

Instructions for users: This registry has 3 components: The diagnosis and presentation form, the 30 day follow up form, and the 60 day follow up form. Day 0 is defined as the onset of SARS-CoV-2/COVID-19 symptoms, or positive test, whichever is earlier. Any field that is not known should be left blank or marked as UNKNOWN if required. No identifying information for the patient is requested, and none should be provided. At the completion of the online form, respondents will see a unique code for each form that respondent should retain, in the event that they wish to return to add or change any information. The data entered for each case will be available to download (PDF) at the completion of the form and emailed to the email address provided. All initial case reports will receive the 30 Day Follow-up form by email. Cases which have not recovered at 30 days will receive the 60 Day Follow-up form by email. For questions about this project, contact COVID19ChildhoodCancer@STJUDE.ORG.

Center (Institution) Reporting Case

Name and email address of reporter (required):

Institution name: City: Country:

Patient Information (Initial Presentation)

1. New **laboratory-confirmed** case: Yes No Previously recovered and experiencing **reinfection?** Yes No

2. Sex: M F Other Is the patient 2 years of age or older? Yes If yes, age in years: _____
 No If no, age in months: _____ (use 0-23 months)

3. **Which of the following samples were obtained and returned a SARS-CoV-2/COVID-19 positive result? (select all that were positive)**
 Nasal swab Nasopharyngeal swab Oropharyngeal swab
 Tracheal aspirate Bronchioalveolar lavage (BAL) Blind BAL
 Stool/anal swab Blood Other (specify):

4. **What is the underlying malignancy of this patient?**
 Acute lymphoblastic leukemia Hodgkin lymphoma Ewing sarcoma Retinoblastoma
 Acute myeloid leukemia Burkitt lymphoma Hepatoblastoma Rhabdomyosarcoma
 Acute lymphoblastic lymphoma Neuroblastoma Wilms tumor
 Central nervous system tumor (specify*) Other non-Hodgkin lymphoma (specify*)
 Osteosarcoma Non-CNS Germ cell tumors
 Other malignancy (specify*)
*Specify malignancy details:

5. **What type of treatment (if any) is the patient receiving?**
 Cancer-directed therapy Palliative therapy (including oral chemotherapy) Follow-up (treatment completed) (jump to 5a)
 Disease monitoring ("watch and wait"; no active treatment) (jump to 6) Unknown (jump to 6)
If receiving cancer-directed OR palliative therapy, select all that apply: Chemotherapy Surgery Radiation Therapy
If chemotherapy, when was the last treatment? Within the last 30 days More than 30 days ago
If acute lymphoblastic leukemia or lymphoma, select the phase of treatment that applies:
 Induction Consolidation Reinduction
 Interim maintenance Maintenance or continuation
 Relapse/Refractory therapy Immunotherapy/cell therapy
If acute myeloid leukemia or other lymphomas, specify the regimen Initial therapy regimen Relapse/refractory therapy
If surgery, when was the last surgery? Within the last 30 days More than 30 days ago
If radiation therapy, when was the last treatment? Within the last 30 days More than 30 days ago

- 5a. **If on follow-up, how long since the last chemotherapy?** < 3 months 3 to < 12 months 1 to 5 years > 5 years

6. **Has the patient received a stem cell infusion, or receiving preparative therapy for stem cell transplant?** Yes, already received stem cell infusion
 Yes, receiving preparative therapy (jump to 7)
 No (jump to 7)
 Unknown (jump to 7)
If already received transplant, what type? Autologous stem cells Matched related stem cells
 Matched unrelated stem cells Haploidentical stem cells Cord blood
How many days post-transplant is the patient at the time of SARS-CoV-2/COVID-19 presentation? <30 days 31-99 days 100-300 days > 300 days

7. At time of SARS-CoV-2/COVID-19 presentation, what were the counts of the following? (leave blank if unknown)

Absolute Neutrophil Count: cells/mm³ Absolute Lymphocyte Count: cells/mm³

Risk Factors

8. Has the patient ever had radiation therapy? Yes No (jump to 9) Unknown (jump to 9)

If yes, what type(s) of radiation therapy did the patient receive?
Select all that apply Total Body Irradiation Lung(s) Mediastinum
 Head/Neck Other

