

ENCORE Patient Identification Coversheet for CRF

Confidential

This coversheet is intended to help site staff link local patient data to the study-specific patient identification code.

After completing follow-up, this coversheet should be saved separately from the CRF and filed in a secure place. The information on this coversheet will NOT be collected in the CRF.

This coversheet is for local use ONLY.

Patient Identifying Data	
Date paper CRF created	_ _ / _ _ / _ _ _ _ (dd/Mmm/YYYY)
Subject Date of birth	_ _ / _ _ / _ _ _ _ (dd/Mmm/YYYY)
Subject ID (OpenClinica eCRF Subject ID number)	_ _ - _ _ - _ _ (Use the 3 digit code for the country, 3 digit code for the hospital and 3 digit individual patient number)
Identification <i>Complete with available data</i>	Patient Hospital/local Identification Number (handwritten or sticker): First name: Last name:

Please cross the boxes below when data has been entered.

CRF number	Paper CRF	OpenClinica electronic CRF
CRF1: Data		
Section 1: Preoperative variables	<input type="checkbox"/>	<input type="checkbox"/>
Section 2: Preoperative staging and Management	<input type="checkbox"/>	<input type="checkbox"/>
Section 3: Surgical and Operative Characteristics	<input type="checkbox"/>	<input type="checkbox"/>
Section 4: Anaesthesia and Analgesia (Intraoperative)	<input type="checkbox"/>	<input type="checkbox"/>
Section 5: Postoperative Management until home discharge	<input type="checkbox"/>	<input type="checkbox"/>
CRF2: Follow-up at 90 days	<input type="checkbox"/>	<input type="checkbox"/>
CRF3: Follow-up at 3 years	<input type="checkbox"/>	<input type="checkbox"/>

ENCORE: Case Report Form

Effects of Anaesthetics on colorectal cancer outcomes

CRF1: Operative Data			
Section 1: Preoperative variables			
1. Subject ID*	_ _ - _ - _ _ - _ _ - _ _ _ _ Use a 3 digit code for the Country, Hospital and individual Patient number, respectively, separated with hyphens: xxx-xxx-xxx		
2. Written informed consent applicable?*	<input type="radio"/> No <input type="radio"/> yes	If yes, date of written informed consent _ _ - _ - _ _ - _ _ _ _ (dd-Mmm-YYYY)	
3. Age (years)*	_ _ [18-100]	4. Sex	<input type="radio"/> M <input type="radio"/> F
5. Weight (Kg)*	_ _ [30-180]	6. Height (cm)	_ _ _ [120-210]
7. Regular tobacco consumption*	<input type="radio"/> Never <input type="radio"/> Stopped > 30 days <input type="radio"/> Stopped < 30 days <input type="radio"/> Current <input type="radio"/> Not available		
8. Regular alcohol consumption*	<input type="radio"/> No <input type="radio"/> Yes: < 5 standard glasses / week <input type="radio"/> Yes: 5-10 standard glasses / week <input type="radio"/> Yes: >10 standard glasses / week <input type="radio"/> Not available		
Co-morbid conditions (preoperative)			
9 Previous stroke or TIA (Transient ischemic attack) *	<input type="radio"/> No	<input type="radio"/> Yes	
10 Hypertension*	<input type="radio"/> No	<input type="radio"/> Yes	
11 Angina pectoris*	<input type="radio"/> No	<input type="radio"/> Yes	
12 Cardiac failure*	<input type="radio"/> No	<input type="radio"/> Yes NYHA I <input type="radio"/> Yes NYHA II <input type="radio"/> Yes NYHA III	
13 COPD (Chronic obstructive pulmonary disease)*	<input type="radio"/> No	<input type="radio"/> Yes	
14 Diabetes mellitus*	<input type="radio"/> No	<input type="radio"/> Yes, Type I <input type="radio"/> Yes, Type II on oral medications <input type="radio"/> Yes, Type II on oral medication and/or insulin	
15 Liver disease*	<input type="radio"/> No	<input type="radio"/> Yes, Childs-Pugh A <input type="radio"/> Yes, Childs-Pugh B/C	
16 Renal insufficiency*	<input type="radio"/> No	<input type="radio"/> Elevated creatinine (> 110µmol/L for males, >100 µmol/L for females <u>OR</u> eGFR < 60 mL/min/1.73m ²) <input type="radio"/> Peritoneal dialysis <input type="radio"/> Hemodialysis	
17 Other cancers*	<input type="radio"/> No	<input type="radio"/> Yes. If yes, please enter details below:	
		17.1 Type of cancer	* 17.2 Status
			<input type="radio"/> Resolved (no further follow up) <input type="radio"/> Not resolved (ongoing)
			<input type="radio"/> Resolved (no further follow up) <input type="radio"/> Not resolved (ongoing)
			<input type="radio"/> Resolved (no further follow up) <input type="radio"/> Not resolved (ongoing)

