

# National Registry of COVID-19 Cases in Pediatric Cancer Patients

Clinicians caring for a pediatric cancer patient with a documented coronavirus (COVID 19) diagnosis should complete this survey.

Please report only confirmed COVID-19 cases. We will send you an email reminder in 4 weeks to update us on the outcome of COVID-19 in your patient.

Fields marked with a red asterisk (\*) are required.

If you have any questions, please contact us at:POCCReport@peds.uab.edu

## IMPORTANT STUDY INFORMATION

Please take a moment to review this information sheet prior to completing the survey:

[Attachment: "infosheet(clean)201109.PDF"]

Please enter an identifier (number 1-1000) for your own convenience. This cannot be the patient's MRN, date of birth, or social security number.

\_\_\_\_\_

(If this is the second infection you are reporting, please enter the same identifier you used for their initial record)

Is this the second infection you are reporting for a patient?

Yes  
 No

Can you please tell us what evidence you have that this is a second infection (e.g. - more than 90 days from initial infection, genotyping of both infections, etc.)?

\_\_\_\_\_

## Information About Person Completing the Survey

Person filling out the survey:  
(Last, First)

\_\_\_\_\_

E-mail address of person filling out the survey:

\_\_\_\_\_

Would you like to receive the regular POCC Reports?

Yes  No

May we contact you about future studies about children with cancer and COVID-19?

Yes  No

**Information about Cancer Diagnosis**

Patient's cancer diagnosis:

- Acute lymphocytic leukemia (ALL)
- Acute myelogenous leukemia (AML)
- Chronic myelogenous leukemia (CML)
- Diffuse Intrinsic Pontine Glioma (DIPG)
- Ependymoma
- Ewing's Sarcoma
- Germ Cell Tumor
- Hepatoblastoma
- Hodgkin Lymphoma
- Medulloblastoma
- Melanoma
- Neuroblastoma
- Non-Hodgkin Lymphoma
- Non-Rhabdo Soft Tissue Sarcoma (NRSTS)
- Optic Nerve Glioma
- Osteosarcoma
- Other Glioma
- High-Grade Glioma
- Low-Grade Glioma
- Retinoblastoma
- Rhabdomyosarcoma
- Wilms' Tumor
- Other

Please specify which cancer diagnosis:  
  
\_\_\_\_\_

Please check whether the patient is receiving therapy for a newly diagnosed disease or relapsed/recurrent disease:

- Newly Diagnosed     Relapsed/Recurrent Disease

Has the patient received HSCT?

- Yes     No

Information about Transplantation

If known, please include the year of transplant (YYYY):  
  
\_\_\_\_\_If known, please include the number of days between transplant and COVID-19 diagnosis:  
  
\_\_\_\_\_

What was the source of the stem cells?

- Bone marrow
- Peripheral Blood Stem Cell (PBSC)
- Umbilical cord
- Other
- Unknown

What was the degree of HLA match?

8/8 matched related  
 8/8 matched unrelated  
 7/8 mismatched  
 < 7/8 mismatched  
 Autologous  
 Other  
 Unknown

Has the patient ever received GVHD prophylaxis?

Yes  
 No

What GVHD prophylaxis has the patient received?  
(check all that apply)

	Ever Received	Received at time of COVID-19 diagnosis
Abatecept	<input type="radio"/>	<input type="radio"/>
Alemtuzumab	<input type="radio"/>	<input type="radio"/>
ATG	<input type="radio"/>	<input type="radio"/>
CSA	<input type="radio"/>	<input type="radio"/>
Ex-vivo T-cell depletion	<input type="radio"/>	<input type="radio"/>
Methylprednisone	<input type="radio"/>	<input type="radio"/>
MMF	<input type="radio"/>	<input type="radio"/>
MTX	<input type="radio"/>	<input type="radio"/>
Post-transplant cyclophosphamide	<input type="radio"/>	<input type="radio"/>
Siroliimus	<input type="radio"/>	<input type="radio"/>
Tacrolimus	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>
Unknown	<input type="radio"/>	<input type="radio"/>

Did the patient have acute GVHD at the time of COVID-19 diagnosis?

Yes    No

Please specify the location and grade. (Select all that apply)

	Grade 0	Grade 1	Grade 2	Grade 3	Grade 4
Skin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gut	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify the "other" location and grade.

