

# Learning Endocrine Metabolic Outcomes of Nonoperative Alternative During the Epidemic

---

Record ID

\_\_\_\_\_

## Patient demographics

What is the patient's age?

\_\_\_\_\_

---

Is the patient of Hispanic or Latino origin or descent?

Hispanic or Latino     not Hispanic or Latino

---

Race

- American Indian/Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Black or African American
- White
- More Than One Race
- First Nations

---

Sex

- Female
- Male

Does this patient have any of the following comorbidity (Elixhauser index)?

(If none of the above, please leave blank.)

- AIDS/HIV
- Alcohol abuse
- Blood loss anemia
- Cardiac arrhythmias
- Chronic pulmonary disease
- Coagulopathy
- Congestive heart failure
- Deficiency anemia
- Depression
- Diabetes, uncomplicated
- Diabetes, complicated
- Drug abuse
- Fluid and electrolyte disorders
- Hypertension, uncomplicated
- Hypertension, complicated
- Hypothyroidism
- Liver disease
- Lymphoma
- Metastatic cancer (excluding primary diagnosis)
- Obesity
- Other neurological disorders
- Peptic ulcer disease, excluding bleeding
- Peripheral vascular disorders
- Paralysis
- Psychoses
- Pulmonary circulation disorders
- Renal failure
- Rheumatoid arthritis/collagen vascular diseases
- Solid tumor without metastasis (excluding primary diagnosis)
- Valvular disease
- Weight loss

**COVID ENTRY time point: The next set of questions are in reference to the time point when the patients care was delayed/deferred.**

COVID ENTRY TIME POINT: Date of initial delay when initial IN PERSON consultation, diagnostic work-up, surgery or surveillance postponed. For NEW CONSULTS seen during this time, use data of first Telehealth visit.

(Leave blank if no delay.)

Example: In Massachusetts, on March 15th, the Governor directed hospitals to postpone elective surgeries. If a patient was called to reschedule surgery or an appointment, this would be the COVID ENTRY date.

Which of the following parts of care were delayed/planned at COVID ENTRY time point (click all that apply)?

- Initial consultation
- Diagnostic work-up
- Surgery for benign, non-functional disease
- Surgery for benign, functional disease/endocrinopathy
- Surgery for indeterminate disease
- Surgery for cancer
- Surveillance of known cancer
- Surveillance of known benign or indeterminate disease
- Delay in adjuvant therapy
- Other
- No delay (i.e. patient had planned surgery)

If other, please type:

\_\_\_\_\_

What surgery was planned at COVID ENTRY?

\_\_\_\_\_

If surgery was delayed, what was the reasoning for the delay (click all that apply)?

- Patient considered low risk for disease progression in the short term.
- The risk of infection or exposure among patients and staff
- Preservation of vital resources within the health care system
- Patient request to reschedule
- Other

If surgery was delayed, did the patient have an FNA result or molecular testing of a thyroid nodule that you would usually recommend for surgery?

- Yes
- No
- Not applicable

Date of original planned clinic visit, diagnostic work-up, surgery, or follow-up ( i.e. the cancelled appointment date)? (Leave blank if no delay.)

\_\_\_\_\_

**If surgery proceeded without delay/as planned (i.e. non-elective), which of the following impacted the decision?**

	Not at all	A little	A lot
Review of case with colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient preference and/or anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Belief that it was not safe for patient to delay care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change in clinical status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If surgery proceeded as planned (i.e. non-elective), was the patient tested for Sars-CoV-2 prior to surgery?

- Yes
- No

What is the insurance status of the patient at COVID ENTRY time point?

- Private insurance
- Medicare/Medicaid
- Uninsured
- Canadian Universal Healthcare
- Other
- Unknown

Primary disease site

- Thyroid
- Parathyroid
- Adrenal
- Pancreatic/GI neuroendocrine tumors
- Other

If other site, please type:

\_\_\_\_\_

What is your patients primary thyroid diagnosis (at COVID ENTRY)?

