

## Follow Up: 6 and 12 Months

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Unique REDCap ID

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(Please keep a record of the linked hospital-level patient identifier on a password-encrypted spreadsheet, or paper form in a locked, secure location.)

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Please select the study period for this patient

- ☐ 2019 pre-COVID cohort (01/01/2019-28/02/2019)  
☐ 2020 COVID cohort (16/03/2020-13/05/2020)

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Date of 6 month follow-up from  
Date of MDT treatment decision - please refer to table  
below to confirm date.

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Date of 12 month follow-up from  
Date of MDT treatment decision - please refer to table  
below to confirm date.

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## Reference table for follow-up dates

MDT Decision Date	6 month F/U date	12 month F/U date
01/01/2019	01/07/2019	01/01/2020
02/01/2019	02/07/2019	02/01/2020
03/01/2019	03/07/2019	03/01/2020
04/01/2019	04/07/2019	04/01/2020
05/01/2019	05/07/2019	05/01/2020
06/01/2019	06/07/2019	06/01/2020
07/01/2019	07/07/2019	07/01/2020
08/01/2019	08/07/2019	08/01/2020
09/01/2019	09/07/2019	09/01/2020
10/01/2019	10/07/2019	10/01/2020
11/01/2019	11/07/2019	11/01/2020
12/01/2019	12/07/2019	12/01/2020
13/01/2019	13/07/2019	13/01/2020
14/01/2019	14/07/2019	14/01/2020
15/01/2019	15/07/2019	15/01/2020
16/01/2019	16/07/2019	16/01/2020
17/01/2019	17/07/2019	17/01/2020
18/01/2019	18/07/2019	18/01/2020
19/01/2019	19/07/2019	19/01/2020
20/01/2019	20/07/2019	20/01/2020
21/01/2019	21/07/2019	21/01/2020
22/01/2019	22/07/2019	22/01/2020
23/01/2019	23/07/2019	23/01/2020
24/01/2019	24/07/2019	24/01/2020
25/01/2019	25/07/2019	25/01/2020
26/01/2019	26/07/2019	26/01/2020
27/01/2019	27/07/2019	27/01/2020
28/01/2019	28/07/2019	28/01/2020
29/01/2019	29/07/2019	29/01/2020
30/01/2019	30/07/2019	30/01/2020
31/01/2019	31/07/2019	31/01/2020
01/02/2019	01/08/2019	01/02/2020
02/02/2019	02/08/2019	02/02/2020
03/02/2019	03/08/2019	03/02/2020
04/02/2019	04/08/2019	04/02/2020
05/02/2019	05/08/2019	05/02/2020
06/02/2019	06/08/2019	06/02/2020
07/02/2019	07/08/2019	07/02/2020
08/02/2019	08/08/2019	08/02/2020
09/02/2019	09/08/2019	09/02/2020
10/02/2019	10/08/2019	10/02/2020
11/02/2019	11/08/2019	11/02/2020
12/02/2019	12/08/2019	12/02/2020
13/02/2019	13/08/2019	13/02/2020
14/02/2019	14/08/2019	14/02/2020
15/02/2019	15/08/2019	15/02/2020
16/02/2019	16/08/2019	16/02/2020
17/02/2019	17/08/2019	17/02/2020
18/02/2019	18/08/2019	18/02/2020
19/02/2019	19/08/2019	19/02/2020
20/02/2019	20/08/2019	20/02/2020
21/02/2019	21/08/2019	21/02/2020
22/02/2019	22/08/2019	22/02/2020
23/02/2019	23/08/2019	23/02/2020
24/02/2019	24/08/2019	24/02/2020
25/02/2019	25/08/2019	25/02/2020
26/02/2019	26/08/2019	26/02/2020
27/02/2019	27/08/2019	27/02/2020
28/02/2019	28/08/2019	28/02/2020

