ENCORE Study – eCRF FAQ

The CEA level unit used is my hospital is different from the unit in eCRF.

If your centre uses different units of measurement for CEA (Carcinoembryonic antigen) than the eCRF, it may be helpful to use this online calculator to convert the CEA unit: CEA online converter . The unit used in the eCRF is **ng/ml**

Question 29 to 34: does the lab tests need to be strictly run before surgery?

It is recommend to enter preoperative lab tests (not postop) in q 29-34. It can be a lab test done up to 1 month (30 days) before surgery. Please enter the test closest to surgery if there are several tests. If > 30 days old, please write NA (Not available). This is just to reduce the risk that everyone follows the same routines.

Question 35 : Position of primary tumor

If one patient has two localisations of primary tumor: wait for the PAD report and choose the location with the **higher grade tumor**. If it is the same grade for both, rectum is always chosen before colon cancer.

If the primary tumor is located on the sigmoid colon, it has to be considered belonging to the left colon.

Question 57: Systemic opiates. Does the opiates used during induction count, Or do we just need to consider the opiates used during the actual surgery?

Both induction and maintenance opioids should be mentioned here.

Question 58: Anaesthesia induction

Precision regarding anesthesia induction: if a patients receives only one dose of lidocaine on induction, 'No' should be selected for 'Lidocaine infusion'

Question 60: Epidural removed on. Assuming the epidural removal is delayed (eg epidural removed on day 5) due to some coagulation problem but the drug infusion has already been stopped (eg infusion stopped on day 3), what day do we Have to consider? The day of the actual removal or just the day in which the infusion is stopped?

Better to write the day of stopping infusion

Question 62: post-operative morphine equivalent

Convert all opioids given per-z and postoperatively (up to 72 h), either in tablet form or injections to "Morphine equivalents" using standard conversion tables **Results displayed are <u>ORAL</u> and NOT intravenous equivalents, in mg or oral morphine.** Please do not include epidural/spinal opiates as it is sometimes difficult to determine the precise amounts administered. The data will (later) be dichotomised to "epidural/spinal opiates administered" (yes/no) to determine outcomes. Paracetamol and NSAIDs are NOT included here. Since we have asked this as a question elsewhere in the eCRF, please do NOT convert paracetamol and NSAID to OME.

For conversion of IV Tramadol to morphine equivalents, please use 100 mg tramadol IV = 10 mg morphine IV.

Question 63: Was non-steroidal anti-inflammatory drug (NSAID) given postoperatively. Is Paracetamol included?

Don't include paracetamol

CRF2 "follow-up at 90 days".

You can complete the CRF2 at 90 days, but
- **Post-operative** complications and discharge-related questions are evaluated between **day 0 and day 30**
- Administrated chemo/radiotherapy and **oncological** complications are evaluated at **90 days**
- if chemo/radiotherapy is started postoperatively but last for more than 90 days, please write the data of completion of the treatment, even though it is after 90 days.

We would like to include one patient who has two localisations of primary tumor: right colon and rectum. However, it is impossible to select two localisations in the eCRF. Do we select just only one tumor? Or is it possible for you to change the eCRF to able us to select two localisations?