- Thyroid nodule (s), multi nodular goiter  
 Thyroid cancer  
 Hyperthyroidism  
 Other

If other thyroid diagnosis, please type: \_\_\_\_\_

### Clinical staging

What type of thyroid cancer (if known at COVID ENTRY, leave blank if unknown)?

- Papillary  
 Follicular  
 Hurthle Cell  
 Medullary  
 Anaplastic  
 Other

What is the largest diameter of the dominant tumor based on imaging or clinical exam?

- < 1 cm  
 1-2 cm  
 2-3 cm  
 3-4 cm  
 > 4 cm  
 Not applicable, surgery for recurrent/persistent disease

Was there clinical/preoperative concern for local invasion into the nerve, trachea, or esophagus?

- Yes  
 No

Was there clinical or radiological suspicion or biopsy-proven cervical lymph node metastases?

- No evidence of lymph node metastases  
 Level VI, central compartment  
 Ipsilateral levels II-V  
 Contralateral level II-V

Is there evidence of distant metastases clinically/preoperatively?

- Yes  
 No  
 Don't know

Parathyroid diagnosis

- Primary hyperparathyroidism  
 Secondary hyperparathyroidism  
 Tertiary hyperparathyroidism  
 Recurrent/persistent hyperparathyroidism  
 Parathyroid carcinoma

What is the adrenal working diagnosis? (based on all available information)

Choose all that apply. For example, if the patient has a cortisol secreting tumor and worrisome features of ACC, choose both cortisol-secreting adenoma and suspicion of ACC.

- Non-functioning adenoma  
 SCS adenoma (some abnormal tests for glucocorticoid autonomy)  
 Cortisol-secreting adenoma  
 Aldosteronoma  
 ACC (adrenocortical carcinoma) or clinical suspicion of ACC  
 Adrenal metastasis (from extra-adrenal malignancy)  
 Macronodular bilateral hyperplasia  
 Micronodular bilateral hyperplasia  
 Pheochromocytoma  
 Myelolipoma  
 Cyst  
 Other

if other adrenal diagnosis, please type \_\_\_\_\_

What is the clinical tumor stage based on imaging or clinical exam?

- < 5 cm and it has not grown into tissues outside the adrenal gland (T1).
- ≥ 5 cm and it has not grown into tissues outside the adrenal gland (T2).
- The tumor is growing in the fat that surrounds the adrenal gland. The tumor can be any size (T3).
- The tumor is growing into nearby organs, such as the kidney, pancreas, spleen, and liver or large blood vessels (renal vein or vena cava). The tumor can be any size (T4).

What is the clinical/presurgical nodal stage based on imaging or clinical exam?

- It has not spread to nearby lymph nodes (N0)
- The cancer has spread to nearby lymph nodes (N1)
- Regional lymph nodes cannot be assessed due to lack of information (NX)

Is there clinical or imaging evidence of distant metastases?

- Yes
- No
- Don't know

**COVID RE-ENTRY time point: The next set of questions are in reference to the time point when the patients care resumed.**

COVID RE-ENTRY time point: Date of resumed IN PERSON clinical care (i.e. reschedule initial consult, diagnostic study, surgery, or adjuvant therapy)?  
(Leave blank if no delay or have not resumed IN PERSON care)

\_\_\_\_\_

Has the patient undergone surgery after COVID RE-ENTRY time point?

- Yes
- No

What surgery was performed at COVID RE-ENTRY?

\_\_\_\_\_

Did the operative plan change from COVID ENTRY planned surgery?

- Yes
- No

What was the final pathology?

\_\_\_\_\_

Did the patient have cancer on final pathology?

- Yes
- No

If cancer was found on final pathology, was this known at the time of surgery?

- Yes
- No

If thyroid cancer was found on final pathology, what was the subtype?