MDT Decision Date	6 month F/U date	12 month F/U date
16/03/2020	16/09/2020	16/03/2021
17/03/2020	17/09/2020	17/03/2021
18/03/2020	18/09/2020	18/03/2021
19/03/2020	19/09/2020	19/03/2021
20/03/2020	20/09/2020	20/03/2021
21/03/2020	21/09/2020	21/03/2021
22/03/2020	22/09/2020	22/03/2021
23/03/2020	23/09/2020	23/03/2021
24/03/2020	24/09/2020	24/03/2021
25/03/2020	25/09/2020	25/03/2021
26/03/2020	26/09/2020	26/03/2021
27/03/2020	27/09/2020	27/03/2021
28/03/2020	28/09/2020	28/03/2021
29/03/2020	29/09/2020	29/03/2021
30/03/2020	30/09/2020	30/03/2021
31/03/2020	30/09/2020	31/03/2021
01/04/2020	01/10/2020	01/04/2021
02/04/2020	02/10/2020	02/04/2021
03/04/2020	03/10/2020	03/04/2021
04/04/2020	04/10/2020	04/04/2021
05/04/2020	05/10/2020	05/04/2021
06/04/2020	06/10/2020	06/04/2021
07/04/2020	07/10/2020	07/04/2021
08/04/2020	08/10/2020	08/04/2021
09/04/2020	09/10/2020	09/04/2021
10/04/2020	10/10/2020	10/04/2021
11/04/2020	11/10/2020	11/04/2021
12/04/2020	12/10/2020	12/04/2021
13/04/2020	13/10/2020	13/04/2021
14/04/2020	14/10/2020	14/04/2021
15/04/2020	15/10/2020	15/04/2021
16/04/2020	16/10/2020	16/04/2021
17/04/2020	17/10/2020	17/04/2021
18/04/2020	18/10/2020	18/04/2021
19/04/2020	19/10/2020	19/04/2021
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21/04/2020	21/10/2020	21/04/2021
22/04/2020	22/10/2020	22/04/2021
23/04/2020	23/10/2020	23/04/2021
24/04/2020	24/10/2020	24/04/2021
25/04/2020	25/10/2020	25/04/2021
26/04/2020	26/10/2020	26/04/2021
27/04/2020	27/10/2020	27/04/2021
28/04/2020	28/10/2020	28/04/2021
29/04/2020	29/10/2020	29/04/2021
30/04/2020	30/10/2020	30/04/2021
01/05/2020	01/11/2020	01/05/2021
02/05/2020	02/11/2020	02/05/2021
03/05/2020	03/11/2020	03/05/2021
04/05/2020	04/11/2020	04/05/2021
05/05/2020	05/11/2020	05/05/2021
06/05/2020	06/11/2020	06/05/2021
07/05/2020	07/11/2020	07/05/2021
08/05/2020	08/11/2020	08/05/2021
09/05/2020	09/11/2020	09/05/2021
10/05/2020	10/11/2020	10/05/2021
11/05/2020	11/11/2020	11/05/2021
12/05/2020	12/11/2020	12/05/2021
13/05/2020	13/11/2020	13/05/2021

**Surgery**

Did the patient undergo surgery in the first 6 months? (from |Date of MDT treatment decision to date of 6 month follow-up)

- ☐ Yes  
☐ No

What was the date of operation?

\_\_\_\_\_

Was the tumour intra-operatively resectable?

- ☐ Yes  
☐ No

What type of surgery was performed?

- ☐ Pancreaticoduodenectomy (Whipple OR PPPD)  
☐ Distal pancreatectomy  
☐ Total pancreatectomy  
☐ Other

If other, what surgery was performed?

\_\_\_\_\_

Did they undergo a vascular resection?

- ☐ Yes  
☐ No

Post-operative Histology: T stage

- ☐ T1  
☐ T2  
☐ T3  
☐ T4

Post-operative Histology: N stage

- ☐ NX  
☐ N0  
☐ N1  
☐ N2

What operation was performed?

- ☐ Laparotomy OR laparoscopy (OPEN and CLOSE)  
☐ Laparotomy OR laparoscopy AND bypass

Did the patient undergo surgery from 6 to 12 months? (from |date of 6 month follow-up to date of 12 month follow-up)

- ☐ Yes  
☐ No

What was the date of operation?

\_\_\_\_\_

Was the tumour intra-operatively resectable?

- ☐ Yes  
☐ No

What type of surgery was performed?

- ☐ Pancreaticoduodenectomy (Whipple OR PPPD)  
☐ Distal pancreatectomy  
☐ Total pancreatectomy  
☐ Other

If other, what surgery was performed?

\_\_\_\_\_

Did they undergo a vascular resection?

- ☐ Yes  
☐ No

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Post-operative Histology: T stage

- ☐ T1  
☐ T2  
☐ T3  
☐ T4

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Post-operative Histology: N stage

- ☐ NX  
☐ N0  
☐ N1  
☐ N2

---

What operation was performed?