\_\_\_\_\_

Did the patient have chronic GVHD at the time of COVID-19 diagnosis?

Yes    No

Where did it occur?  
(Select all that apply)

	Grade 0	Grade 1	Grade 2	Grade 3
Skin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gut	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lung	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GI (non-liver)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify the "other" location and grade:

\_\_\_\_\_

Did the patient have any other HSCT complications during the active time of COVID-19 diagnosis?

Yes  No

What HSCT complications did the patient have?

- IPS  
 TA-TMA  
 SOS/VOD  
 Other

What complication(s) did the patient have?

\_\_\_\_\_

Was the patient receiving any medications related to GVHD or other BMT complications within 14 days prior to COVID diagnosis?

Yes  No

What medications was the patient taking?  
(Check all that apply)

- Abatacept  
 Alemtuzumab  
 ATG  
 CSA  
 Defibrotide  
 ECP  
 Eculizumab  
 Etanercept  
 FAM-based therapy  
 Ibrutinib  
 Imatinib  
 Infliximab  
 Lovenox  
 MMF  
 MTX  
 Pentostatin  
 Rituximab  
 Ruxolitinib  
 Sirolimus  
 Steroids  
 Tacrolimus  
 Tocilizumab  
 Other

If you have them, please include the most recent transplant-related labs prior to COVID-19 diagnosis:

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CD4:

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CD8:

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CD19:

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CD56:

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**Information about Cancer Treatment**

Has the patient received chemotherapy in the last year?

- Yes    No

Which chemotherapy drug did the patient receive with their most recent cycle of chemotherapy?  
(Check all that apply)

- 6-Mercaptopurine
- 6-Thioguanine
- Blinatumomab
- Bleomycin
- Bortezomib
- Busulfan
- Carboplatin
- Cisplatin
- Clofarabine
- Cyclophosphamide
- Cytarabine
- Dactinomycin
- Dasatinib
- Daunorubicin
- Dinutuximab
- Doxorubicin
- Erwinia
- Etoposide
- Everolimus
- Fludarabine
- Gemtuzumab Ozogamicin
- Ifosfamide
- Imatinib
- Iobenguane I-131
- Ipilimumab
- Larotrectinib
- Melphalan
- Methotrexate
- Mitoxantrone
- Nelarabine
- Nivolumab
- Pegaspargase
- Pembrolizumab
- Procarbazine
- Steroids
- Vinblastine
- Vincristine Sulfate
- Other

Please specify which "other" chemotherapy drug(s):

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Days between COVID-19 diagnosis and start of last cycle of chemotherapy:

If on chemotherapy with cycles; how many days between COVID-19 diagnosis and start of last cycle:

If on ongoing chemotherapy (e.g. daily Pazopanib); how many days since last dose (will frequently be daily):

If ongoing daily oral chemotherapy (dasatinib, 6MP, etc) layered onto additional chemotherapy, how many days since start of cycle (for example, last dose of VCR/start of steroid pulse for ALL maintenance):

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Was the patient on any anticoagulation at the time of COVID-19 diagnosis?

Yes  No

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What anticoagulation was the patient on?

- Low molecular weight heparin (Lovenox)  
 Direct Oral Anticoagulant (DOAC - dabigatran, rivaroxaban, apixaban and edoxaban, etc.)  
 Aspirin  
 Other
- 

Please specify other:

\_\_\_\_\_

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Has the patient received radiation in the last year?

Yes  No

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(Select all that apply)

	Yes	No	Unknown
Radiation Therapy to Neck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radiation Therapy to Chest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radiation Therapy to Abdomen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radiation Therapy to Pelvis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radiation Therapy to Local Brain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radiation Therapy to Whole Brain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radiation Therapy to Spine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Please specify the location:

\_\_\_\_\_

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What treatment regimen is guiding this patient's treatment?

\_\_\_\_\_

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What phase of treatment is this patient in?

\_\_\_\_\_

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Is the patient currently on a cancer study?