- Papillary thyroid carcinoma
- Follicular thyroid carcinoma
- Medullary thyroid carcinoma
- Hurthle cell carcinoma
- Poorly differentiated/anaplastic thyroid carcinoma
- Other

---

What is the pathological T-stage?	<input type="radio"/> TX <input type="radio"/> T0 <input type="radio"/> T1a <input type="radio"/> T1b <input type="radio"/> T2 <input type="radio"/> T3a <input type="radio"/> T3b <input type="radio"/> T4a <input type="radio"/> T4b
-----------------------------------	--

---

What is the pathological N stage?	<input type="radio"/> NX <input type="radio"/> N0 <input type="radio"/> N1a <input type="radio"/> N1b
-----------------------------------	--

---

What is the pathological M stage	<input type="radio"/> MX <input type="radio"/> M0 <input type="radio"/> M1
----------------------------------	--

---

What is the pathological T-stage?	<input type="radio"/> TX: cannot be assessed <input type="radio"/> T0: no evidence of primary tumor <input type="radio"/> T1: tumor ≤ 5 cm, no extra-adrenal invasion <input type="radio"/> T2: tumor > 5 cm, no extra-adrenal invasion <input type="radio"/> T3: extra-adrenal invasion but no invasion of adjacent organs <input type="radio"/> T4: invasion of kidney, diaphragm, pancreas, spleen, liver, renal vein or vena cava
-----------------------------------	--

---

What is the pathological N stage?	<input type="radio"/> NX: cannot be assessed <input type="radio"/> N0: no regional lymph node metastasis <input type="radio"/> N1: regional lymph node metastasis (ex: paraaortic, periaortic, retroperitoneal)
-----------------------------------	---

---

What is the pathological M stage?	<input type="radio"/> M0 <input type="radio"/> M1
-----------------------------------	--

---

If there was an initial delay in consultation, diagnostic work-up, surgery or surveillance , were there any intraoperative findings or evidence of progression of disease that, in your opinion, occurred during the delay?	<input type="radio"/> Yes <input type="radio"/> No
---	---

---

What is the insurance status of the patient at COVID RE-ENTRY time point?	<input type="radio"/> Private insurance <input type="radio"/> Medicare/Medicaid <input type="radio"/> Uninsured <input type="radio"/> Canadian Universal Healthcare <input type="radio"/> Other <input type="radio"/> Unknown
---	--

---

**SARS-CoV-2 testing and COVID status/complications**

	Yes	No	Don't know
Has the patient had antigen testing for SARS-CoV-2 (the virus causing COVID 19)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the patient tested (for SARS-CoV-2) for being symptomatic (versus screening)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has the patient tested positive for SARS-CoV-2?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has the patient had an antibody test for SARS-CoV-2?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has the patient had a positive antibody test for SARS-CoV-2?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the patient hospitalized for treatment of COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the patient die from COVID-19 related complications?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What was the date of the first SARS-CoV-2 test? \_\_\_\_\_

What was the date of the first POSITIVE SARS-CoV-2 test? \_\_\_\_\_

Was the patient seen using a virtual visit (telephone and/or video)?  Yes  No

Which parts of the patients care were discussed on a virtual visit (phone and/or video)?

- Initial consultation
- Discussion of diagnostic work-up (laboratory and/or imaging results)
- Surgical consent
- Discussion of COVID-19 (delay, testing, risk)
- Follow-up (established) visit for active surveillance of known cancer
- Follow-up (established) visit for endocrinopathy
- Other
- Not applicable

If Other, please type: \_\_\_\_\_

**Which factors impacted (re)scheduling surgery when deemed safe at your institution?**

	Not at all	Partially	Sole reason
Patient fear of contracting SARS-CoV-2?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Patient loss/change in health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient financial stress/loss of employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgery to be performed as an outpatient procedure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change in medical decision making/usual care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient elected to have surgery at another institution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of facility resources (e.g. operating room time)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient COVID-19 (SARS-CoV2) status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>