18 Family History of Colorectal Cancer*	<input type="radio"/> No	<input type="radio"/> Yes, immediate relative <input type="radio"/> Yes, distant relative (cousins, uncles/aunts) <input type="radio"/> Not available
Preoperative chronic medication (>1 month preoperatively)		
19 Statins*	<input type="radio"/> No	<input type="radio"/> Yes
20 Beta-Blockers*	<input type="radio"/> No	<input type="radio"/> Yes If yes, Name:
21 Angiotensin-converting enzyme inhibitors (ACEi)/Angiotensin II Receptor Blockers (ARB) *	<input type="radio"/> No	<input type="radio"/> Yes
22 Acetylsalicylic acid (Aspirin)*	<input type="radio"/> No	<input type="radio"/> Yes
23 Opiate analgesics*	<input type="radio"/> No	<input type="radio"/> Yes
24 Non-steroidal anti-inflammatory drug (NSAID) *	<input type="radio"/> No	<input type="radio"/> Yes If yes, Name:
Physical Functioning Status		
25 ASA-Physical status*: <i>(see Appendix 11: ASA Physical Status Classification ENCORE Appendix 11: ASA-Physical status Classification ESAIC)</i>	<input type="radio"/> ASA 1: Healthy person <input type="radio"/> ASA 2: Mild systemic disease <input type="radio"/> ASA 3: Severe systemic disease <input type="radio"/> ASA 4: Life threatening disease	
26. mDASI-q4 (Modified Duke Activity Status Index)*. Mark maximum (best) capacity <i>(see Appendix 12: mDASI 4q ENCORE Appendix 12: mDASI - 4q ESAIC)</i>	<input type="radio"/> Bed-ridden or only minimal work at home <input type="radio"/> Able to climb a flight of stairs or walk up a hill <input type="radio"/> Able to do heavy work around the house (lifting and moving heavy furniture) <input type="radio"/> Able to do yard work (raking leaves or pushing a mower) <input type="radio"/> Able to participate in strenuous sports (swimming, tennis, football, skiing)	
27. Nutritional State*	<input type="radio"/> Normal nutrition, no weight loss in last 3 months <input type="radio"/> >5% weight loss in last 3 months <input type="radio"/> Poor intake in past week <input type="radio"/> Weight loss status not known	
28. Was patient referred to Prehabilitation program*	<input type="radio"/> No <input type="radio"/> Yes. 28.1 If yes, for how long: <input type="radio"/> <2 weeks <input type="radio"/> 2-4 weeks <input type="radio"/> >4 weeks duration	
	28.2* If yes, choose program(s) attended: <input type="checkbox"/> Smoking cessation > 4 weeks before surgery <input type="checkbox"/> Supervised aerobic exercise training before surgery (walking, cycling etc.) <input type="checkbox"/> <u>Supervised</u> resistance training e.g. gymnastic exercises <input type="checkbox"/> Breathing exercises <input type="checkbox"/> Nutritional program <input type="checkbox"/> Anemia optimization with iron infusion <input type="checkbox"/> Psychology support <input type="checkbox"/> Education class – (ERAS, Surgery School) <input type="checkbox"/> Other	
Lab tests (within 30 days of surgery) : If several, select test done closest to time of surgery		
	Result <i>(Write NA if not available.)</i>	Unit <i>(Please select appropriate unit)</i>
29. Albumin*		<input type="radio"/> g/dL [1-10] <input type="radio"/> g/L[10-100]
30. Haemoglobin*		<input type="radio"/> g/dL [5-20] <input type="radio"/> g/L[50-200] <input type="radio"/> mmol/L[3-15]
31. Total white blood cell (WBC) count*		WBCs/microL [4500-11.000]