- Yes  
 No -- Never enrolled on a study  
 Off-study -- Initially enrolled on a study, now removed  
 Unknown

In what State, Territory or Province was the patient diagnosed with COVID-19:

- District of Columbia (D.C.)    Alabama    Alaska    Arizona    Arkansas    California  
 Colorado    Connecticut    Delaware    Florida    Georgia    Hawaii    Idaho  
 Illinois    Indiana    Iowa    Kansas    Kentucky    Louisiana    Maine    Maryland  
 Massachusetts    Michigan    Minnesota    Mississippi    Missouri    Montana  
 Nebraska    Nevada    New Hampshire    New Jersey    New Mexico    New York  
 North Carolina    North Dakota    Ohio    Oklahoma    Oregon    Pennsylvania  
 Rhode Island    South Carolina    South Dakota    Tennessee    Texas    Utah  
 Vermont    Virginia    Washington    West Virginia    Wisconsin    Wyoming  
 Alberta    American Samoa    British Columbia    Guam    Manitoba    New Brunswick  
 Newfoundland and Labrador    Northern Mariana Islands    Northwest Territories    Nova Scotia  
 Nunavut    Ontario    Prince Edward Island    Puerto Rico    Quebec    Saskatchewan  
 U.S. Virgin Islands    Yukon

Age at diagnosis of COVID-19:  
(In years)

\_\_\_\_\_

Symptoms and sequelae most likely attributable to COVID-19 at time of diagnosis:  
(Select all that apply)

- Asymptomatic  
 Abdominal Pain  
 Chest pain  
 Confusion  
 Cough  
 Diarrhea  
 Fatigue  
 Fever  
 Headache  
 Hemoptysis  
 Loss of taste/smell  
 MIS-C/Atypical Kawasaki  
 Myalgias  
 Nausea or vomiting  
 Rhinorrhoea (Nasal Congestion)  
 Shortness of breath  
 Sore throat  
 Sputum production  
 Other

Please specify which "other" symptom(s):

\_\_\_\_\_

Do you know approximately how many days the symptoms lasted?

- Yes    No

Approximately how many days?

\_\_\_\_\_

Did the patient take G-CSF/GM-CSF/Neulasta/Neupogen in the four weeks prior to their COVID-19 diagnosis?

- Yes    No



What was the maximum level of support required due to COVID-19?  
(select all that apply)

- None
- Hospitalization
- ICU level care
- Oxygen
- BIPAP
- Intubation
- Pressors
- ECMO
- Dialysis
- Other
- Unknown

Please specify the level of support:

\_\_\_\_\_

Did the patient die?

- No
- Yes, the patient died WITHIN 12 weeks of COVID-19 diagnosis
- Yes, the patient died MORE THAN 12 weeks after COVID-19 diagnosis

How would you attribute the cause of death?

- Cancer
- Cancer and COVID-19
- COVID-19

Other comments about cause of death:

\_\_\_\_\_

CBC within 3 days of COVID-19 diagnosis [before or after]:

White Blood Cell Count (cells/ $\mu$ L)

e.g. Normal White Blood Cell Count = 4,500-11,000

e.g. Severe Neutropenia = ANC < 500

\_\_\_\_\_

ALC (cells/ $\mu$ L)

\_\_\_\_\_

ANC (cells/ $\mu$ L)

\_\_\_\_\_

Hemoglobin

\_\_\_\_\_

Platelets

\_\_\_\_\_

Comorbidities:  
(Select all that apply)

- None
- Asthma
- Cardiomyopathy
- Chronic Kidney Disease
- Diabetes
- GVHD
- History of Fungal infection
- Hypertension
- Long QT
- Other Lung Disease
- Current Smoker
- History of Smoking
- Currently Vaping
- History of Vaping
- Trisomy 21
- Obesity
- Other

Please specify other comorbidities present:

\_\_\_\_\_

Has the patient ever received Blinatumomab?

Yes  No  Unsure

Has the patient ever received Rituximab?

Yes  No  Unsure

Has the patient ever received CAR-T?

Yes  No  Unsure

Has the patient ever received Inotuzumab?

Yes  No  Unsure

**Did this patient's infectious workup identify any co-existing infections?**

	Yes	No	Unknown
Bacterial Infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Viral Infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fungal Infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If bacterial co-infection, please specify:

\_\_\_\_\_

If viral co-infection, please specify:

\_\_\_\_\_

If fungal co-infection, please specify:

\_\_\_\_\_

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Did CANCER treatment change with Corona Virus diagnosis and/or treatment?