- ☐ Laparotomy OR laparoscopy (OPEN and CLOSE)  
☐ Laparotomy OR laparoscopy AND bypass

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**Neo-adjuvant Treatment (treatment for potentially resectable cancer prior to surgery)**

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Did the patient receive neo-adjuvant treatment in the first 6 months? (from date of MDT treatment decision to date of 6 month follow-up)

- ☐ Yes  
☐ No

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What date did the patient first receive neo-adjuvant treatment?

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Neo-adjuvant chemotherapy agent used (first-line)

- ☐ FOLFIRINOX  
☐ Gemcitabine and Capecitabine  
☐ Gemcitabine and Cisplatin  
☐ Gemcitabine and Abraxane  
☐ Gemcitabine  
☐ Capecitabine  
☐ Chemoradiotherapy  
☐ Other

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Other Neo-adjuvant chemotherapy agent used - please specify:

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How many cycles of this neo-adjuvant agent did the patient complete?

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Was neo-adjuvant chemotherapy stopped?

- ☐ Yes ☐ No

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Why was Neo-adjuvant chemotherapy stopped?

- ☐ Received all cycles  
☐ Proceeded to surgery  
☐ Cancer Progression  
☐ Complications  
☐ Frailty  
☐ COVID-19

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Did they receive SECOND-LINE neo-adjuvant chemotherapy (chemotherapy before surgery)?

- ☐ Yes  
☐ No

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SECOND-LINE Neo-adjuvant chemotherapy agent used

- ☐ FOLFIRINOX  
☐ Gemcitabine and Capecitabine  
☐ Gemcitabine and Cisplatin  
☐ Gemcitabine and Abraxane  
☐ Gemcitabine  
☐ Capecitabine  
☐ Chemoradiotherapy  
☐ Other

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Other Neo-adjuvant chemotherapy agent used - please specify: \_\_\_\_\_

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How many cycles of this second line neo-adjuvant agent did the patient complete? \_\_\_\_\_

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Did they receive THIRD-LINE neo-adjuvant chemotherapy (chemotherapy before surgery)?

- ☐ Yes  
☐ No

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THIRD-LINE Neo-adjuvant chemotherapy agent used

- ☐ FOLFIRINOX  
☐ Gemcitabine and Capecitabine  
☐ Gemcitabine and Cisplatin  
☐ Gemcitabine and Abraxane  
☐ Gemcitabine  
☐ Capecitabine  
☐ Chemoradiotherapy  
☐ Other

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Other Neo-adjuvant chemotherapy agent used - please specify: \_\_\_\_\_

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How many cycles of this second line neo-adjuvant agent did the patient complete? \_\_\_\_\_

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Why did the patient not receive neo-adjuvant chemotherapy?

- ☐ Frailty  
☐ Patient choice  
☐ Early recurrence  
☐ Death  
☐ not applicable (unresectable disease, no operation, straight to surgery)  
☐ Other

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If other, please specify. \_\_\_\_\_

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Did the patient receive neo-adjuvant treatment between 6 and 12 months?

- ☐ Yes  
☐ No

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Neo-adjuvant chemotherapy agent used between 6 and 12 months?

- ☐ FOLFIRINOX  
☐ Gemcitabine and Capecitabine  
☐ Gemcitabine and Cisplatin  
☐ Gemcitabine and Abraxane  
☐ Gemcitabine  
☐ Capecitabine  
☐ Chemoradiotherapy  
☐ Other

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Other Neo-adjuvant chemotherapy agent used - please specify: \_\_\_\_\_

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Did they receive an additional neo-adjuvant chemotherapy agent?

- ☐ Yes  
☐ No
- 

Additional agent used

- ☐ FOLFIRINOX  
☐ Gemcitabine and Capecitabine  
☐ Gemcitabine and Cisplatin  
☐ Gemcitabine and Abraxane  
☐ Gemcitabine  
☐ Capecitabine  
☐ Chemoradiotherapy  
☐ Other
- 

Was neo-adjuvant chemotherapy stopped between 6 and 12 months?

- ☐ Yes   ☐ No
- 

Why was Neo-adjuvant chemotherapy stopped?

- ☐ Received all cycles  
☐ Proceeded to surgery  
☐ Cancer Progression  
☐ Complications  
☐ Frailty  
☐ COVID-19
- 

Why did the patient not receive neo-adjuvant chemotherapy?