32. C-Reactive Protein (CRP) *							mg/L [0 – 500]
33. Creatinine*							<input type="radio"/> mg/dL [0.1-10.0] <input type="radio"/> μmol/L [30-1000]
34. Carcinoembryonic antigen (CEA) Level*							ng/mL [0-500]
Section 2: Preoperative staging and Management							
35. Position of primary tumor*	<input type="radio"/> Appendix	<input type="radio"/> Caecum	<input type="radio"/> Right colon	<input type="radio"/> Transverse colon	<input type="radio"/> Left colon	<input type="radio"/> Rectum	
	35. 1* If, rectum: distance from anal verge measured by rigid rectoscopy <input type="radio"/> low (< 5 cm) <input type="radio"/> mid (5 - 10 cm) <input type="radio"/> high (10 up to 15 cm)						
36. T-Stage Clinical TNM (Primary Tumour) * <i>(See Appendix 8: Staging of colorectal-cancer ENCORE Appendix 8: Staging of colorectal cancer / ESAIC)</i>	<input type="radio"/> T1	<input type="radio"/> T2	<input type="radio"/> T3	<input type="radio"/> T4			
37. Nodes Clinical TNM (Nodes) *	<input type="radio"/> N negative			<input type="radio"/> N positive			
38. Metastasis Clinical TNM (Metastasis) *	<input type="radio"/> M0						
39. PRE-operative (Neo-adjuvant) Chemo-radiotherapy*	<input type="radio"/> No		<input type="radio"/> Yes. If yes, <input type="checkbox"/> 39.1 Chemotherapy: <input type="radio"/> FLOX <input type="radio"/> FOLFOX <input type="radio"/> FOLFIRINOX <input type="radio"/> Other 39.1.1 Date of start of chemotherapy dd-Mmm-YYYY _ _ - _ _ - _ _ _ _ 39.1.2 Date of end of chemotherapy dd-Mmm-YYYY _ _ - _ _ - _ _ _ _ <input type="checkbox"/> 39.2 Radiotherapy: 39.2.1 Date of start of radiotherapy dd-Mmm-YYYY _ _ - _ _ - _ _ _ _ 39.2.2 Date of end of radiotherapy dd-Mmm-YYYY _ _ - _ _ - _ _ _ _ 39.2.3 Total Dose: Gy				

Section 3: Surgical and Operative Characteristics

Surgery								
40. Date of Index (primary) surgery*	_ _ - _ _ - _ _ _ _ (dd-Mmm-YYYY)							
41. Technique*	<input type="radio"/> Laparoscopic <input type="radio"/> Robotic <input type="radio"/> Conversion from laparoscopic/robotic to open <input type="radio"/> Open							
42. Resected bowel segment*	<input type="checkbox"/> Appendectomy <input type="checkbox"/> Ileocecal resection <input type="checkbox"/> Right-sided colectomy <input type="checkbox"/> Extended right-sided colectomy <input type="checkbox"/> Transverse colectomy <input type="checkbox"/> Left-sided colectomy <input type="checkbox"/> Sigmoid resection <input type="checkbox"/> (Sub-) total colectomy <input type="checkbox"/> Partial mesorectal excision (PME, High Anterior Resection) <input type="checkbox"/> Total mesorectal excision (TME, Low Anterior Resection) <input type="checkbox"/> Intersphincteric abdominoperineal excision (APE) <input type="checkbox"/> Extralevator abdominoperineal excision (APE) <input type="checkbox"/> Proctocolectomy <input type="checkbox"/> Local excision <input type="checkbox"/> None <input type="checkbox"/> Other							
43. Resection of additional structures/ organs apart from bowel segment* (e.g. small bowel, urinary tract, genital organs, extra-mesenteric lymph nodes, pelvic sidewall)	<input type="radio"/> No <input type="radio"/> Yes							
44. Reconstruction*	<input type="radio"/> Primary anastomosis <input type="radio"/> Primary anastomosis with defunctioning stoma <input type="radio"/> Permanent stoma							
45. Duration of the surgery*	_ _ _ _ 30 - 1200 min							
46. Intraoperative blood loss*	_ _ _ _ 0 - 9999 ml							
47. Did the patient have a blood transfusion*	<input type="radio"/> No <input type="radio"/> Yes If yes, please enter details below:							
	47.1 ERC (red cells)	* _ _ _ _ (ml)						
	47.2 Plasma (FFP)	* _ _ _ _ (ml)						
	47.3 Thrombocyte (platelets)	* _ _ _ _ (ml)						
	47.4 Antifibrinolytics (e.g. Tranexamic Acid used)	<input type="radio"/> No <input type="radio"/> Yes						
	47.5 Albumin (ml)	* _ _ _ _ (ml)						
Histo-pathological Report								
48. T-Stage (Pathological TNM) *	<input type="radio"/> T0	<input type="radio"/> T1	<input type="radio"/> T2	<input type="radio"/> T3	<input type="radio"/> T4a	<input type="radio"/> T4b	<input type="radio"/> T4a/b	