Yes  No

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How was treatment changed?  
(Select all that apply)

- Delayed chemotherapy due to counts
  - Delayed chemotherapy not due to counts
  - Delayed radiation therapy
  - Delayed stem cell transplant
  - Delayed second opinion
  - Delayed scans
  - Other modifications to chemotherapy
  - Delayed cancer surgery
  - Delayed central line placement
  - Other
- 

How long was chemotherapy delayed for?

- Less than 2 weeks
  - 2 weeks or more
  - Unknown
- 

How long was radiation therapy delayed for?

- Less than 2 weeks
  - 2 weeks or more
  - Unknown
- 

How long was stem cell transplant delayed?

- Less than 2 weeks
  - 2 weeks or more
  - Unknown
- 

How long was the second opinion delayed?

- Less than 2 weeks
  - 2 weeks or more
  - Unknown
- 

How long were the scans delayed?

- Less than 2 weeks
  - 2 weeks or more
  - Unknown
- 

How long was cancer surgery delayed?

- Less than 2 weeks
  - 2 weeks or more
  - Unknown
- 

How long was central line placement delayed?

- Less than 2 weeks
  - 2 weeks or more
  - Unknown
- 

Is there anything else you'd like to add about the changes mentioned above?

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Did the patient receive any COVID-19 directed therapy?

(Select all that apply)

- No
- Anakinra
- Anticoagulation
- Azithromycin
- Bamlanivimab
- Convalescent Plasma
- Hydroxychloroquine (Plaquenil)
- Intravenous immunoglobulin (IVIG)
- Remdesivir
- Steroids
- Tocilizumab
- Other

Please specify what was used:

\_\_\_\_\_

Did the patient have a COVID-19 vaccine before their COVID-19 diagnosis?

- Yes
- No

How many doses?

- 1
- 2

What type of vaccine?

- Pfizer-BioNTech
- Moderna
- Johnson and Johnson
- Astra Zeneca
- NovaVax
- Other

If other, please specify which vaccine:

\_\_\_\_\_

Approximate number of days between the patient's last vaccine and positive COVID-19 test result:

\_\_\_\_\_

Have you already filled out our survey about the COVID-19 vaccine in children with cancer?

- Yes
- No

If so, what local identifier (number 1-1000) did you use when you filled out the COVID-19 vaccine survey?

\_\_\_\_\_

### Patient Demographic Information

What type of insurance does the patient have?

- Public (including military insurance - e.g. Tricare)
- Private
- Other
- Unknown

If other, please specify what type of insurance:

\_\_\_\_\_

Race:  
(Select all that apply)

- American Indian/Alaska Native  
 Asian  
 Native Hawaiian or Other Pacific Islander  
 Black or African American  
 White  
 Unknown / Not Reported

Ethnicity

- Hispanic or Latino   
  NOT Hispanic or Latino   
  Unknown / Not Reported

Gender

- Female   
  Male

Is there anything else that you would like to share about treating cancer patients with COVID-19 (can be based on this patient or other patients)?

\_\_\_\_\_

The following questions ask about the patient's status 4 weeks following her/his initial COVID-19 diagnosis. If you are entering these data retrospectively and the patient is >4 weeks from COVID diagnosis, please consider this to represent the patient status 4 weeks after the initial COVID diagnosis.

\_\_\_\_\_  
(@HIDDEN)

Do you know approximately how many days the symptoms lasted?

- Yes   
  No  
 (@HIDDEN)

If yes, how many days?

\_\_\_\_\_  
(@HIDDEN)

Maximum level of support required:  
(Select all that apply)

- None  
 Hospitalization  
 ICU level care  
 Oxygen  
 BIPAP  
 Intubation  
 Pressors  
 ECMO  
 Dialysis  
 Other  
 Unknown  
 (@HIDDEN)

Please specify the level of support:

\_\_\_\_\_  
(@HIDDEN)

Did CANCER treatment change with Corona Virus diagnosis and/or treatment in any way that you have not previously recorded above?