- ☐ Frailty  
☐ Patient choice  
☐ Early recurrence  
☐ COVID  
☐ Death  
☐ not applicable (unresectable disease, no operation, already completed)  
☐ Other
- 

If other, please specify. \_\_\_\_\_

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At 12 months \_\_\_\_\_, how many cycles of neo-adjuvant FOLFIRINOX has this patient completed? i.e. TOTAL number of cycles received in whole 12 months (please include all treatment within the first 6 months)

\_\_\_\_\_

At 12 months \_\_\_\_\_, how many cycles of Neo-adjuvant Gemcitabine and Capecitabine has this patient completed? i.e. TOTAL number of cycles received in whole 12 months

\_\_\_\_\_

At 12 months \_\_\_\_\_, how many cycles of Neo-adjuvant Gemcitabine and Cisplatin has this patient completed? i.e. TOTAL number of cycles received in whole 12 months

\_\_\_\_\_



At 12 months \_\_\_\_\_, how many cycles of Neo-adjuvant Gemcitabine and Abraxane has this patient completed? i.e. TOTAL number of cycles received in whole 12 months \_\_\_\_\_

At 12 months \_\_\_\_\_, how many cycles of Neo-adjuvant Gemcitabine has this patient completed? i.e. TOTAL number of cycles received in whole 12 months \_\_\_\_\_

At 12 months \_\_\_\_\_, how many cycles of Neo-adjuvant Capecitabine has this patient completed? i.e. TOTAL number of cycles received in whole 12 months \_\_\_\_\_

**Adjuvant treatment (chemotherapy given after a potentially curative resection - if surgery was non-curative, i.e bypass, please record as palliative chemotherapy later in questions)**

Did the patient receive adjuvant chemotherapy in the first 6 months?

- ☐ Yes  
☐ No

What date did the patient first receive adjuvant chemotherapy? \_\_\_\_\_

Adjuvant chemotherapy agent used

- ☐ FOLFIRINOX  
☐ Gemcitabine and Capecitabine  
☐ Gemcitabine and Cisplatin  
☐ Gemcitabine and Abraxane  
☐ Gemcitabine  
☐ Capecitabine  
☐ Chemoradiotherapy  
☐ Other

Other- please specify: \_\_\_\_\_

How many cycles were used? \_\_\_\_\_

Was adjuvant chemotherapy stopped?

- ☐ Yes ☐ No

Why was adjuvant chemotherapy stopped?

- ☐ Received all cycles  
☐ Patient Choice  
☐ Cancer Progression  
☐ Complications  
☐ Frailty  
☐ COVID-19  
☐ Death

Did the patient receive SECOND-LINE adjuvant chemotherapy in the first 6 months?

- ☐ Yes  
☐ No

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What date did the patient first receive SECOND-LINE adjuvant chemotherapy?

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SECOND-LINE adjuvant chemotherapy agent used

- ☐ FOLFIRINOX
- ☐ Gemcitabine and Capecitabine
- ☐ Gemcitabine and Cisplatin
- ☐ Gemcitabine and Abraxane
- ☐ Gemcitabine
- ☐ Capecitabine
- ☐ Chemoradiotherapy
- ☐ Other

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Other- please specify:

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How many cycles did the patient complete in the first 6 months?

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Did the patient receive THIRD-LINE adjuvant chemotherapy in the first 6 months?

- ☐ Yes
- ☐ No

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What date did the patient first receive THIRD-LINE adjuvant chemotherapy?

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THIRD-LINE adjuvant chemotherapy agent used in the first 6 months?

- ☐ FOLFIRINOX
- ☐ Gemcitabine and Capecitabine
- ☐ Gemcitabine and Cisplatin
- ☐ Gemcitabine and Abraxane
- ☐ Gemcitabine
- ☐ Capecitabine
- ☐ Chemoradiotherapy
- ☐ Other

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Other- please specify:

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How many cycles did the patient receive in the first 6 months?

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Text

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Why did the patient not receive adjuvant chemotherapy?

- ☐ Frailty
- ☐ Post-operative complications
- ☐ Patient choice
- ☐ Early recurrence
- ☐ Death
- ☐ not applicable (unresectable disease, no operation)
- ☐ Other

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If other, please specify:

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Did the patient receive adjuvant treatment from 6 to 12 months? (

- ☐ Yes  
☐ No

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Adjuvant chemotherapy agent used from 6 to 12 months?