49. Nodes (Pathological TNM)*	49.1. Number of examined regional nodes	[0-99]	
	49.2. Number of regional nodes with metastasis?	[0-99]	
	49.3. Tumor deposits	<input type="radio"/> No <input type="radio"/> Yes	
50. Metastasis (Pathological TNM)*	<input type="radio"/> M0		
51. R-Category*	<input type="radio"/> R0: Resection margin free of microscopic tumor growth	<input type="radio"/> R1: Resection margin with microscopic tumor growth	<input type="radio"/> R2: Resection margin with macroscopic tumor growth
52. Microscopic circumferential resection margin (CRM)*	<input type="radio"/> Presence of tumor cells in resection margin (CRM = 0mm) <input type="radio"/> Tumor cells within 1mm from resection margin (CRM >0 and <1mm) <input type="radio"/> No tumor cells within 1mm from resection margin (CRM 1mm or more)		
53. Extramural vein invasion*	<input type="radio"/> No <input type="radio"/> Yes		

SECTION 4: Anaesthesia & Analgesia (Intraoperative)

Anaesthesia

54. Inhalation anaesthesia*	<input type="radio"/> No <input type="radio"/> Yes	54.1 If yes: <input type="checkbox"/> Sevoflurane <input type="checkbox"/> Desflurane <input type="checkbox"/> Isoflurane <input type="checkbox"/> N ₂ O <input type="checkbox"/> Other
55. Total Intravenous Anaesthesia (TIVA)-propofol*	<input type="radio"/> No <input type="radio"/> Yes	

Analgesia

56. Neuraxial block*	<input type="radio"/> No <input type="radio"/> Yes	56.1 if yes: <input type="checkbox"/> Spinal <input type="checkbox"/> Thoracic Epidural <input type="checkbox"/> Lumbar Epidural <input type="checkbox"/> TAPP block <input type="checkbox"/> Opiates used with block <input type="checkbox"/> Other block used
57. Systemic opiates*	<input type="radio"/> No <input type="radio"/> Yes	57.1 If yes: <input type="checkbox"/> Fentanyl <input type="checkbox"/> Morphine <input type="checkbox"/> Remifentanyl <input type="checkbox"/> Sufentanyl <input type="checkbox"/> Other
58. Anti-inflammatory adjuncts*	<input type="radio"/> No <input type="radio"/> Yes	58.1 If yes: <input type="checkbox"/> Steroids (for PONV) <input type="checkbox"/> Non-steroidal anti-inflammatory drugs (NSAIDs) <input type="checkbox"/> COX-2 inhibitor <input type="checkbox"/> Lidocaine infusion <input type="checkbox"/> Paracetamol <input type="checkbox"/> Metamizole <input type="checkbox"/> Others