- Yes   
  No  
 (@HIDDEN)

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How was treatment changed?  
(Select all that apply)

- Delayed chemotherapy due to counts
- Delayed chemotherapy not due to counts
- Delayed radiation therapy
- Delayed stem cell transplant
- Delayed second opinion
- Delayed scans
- Other modifications to chemotherapy
- Delayed cancer surgery
- Delayed central line placement
- Other  
(@HIDDEN)

---

How long was chemotherapy delayed for?

- Less than 2 weeks
- 2 weeks or more
- Unknown  
(@HIDDEN)

---

How long was radiation therapy delayed for?

- Less than 2 weeks
- 2 weeks or more
- Unknown  
(@HIDDEN)

---

How long was stem cell transplant delayed?

- Less than 2 weeks
- 2 weeks or more
- Unknown  
(@HIDDEN)

---

How long was the second opinion delayed?

- Less than 2 weeks
- 2 weeks or more
- Unknown  
(@HIDDEN)

---

How long were the scans delayed?

- Less than 2 weeks
- 2 weeks or more
- Unknown  
(@HIDDEN)

---

How long was cancer surgery delayed?

- Less than 2 weeks
- 2 weeks or more
- Unknown  
(@HIDDEN)

---

How long was central line placement delayed?

- Less than 2 weeks
- 2 weeks or more
- Unknown  
(@HIDDEN)

---

Is there anything else you'd like to add about the changes mentioned above?

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(@HIDDEN)

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Did the patient receive any COVID-19 directed therapy in any way that you have not previously recorded above?  
(Select all that apply)

- No  
 Hydroxychloroquine (Plaquenil)  
 Azithromycin  
 Remdesivir  
 Tocilizumab  
 Steroids  
 Intravenous immunoglobulin (IVIG)  
 Anakinra  
 Convalescent Plasma  
 Other  
(@HIDDEN)

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Please specify what was used:

---

(@HIDDEN)

---

Did the patient develop MIS-C/Atypical Kawasaki?

Yes  No  
(@HIDDEN)

---

Did the patient take G-CSF/GM-CSF/Neulasta/Neupogen in the 4 weeks prior to their COVID-19 diagnosis?

Yes  No  
(@HIDDEN)

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Did the patient die?

Yes  No  
(@HIDDEN)

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Please list suspected cause of death:

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(@HIDDEN)

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Other comments about cause of death:

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(@HIDDEN)

---

Is there anything else that you would like to share about treating cancer patients with COVID-19 (can be based on this patient or other patients)?

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(@HIDDEN)

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Has it been 12 or more weeks since the patient's initial COVID-19 diagnosis?

Yes  No

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We will ask you to update the data until the patient is 12 weeks from their COVID-19 diagnoses, to ensure that we capture the full clinical course of COVID-19 in your patient.

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Was this patient found to be COVID-19 positive for more than 12 weeks following her/his initial COVID diagnosis?

Yes  No

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If so, how long? (please respond in number of days)

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How was the patient found to be positive? (Please check all that apply):

- RT-PCR
- Antigen
- Antibody
- Other

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Please specify "other":

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Did this patient develop a second wave of symptoms attributed to their COVID diagnosis?

- Yes
- No

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Which symptoms did the patient develop?

- Asymptomatic
- Chest pain
- Confusion
- Cough
- Diarrhea
- Fever
- Headache
- Hemoptysis
- Nausea or vomiting
- Rhinorrhoea
- Shortness of breath
- Sore throat
- Sputum production
- MIS-C/Atypical Kawasaki
- Loss of taste/smell
- Myalgias
- Other

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Please specify "other" symptoms the patient developed after 12 weeks of initial diagnosis:

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Did the patient die?

- Yes
  - No
- (@HIDDEN)

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Please list suspected cause of death:

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(@HIDDEN)

---

Other comments about cause of death:

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(@HIDDEN)

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Were there any additional complications that occurred 12 weeks after the patient's initial COVID diagnosis?

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ICU Admission Date #3:

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ICU Discharge Date #3:

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**If patient was intubated, please list the dates of intubation below. If the patient was not intubated, please leave the dates blank.**

Intubation Date #1:

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Extubation Date #1:

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Intubation Date #2:

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Extubation Date #2:

---

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Intubation Date #3:

---

---

Extubation Date #3:

---

---

If patient has died, please list the date of death:

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