- ☐ FOLFIRINOX  
☐ Gemcitabine and Capecitabine  
☐ Gemcitabine and Cisplatin  
☐ Gemcitabine and Abraxane  
☐ Gemcitabine  
☐ Capecitabine  
☐ Chemoradiotherapy  
☐ Other

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Other adjuvant chemotherapy agent used - please specify:

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Did they receive an additional adjuvant chemotherapy agent?

- ☐ Yes  
☐ No

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Additional agent used

- ☐ FOLFIRINOX  
☐ Gemcitabine and Capecitabine  
☐ Gemcitabine and Cisplatin  
☐ Gemcitabine and Abraxane  
☐ Gemcitabine  
☐ Capecitabine  
☐ Chemoradiotherapy  
☐ Other

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Was adjuvant chemotherapy stopped between 6 and 12 months?

- ☐ Yes   ☐ No

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Why was adjuvant chemotherapy stopped?

- ☐ Received all cycles  
☐ Patient choice  
☐ Cancer Progression  
☐ Complications  
☐ Frailty  
☐ COVID-19

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Why did the patient not receive adjuvant chemotherapy?

- ☐ Frailty  
☐ Patient choice  
☐ Early recurrence  
☐ COVID  
☐ Death  
☐ not applicable (unresectable disease, no operation, already completed)  
☐ Other

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If other, please specify.

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At 12 months \_\_\_\_\_ how many cycles of adjuvant FOLFIRINOX has this patient completed? i.e. TOTAL number of cycles received in whole 12 months

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At 12 months how many cycles  
of adjuvant Gemcitabine and Capecitabine has this  
patient completed? i.e. TOTAL number of cycles  
received in whole 12 months

\_\_\_\_\_

At 12 months how many cycles  
of adjuvant Gemcitabine and Cisplatin has this  
patient completed? i.e. TOTAL number of cycles  
received in whole 12 months

\_\_\_\_\_

At 12 months how many cycles  
of adjuvant Gemcitabine and Abraxane has this  
patient completed? i.e. TOTAL number of cycles  
received in whole 12 months

\_\_\_\_\_

At 12 months how many cycles  
of adjuvant Gemcitabine has this patient completed?  
i.e. TOTAL number of cycles received in whole 12  
months

\_\_\_\_\_

At 12 months how many cycles  
of adjuvant Capecitabine has this patient completed?  
i.e. TOTAL number of cycles received in whole 12  
months

\_\_\_\_\_

### Palliative Treatment

Did the patient receive palliative chemotherapy in  
the first 6 months?

- ☐ Yes  
☐ No

Why did the patient not receive palliative  
chemotherapy?

- ☐ Frailty  
☐ Patient choice  
☐ Not applicable (e.g. disease-free)  
☐ Death  
☐ Other

If other, please specify

\_\_\_\_\_

What date did they first receive palliative  
chemotherapy?

\_\_\_\_\_

Which palliative chemotherapy agent did they receive  
in the first 6 months?

- ☐ FOLFIRINOX  
☐ Gemcitabine and Capecitabine  
☐ Gemcitabine and Cisplatin  
☐ Gemcitabine and Abraxane  
☐ Gemcitabine  
☐ Capecitabine  
☐ Chemoradiotherapy  
☐ Other

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If other- please specify.

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How many cycles did  
the receive in the first 6 months?

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Was palliative chemotherapy stopped?

☐ Yes ☐ No

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Why was palliative chemotherapy stopped?

- ☐ Received all cycles
- ☐ Patient Choice
- ☐ Cancer Progression
- ☐ Complications
- ☐ Frailty
- ☐ COVID-19
- ☐ Death

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Did the patient receive SECOND-LINE palliative  
chemotherapy in the first 6 months?

☐ Yes  
☐ No

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What date did the patient first receive SECOND-LINE  
palliative chemotherapy?

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Which SECOND-LINE palliative chemotherapy agent did  
they receive in the first 6 months?

- ☐ FOLFIRINOX
- ☐ Gemcitabine and Capecitabine
- ☐ Gemcitabine and Cisplatin
- ☐ Gemcitabine and Abraxane
- ☐ Gemcitabine
- ☐ Capecitabine
- ☐ Chemoradiotherapy
- ☐ Other

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If other- please specify.

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How many cycles were used in the first 6 months?

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Did the patient receive THIRD-LINE palliative  
chemotherapy in the first 6 months?

☐ Yes  
☐ No

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What date did the patient first receive THIRD-LINE  
palliative chemotherapy?

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Which THIRD-LINE palliative chemotherapy agent did they receive in the first 6 months?