When did the radiation therapy occur? 0-12 weeks ago 13-36 weeks ago >36 weeks ago

9. Besides malignancy, does the patient have other comorbidities? Select all that are known

Exposure to pulmonary toxins (specify*) History of high-dose steroids within the 14 days prior to day 0 Other (specify)**
 Preexisting pulmonary disease Preexisting heart disease None

***Specify pulmonary toxin exposure:**

****If other comorbidities, specify:**

SARS-CoV-2/COVID-19 Factors

10. Was the patient symptomatic when tested for SARS-CoV-2/COVID-19? Yes No (jump to 12)

If symptomatic, what symptoms were present? Select all that apply

Fever >100.4F/>38 C Cough Sore throat Headache
 Nausea Vomiting Body aches/myalgia Shortness of breath
 Tachypnea Diarrhea Lethargy Chills
 Rhinorrhea Stuffy nose Loss of sense of smell Loss of sense of taste
 Skin manifestation Chest pain

Other symptoms (specify):

11. How many days were symptoms present when tested for SARS-CoV-2/COVID-19? days leave blank if unknown

12. Did the patient have radiographic imaging (chest radiograph, computer tomography) of the chest? Yes No (jump to 13) Unknown (jump to 13)

What were the findings? Normal (jump to 13) Abnormal but expected (due to underlying cancer) (jump to 13)
 Unknown (jump to 13) Abnormal (attributed to COVID-19)

Specify abnormal findings attributed to COVID-19:

13. Were there any co-pathogens identified while testing for COVID-19? Yes No (jump to 14) Unknown (jump to 14)

If yes, select the source (select all that apply): Blood Respiratory Other Source (specify source):

If blood sample, specify pathogen(s):

If respiratory sample, specify pathogen(s):

If other sample, specify pathogen(s):

14. What was the status of the patient's clinical respiratory infection at presentation? Select the highest applicable severity of infection

In this instance, we are defining a lower respiratory tract infection (LRTI) as: A positive test for COVID-19 in upper respiratory tract samples (e.g. nasal wash) in conjunction with a physician diagnosis of pneumonia and/or bronchiolitis, or a positive test for COVID-19 in lower respiratory tract samples (e.g. tracheal aspirate, bronchoalveolar lavage)

Patient had no respiratory symptoms Upper respiratory tract infection
 Lower respiratory tract infection (e.g. pneumonia/bronchiolitis) Unknown

15. Did the patient require admission at the time of initial presentation?

Yes, new admission No admission required
 Patient was already admitted at time of SARS-CoV-2/COVID-19 diagnosis Unknown

16. Follow up at 30 days post infection is requested. If this case is already more than 30 days old, the follow up form will be sent immediately. Would you like access to the 30-day follow up form? Yes No

END OF INITIAL REPORT FORM (FORM 1 OF 3)

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Follow-Up Form (30 days after symptoms onset)

1. Was the patient hospitalized during the course of the SARS-CoV-2/COVID-19 illness?

- Yes, at the time of presentation
- Yes, after convalescence at home and deterioration
- Yes, patient was already hospitalized for another reason (e.g. management of primary disease)
- No, managed at home (*jump to 2*)
- Unknown (*jump to 2*)

If yes, is the patient still hospitalized?

- Yes No

How many days was the patient hospitalized? (Including today, if still hospitalized)days

2. Based on the SARS-CoV-2/COVID-19 diagnosis, did the patient receive any SARS-CoV-2/COVID-19 specific therapy?

- Yes No (*jump to 3*) Unknown (*jump to 3*)

Specify SARS-CoV-2/COVID-19 therapy (select all that apply):

- Hydroxychloroquine Nitazoxanide Lopinavir/ritonavir Interferon
- Ribavirin Azithromycin Intravenous Immunoglobulins (IVIG) Steroids
- Convalescent plasma Other Unknown

Other therapy (*specify*):

3. Was the patient admitted to a higher level of care due to his/her COVID-19 infection?

- Yes No (*jump to 4*) Unknown (*jump to 5*)

Identify the highest level of care that the patient received

- Intensive Care Unit (ICU)
- Intermediate Care Unit (IMCU)/High Dependency Unit (HDU)
- Emergency Room
- Unknown

Is the patient still receiving higher care?