Section 5: Postoperative Management until home discharge

59. Were any blood products given* (ERC, Plasma or TRC)	<input type="radio"/> No <input type="radio"/> Yes . 59.1 If yes, total volume: <input type="radio"/> < 500 ml <input type="radio"/> 500 - 1000 ml <input type="radio"/> 1000 - 2000 ml <input type="radio"/> > 2000 ml
60. Epidural removed on*	Postoperative Day: <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> >3 days <input type="radio"/> Not applicable
61. Ineffective epidural requiring intervention*	<input type="radio"/> No <input type="radio"/> Yes - New epidural placed postoperatively <input type="radio"/> Yes - Rescued with epidural boluses <input type="radio"/> Yes - Rescue with opioids / PCA <input type="radio"/> Yes - Discontinued earlier than planned <input type="radio"/> Not applicable
62. Total postoperative i.v. morphine equivalents during first 72 hours after surgery*	<input type="radio"/> < 10 mg <input type="radio"/> 10 - 50 mg <input type="radio"/> 50 - 100 mg <input type="radio"/> > 100 mg <input type="radio"/> data not available/not possible to convert to morphine
63. Was Non-steroidal anti-inflammatory drug (NSAID) given postoperatively*	<input type="radio"/> No <input type="radio"/> Yes
64. Postoperative Noradrenaline or phenylephrine infusions for BP support*	<input type="radio"/> No <input type="radio"/> Yes
65. Postoperative destination for 1st night after surgery (PACU if remains in recovery, HDU if transferred to high-dependency but not ICU)*	<input type="radio"/> Ward <input type="radio"/> Extended Post Anaesthesia Care Unit (PACU) <input type="radio"/> High Dependency Unit (HDU) <input type="radio"/> Intensive Care Unit

CRF2: Follow-up at 90 days

Short-term: To be filled in at 90 days (± 14 days) from date of index (primary) surgery

66. If postoperative complications within 30 days, which organ system (tick all that apply)* <i>(See Appendix 13: Postoperative Complications ENCORE Appendix 13: Postoperative complications / ESAIC)</i>	<input type="checkbox"/> No postoperative complications within 30 days <input type="checkbox"/> Respiratory <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Renal <input type="checkbox"/> Central nervous system <input type="checkbox"/> Infectious <input type="checkbox"/> Hematological <input type="checkbox"/> Gastrointestinal (including anastomoses) <input type="checkbox"/> Other
---	--

67. Grade of postoperative complication within 30 days (<i>list highest Clavien-Dindo grade complication</i>)*		
<input type="radio"/> No postoperative complications within 30 days <input type="radio"/> I: <i>Acceptable therapeutic regimens are: drugs as antiemetics, antipyretics, analgetics, diuretics and electrolytes and physiotherapy. This grade also includes wound infections opened at the bedside.</i> <input type="radio"/> II: <i>Requiring pharmacological treatment with drugs other than such allowed for grade I complications. Blood transfusions and total parenteral nutrition are also included.</i> <input type="radio"/> IIIa: <i>Requiring surgical, endoscopic or radiological intervention NOT under general anaesthesia</i> <input type="radio"/> IIIb: <i>Requiring surgical, endoscopic or radiological intervention under general anaesthesia</i> <input type="radio"/> IVa: <i>Single organ dysfunction (including dialysis) requiring IC/ICU-management</i> <input type="radio"/> IVb: <i>Multi organ dysfunction (including dialysis) requiring IC/ICU-management</i> <input type="radio"/> V: <i>Death within 90 days.</i> 67.1, Date of death: _ _ - _ _ - _ _ _ _ dd-Mmm-YYYY		
68. Date of discharge from hospital after performing index (primary) surgery*		_ _ - _ _ - _ _ _ _ dd-Mmm-YYYY
69. Discharge to:*		<input type="radio"/> original living facility <input type="radio"/> other care facility <input type="radio"/> unknown
70. Re-admission within 30 days*		<input type="radio"/> No <input type="radio"/> Yes
71. Number of days at home (DAH) during 0 - 30 days after index (primary) surgery* (e.g. if 5 postoperative days + 2 days readmission, DAH = 23 days) <i>Please note that Day 0 = day of surgery. An intervention procedure that is not chemo and does not involve an overnight stay is still counted as a re-admission.</i>		_ _ _ days [0-30] <input type="radio"/> Not available
72. POST-operative (Adjuvant) Chemo-radiotherapy*	<input type="radio"/> No	<input type="radio"/> Yes. If yes, <input type="checkbox"/> 72.1 Chemotherapy: <input type="radio"/> FLOX <input type="radio"/> FOLFOX <input type="radio"/> FOLFIRINOX <input type="radio"/> Other 72.1.1 Date of start of chemotherapy dd-Mmm-YYYY _ _ - _ _ - _ _ _ _ 72.1.2 Date of end of chemotherapy dd-Mmm-YYYY _ _ - _ _ - _ _ _ _ <input type="checkbox"/> 72.2 Radiotherapy: 72.2.1 Total Dose: Gy
Oncological complications (see protocol for details):		
73. New onset Dysesthesia*	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not available	73.1 If yes: Grade <input type="radio"/> I <input type="radio"/> II <input type="radio"/> III
74. New onset Neuralgia*	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not available	74.1 If yes: Grade <input type="radio"/> I <input type="radio"/> II <input type="radio"/> III