- ☐ FOLFIRINOX
- ☐ Gemcitabine and Capecitabine
- ☐ Gemcitabine and Cisplatin
- ☐ Gemcitabine and Abraxane
- ☐ Gemcitabine
- ☐ Capecitabine
- ☐ Chemoradiotherapy
- ☐ Other

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If other- please specify.

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How many cycles did they receive in the first 6 months?

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Did the patient receive palliative treatment between 6 and 12 months?

- ☐ Yes
- ☐ No

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Palliative chemotherapy agent used?

- ☐ FOLFIRINOX
- ☐ Gemcitabine and Capecitabine
- ☐ Gemcitabine and Cisplatin
- ☐ Gemcitabine and Abraxane
- ☐ Gemcitabine
- ☐ Capecitabine
- ☐ Chemoradiotherapy
- ☐ Other

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Other palliative chemotherapy agent used - please specify:

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Did they receive an additional palliative chemotherapy agent?

- ☐ Yes
- ☐ No

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Additional agent used

- ☐ FOLFIRINOX
- ☐ Gemcitabine and Capecitabine
- ☐ Gemcitabine and Cisplatin
- ☐ Gemcitabine and Abraxane
- ☐ Gemcitabine
- ☐ Capecitabine
- ☐ Chemoradiotherapy
- ☐ Other

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Was palliative chemotherapy stopped between 6 and 12 months?

- ☐ Yes
- ☐ No

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Why was palliative chemotherapy stopped?

- ☐ Received all cycles
- ☐ Patient choice
- ☐ Cancer Progression
- ☐ Complications
- ☐ Frailty
- ☐ COVID-19

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Why did the patient not receive palliative chemotherapy?

- ☐ Frailty
- ☐ Patient choice
- ☐ Early recurrence
- ☐ COVID
- ☐ Death
- ☐ not applicable (unresectable disease, no operation, already completed)
- ☐ Other

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If other, please specify.

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At 12 months how many cycles  
of palliative FOLFIRINOX has this patient completed?  
i.e. TOTAL number of cycles received in whole 12  
months

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At 12 months how many cycles  
of palliative Gemcitabine and Capecitabine has this  
patient completed? i.e. TOTAL number of cycles  
received in whole 12 months

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At 12 months how many cycles  
of palliative Gemcitabine and Cisplatin has this  
patient completed? i.e. TOTAL number of cycles  
received in whole 12 months

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At 12 months how many cycles  
of palliative Gemcitabine and Abraxane has this  
patient completed? i.e. TOTAL number of cycles  
received in whole 12 months

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At 12 months how many cycles  
of palliative Gemcitabine has this patient  
completed? i.e. TOTAL number of cycles received in  
whole 12 months

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At 12 months how many cycles  
of palliative Capecitabine has this patient  
completed? i.e. TOTAL number of cycles received in  
whole 12 months

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**Recurrence**

Has the patient experienced recurrence postoperatively (in the first 6 months)?

☐ Yes  
☐ No

What date was the recurrence diagnosed?

\_\_\_\_\_

Where was the recurrence?

☐ Local  
☐ Metastatic

Has the patient experienced recurrence post-operatively (between 6 month and 12 month follow-up)?

☐ Yes  
☐ No

What date was the recurrence diagnosed?

\_\_\_\_\_

Where was the recurrence?

☐ Local  
☐ Metastatic

**Best supportive care**

You've selected that this patient received no treatment in the first 6 months i.e. received best supportive care - is this correct?

☐ Yes  
☐ No

You've selected that this patient received no treatment between 6 and 12 months i.e. received best supportive care - is this correct?

☐ Yes  
☐ No

**COVID-19 Infection**

Did the patient contract COVID in the first 6 months?

☐ Yes ☐ No

When was COVID-19 diagnosed in the first 6 months?

\_\_\_\_\_

Was the patient admitted to an intensive care unit (ITU)/ high dependency unit (HDU) for their COVID-19 infection, in the first 6 months?

☐ Yes  
☐ No

Did the patient contract COVID from 6 to 12 months

☐ Yes ☐ No

When was COVID-19 diagnosed from 6 to 12 months

\_\_\_\_\_

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Was the patient admitted to an intensive care unit (ITU)/ high dependency unit (HDU) for their COVID-19 infection

- ☐ Yes  
☐ No

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**Death**

Did the patient die in the first 6 months?

- ☐ Yes  
☐ No

Which week did they die?

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