- Yes No

How many days did the patient spend in the highest level of care? (Approximate number of days, including today, if still in higher care)days

4. What was the reason the patient did not receive a higher level of care?

- Patient status did not require higher level of care
- No space available in higher care
- Other (describe)

5. What was the most severe status of the patient's clinical respiratory infection during the course of the SARS-CoV-2/COVID-19 illness? Select the highest applicable severity of infection

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- Patient had no respiratory symptoms Upper respiratory tract infection
- Lower respiratory tract infection (e.g. pneumonia/bronchiolitis) Unknown

6. What was the highest level of respiratory support required? (select one)

- Room air (*jump to 7*)
- Regular nasal cannula/face mask
- High-flow nasal cannula
- CPAP/BiPap
- Intubation
- Unknown (*jump to 7*)

How many days total of oxygen support did the patient require? (Approximate number of days, including today if patient is still on oxygen support)days

How many days total of intubation did the patient require? (Approximate number of days, including today if patient is still intubated)days

- 7. Did the patient experience organ dysfunction / organ impairment as a consequence of SARS-CoV-2 / COVID-19? Select all that apply:
 - None
 - Cardiac
 - Renal
 - Neurologic
 - Multiorgan
 - Unknown

- 8. At follow-up (30 days after symptom onset) what is the patient's status?
 - SARS-CoV-2 / COVID-19 infection cleared (lab confirmed, clinically well)
 - SARS-CoV-2 / COVID-19 infection clinically resolved (not lab confirmed)
 - Tests for SARS-CoV-2 / COVID-19 continue positive but asymptomatic
 - Tests for SARS-CoV-2 / COVID-19 continue positive and patient is sick from SARS-CoV-2 / COVID-19 and complications
 - Expired, due to SARS-CoV-2 / COVID-19 infection or its complications
 - Expired, due to non-SARS-CoV-2 / COVID-19 cause
 - Unknown

If expired, how many days between date of positive SARS-CoV-2 / COVID 19 sample and date of patient death?
.....days

- 9. During this reporting interval (0-30 days), was oncology treatment plan modified due to SARS-CoV-2/COVID-19? (select all that apply)
 - Yes, chemotherapy dose(s) reduced
 - Yes, chemotherapy dose(s) withheld
 - Yes, radiation therapy was delayed
 - Yes, surgery was delayed
 - No, oncology treatment was delivered as planned
 - Unknown

- 10. If this case is not resolved/expired, it qualifies for a 60-day follow-up form. If this case is already more than 60 days old, the follow-up form will be sent immediately. Would you like access to complete the 60-day follow-up form? Yes No

END OF 30-DAY FOLLOW-UP FORM (FORM 2 OF 3)

Global COVID-19 in Pediatric Oncology

For laboratory-confirmed SARS-CoV-2/COVID-19

Hospital Record No: Case Form No:

For hospital record-keeping only. Do not report to online registry.

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Follow-Up Form (60 days after symptoms onset)

1. **At this time what is the patient's SARS-CoV-2 /COVID-19 infection status?**
 - SARS-CoV-2 / COVID-19 infection cleared (lab confirmed, clinically well)
 - SARS-CoV-2 / COVID-19 infection clinically resolved (not lab confirmed)
 - Tests for SARS-CoV-2 / COVID-19 continue positive but asymptomatic
 - Tests for SARS-CoV-2 / COVID-19 continue positive and patient is sick from SARS-CoV-2 / COVID-19 and complications
 - Expired, due to SARS-CoV-2 / COVID-19 infection or its complications
 - Expired, due to non-SARS-CoV-2 / COVID-19 cause
 - Unknown

2. **During this reporting interval (0-30 days), was oncology treatment plan modified due to SARS-CoV-2/COVID-19? (select all that apply)**
 - Yes, chemotherapy dose(s) reduced;
 - Yes, chemotherapy dose(s) withheld;
 - Yes, radiation therapy was delayed
 - Yes, surgery was delayed
 - No, oncology treatment was delivered as planned;
 - Not applicable (patient not receiving cancer-directed treatment)
 - Unknown

END OF 60-DAY FOLLOW-UP FORM (FORM 3 OF 3)