN?**

Best supportive care: yes | no  
Reason for supportive care: post-surgery deterioration | patient preference | COVID infection | COVID outbreak  
Delay/defer treatment: yes | no  
Delayed scan time: \_\_\_\_\_ weeks  
RT: yes | no  
Start date: day / month / year  
Dose: \_\_\_\_\_  
Fractions: \_\_\_\_\_  
Chemo: yes | no  
Start date: day / month / year  
Type: \_\_\_\_\_  
Dose: \_\_\_\_\_  
Cycles: \_\_\_\_\_  
Planned Interval monitoring: yes | no

Could the patient have participated in a trial?  
yes | no  
Name of trial: \_\_\_\_\_

**FOR PATIENTS RECEIVING ACTIVE ONCOLOGY TREATMENT**

Was COVID suspected at:  
1. Time of MRI diagnosis? yes | no  
2. Time of surgery? yes | no | n/a  
3. Time of oncology treatment? yes | no

Did the patient develop confirmed COVID infection at any point during their treatment?  
Yes | No

**DATE OF DEATH:**

Untreated HGG: day / month / year  
Treated HGG: day / month / year

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Sex: Female / Male  
ECOG: 0 | 1 | 2 | 3 | 4

**Date of MRI reporting tumour recurrence:**

day / month / year

**Date of MDT:** day / month / year

**ORIGINAL TUMOUR TYPE**

**Pathology diagnosis date:** day / month / year

Glioma grade: 2 | 3 | 4

Glioma type: A | O | AA | AO | GBM

IDH-1: wildtype | mutated | NT | n/a

MGMT: unmethylated | methylated | NT | n/a

1p19q: intact | deleted | NT | n/a

Meningioma grade : 1 | 2 | 3

Vestibular schwannoma: yes | no

PCNSL: yes | no

Metastasis: yes | no

Primary type: lung | breast | melanoma | renal | other metastasis \_\_\_\_\_

Other \_\_\_\_\_

**RECURRENT TUMOURS**

**WHAT WOULD YOU HAVE RECOMMENDED AS BEST MANAGEMENT PRE-COVID?**

**Best supportive care:** yes | no

**Surgery:** biopsy | resection

**RT:** yes | no

*Dose:* \_\_\_\_\_

*Fractions:* \_\_\_\_\_

**SRS:** yes | no

*Dose:* \_\_\_\_\_

**Chemo:** yes | no

*Type:* \_\_\_\_\_

*Dose:* \_\_\_\_\_

*Cycles:* \_\_\_\_\_

**Interval monitoring:** yes | no

**PRIMARY OUTCOME:**

**Has the MDT outcome and management plan changed because of COVID?:** yes | no

**WHAT MANAGEMENT HAVE YOU RECOMMENDED POST-COVID?**

**Best supportive care:** yes | no

**Delay/defer treatment:** yes | no

*Delayed scan time:* \_\_\_\_\_ weeks

**Surgery:** biopsy | resection

**RT:** yes | no

*Dose:* \_\_\_\_\_

*Fractions:* \_\_\_\_\_

**Chemo:** yes | no

*Type:* \_\_\_\_\_

*Dose:* \_\_\_\_\_

*Fractions:* \_\_\_\_\_

**Interval monitoring:** yes | no

**Was surgery performed?** yes | no

**Date of surgery:** day / month / year

**Extent of surgery:** STR | GTR

**WHAT ONCOLOGY TREATMENT WAS GIVEN?**

**Best supportive care:** yes | no

**Reason for supportive care:** post-surgery deterioration | patient preference | COVID infection | COVID outbreak

**Delay/defer treatment:** yes | no

*Delayed scan time:* \_\_\_\_\_ weeks

**RT:** yes | no

*Start date:* day / month / year

*Dose:* \_\_\_\_\_ *Fractions:* \_\_\_\_\_

**Chemo:** yes | no

*Start date:* day / month / year

*Type:* \_\_\_\_\_

*Dose:* \_\_\_\_\_ *Cycles:* \_\_\_\_\_

**Planned Interval monitoring:** yes | no

**Was patient eligible for a trial?** yes | no

**Name of trial:** \_\_\_\_\_

**FOR PATIENTS RECEIVING ACTIVE ONCOLOGY TREATMENT**

**Was COVID suspected at:**

**1. Time of MRI diagnosis?** yes | no

**2. Time of surgery?** yes | no | n/a

**3. Time of oncology treatment?** yes | no

**Did the patient develop confirmed COVID infection at any point during their treatment?**

Yes | No

**DATE OF DEATH:**

**Untreated HGG:** day / month / year

**Treated HGG:** day / month / year