75. New onset Paresthesia*	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not available	75.1 If yes: Grade <input type="radio"/> I <input type="radio"/> II <input type="radio"/> III
76. Worsening of oncological side effects compared to before surgery, evaluated when appropriate*	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not available	76.1 If yes: Grade <input type="radio"/> I <input type="radio"/> II <input type="radio"/> III

CRF3: Follow-up at 3 years											
Long-term: To be filled in after 3 years (±90 days) from date of index (primary)surgery											
77. Was the Carcinoembryonic antigen (CEA) level taken after surgery?*	<input type="radio"/> No <input type="radio"/> Yes. If yes please complete table below: <table border="1" style="width: 100%; margin-top: 5px;"> <thead> <tr> <th style="width: 50%;">77.1 CEA Date (dd-Mmm-YYYY)</th> <th style="width: 50%;">77.2 CEA Value ng/ml [0 - 500]</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"> _ _ - _ _ - _ _ _ _ </td> <td></td> </tr> <tr> <td style="text-align: center;"> _ _ - _ _ - _ _ _ _ </td> <td></td> </tr> <tr> <td style="text-align: center;"> _ _ - _ _ - _ _ _ _ </td> <td></td> </tr> <tr> <td style="text-align: center;"> _ _ - _ _ - _ _ _ _ </td> <td></td> </tr> </tbody> </table>	77.1 CEA Date (dd-Mmm-YYYY)	77.2 CEA Value ng/ml [0 - 500]	_ _ - _ _ - _ _ _ _		_ _ - _ _ - _ _ _ _		_ _ - _ _ - _ _ _ _		_ _ - _ _ - _ _ _ _	
77.1 CEA Date (dd-Mmm-YYYY)	77.2 CEA Value ng/ml [0 - 500]										
_ _ - _ _ - _ _ _ _											
_ _ - _ _ - _ _ _ _											
_ _ - _ _ - _ _ _ _											
_ _ - _ _ - _ _ _ _											
78. Was the patient followed until first event (death, cancer recurrence) or 3 years postoperatively?*	<input type="radio"/> No <input type="radio"/> Yes. 78.1 Date of last follow-up without event: _ _ - _ _ - _ _ _ _ (dd-Mmm-YYYY)										
79. Death of patient between 90 days and 3 years postoperatively?*	<input type="radio"/> No <i>Please go to questions 79.2 and 79.3</i> <input type="radio"/> Yes <i>Please go to question 79.1</i>										
79.1 If Yes: Cause of death related to colorectal cancer resected during index (primary) surgery?*	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not available										
79.2 If No: <u>Local</u> recurrence within 3 years postoperatively?*	<input type="radio"/> Yes. 79.2.1 If yes, date local recurrence discovered: _ _ - _ _ - _ _ _ _ (dd-Mmm-YYYY) <input type="radio"/> No										
79.3 If No: <u>Systemic</u> recurrence within 3 years postoperatively?*	<input type="radio"/> Yes. 79.3.1 If yes, date systemic recurrence discovered: _ _ - _ _ - _ _ _ _ (dd-Mmm-YYYY) <input type="radio"/> No										