

APOLLO Case Report Form (CRF)

Use with Appendix (Data Dictionary) to help data collection.

REDCap unique ID
Data collection date range

Section 1: Baseline data fields				Date of presentation			
Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	ASA Grade <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V	Weight (kg)	Height (cm)	BMI		
Clinical frailty score <input type="checkbox"/> 1. Very fit. <input type="checkbox"/> 2. Well without active disease. <input type="checkbox"/> 3. Well with treated comorbid disease. <input type="checkbox"/> 4. Apparently vulnerable. <input type="checkbox"/> 5. Mildly frail. <input type="checkbox"/> 6. Moderately frail. <input type="checkbox"/> 7. Severely frail.	Charlson comorbidity index	<input type="checkbox"/> MI <input type="checkbox"/> CHF <input type="checkbox"/> PVD <input type="checkbox"/> CVA/ TIA <input type="checkbox"/> Dementia <input type="checkbox"/> COPD <input type="checkbox"/> Peptic Ulcer Disease <input type="checkbox"/> Hemiplegia <input type="checkbox"/> Leukaemia <input type="checkbox"/> Lymphoma <input type="checkbox"/> AIDS					
		Diabetes mellitus	<input type="checkbox"/> Diet controlled <input type="checkbox"/> Uncomplicated <input type="checkbox"/> End-organ damage				
		Liver disease	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe				
		CKD	<input type="checkbox"/> eGFR < 60 <input type="checkbox"/> Dialysis <input type="checkbox"/> Post kidney transplant <input type="checkbox"/> uraemia				
		Solid tumour	<input type="checkbox"/> Localised <input type="checkbox"/> Metastatic <input type="checkbox"/> None of the Above				
Smoking Status	<input type="checkbox"/> Current <input type="checkbox"/> Stopped smoking <6 weeks <input type="checkbox"/> Stopped smoking 6 weeks - 1 year <input type="checkbox"/> Stopped smoking >1 year <input type="checkbox"/> Never smoked <input type="checkbox"/> Unknown		History of abdominal surgery <input type="checkbox"/> Yes <input type="checkbox"/> No	Including this operation, number of operations in the 30-days prior to procedure		<input type="checkbox"/> 1 operation <input type="checkbox"/> 2 operations <input type="checkbox"/> >2 operations	
Section 2: Disease details							
Known cancer	<input type="checkbox"/> Yes - date of diagnosis dd/mm/YYYY <input type="checkbox"/> No	If known cancer, status of known cancer	<input type="checkbox"/> Awaiting elective surgery <input type="checkbox"/> Undergoing neoadjuvant chemotherapy/radiotherapy before surgery <input type="checkbox"/> Non-surgical management (including palliative) <input type="checkbox"/> Other (specify) _____			Reason for acute presentation	<input type="checkbox"/> Bowel obstruction <input type="checkbox"/> Haemorrhage <input type="checkbox"/> Anaemia <input type="checkbox"/> Perforation <input type="checkbox"/> Other (specify) _____
Location of tumour		<input type="checkbox"/> Caecum <input type="checkbox"/> Ascending colon <input type="checkbox"/> Hepatic Flexure <input type="checkbox"/> Transverse colon <input type="checkbox"/> Splenic flexure <input type="checkbox"/> Descending colon <input type="checkbox"/> Sigmoid or rectosigmoid <input type="checkbox"/> Rectum <input type="checkbox"/> Synchronous → branching					
FIT status in past year	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown		Colonic investigation in past year	<input type="checkbox"/> Colonoscopy <input type="checkbox"/> CT colonography <input type="checkbox"/> CT colonoscopy minimal preparation <input type="checkbox"/> Malignancy diagnosed <input type="checkbox"/> Polyp resected <input type="checkbox"/> Polyp not resected <input type="checkbox"/> Nil findings			
			If yes:				
Section 3: Radiological and endoscopic investigations							
Radiological assessment	Yes : <input type="checkbox"/> Non-contrast CT, <input type="checkbox"/> Contrast CT, <input type="checkbox"/> MRI rectum, <input type="checkbox"/> Abdominal XR, <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> No		Radiological features	<input type="checkbox"/> Circumferential tumour <input type="checkbox"/> Strictureing tumour <input type="checkbox"/> Obstructing tumour			
Endoscopic assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No		Endoscopic findings	<input type="checkbox"/> Unable to pass scope <input type="checkbox"/> Circumferential tumour <input type="checkbox"/> Strictureing tumour <input type="checkbox"/> Ulcerating tumour <input type="checkbox"/> Polypoid tumour. <input type="checkbox"/> Obstructing tumour			
T-stage	<input type="checkbox"/> T1 - Invades submucosa <input type="checkbox"/> T2 - Invades muscularis propria <input type="checkbox"/> T3 - Beyond muscularis propria <input type="checkbox"/> T4 - Adjacent organs/peritoneum		N-stage	<input type="checkbox"/> NX (cannot be assessed) <input type="checkbox"/> N0. <input type="checkbox"/> N1 (1-3 nodes) <input type="checkbox"/> N2 (4+ nodes)		M-stage	<input type="checkbox"/> MX (cannot be assessed) <input type="checkbox"/> M0 (no distant metastases) <input type="checkbox"/> M1 (distant metastases)
RAS status	<input type="checkbox"/> Mutant <input type="checkbox"/> Not determined <input type="checkbox"/> Wildtype <input type="checkbox"/> Missing		Mismatch repair gene status	<input type="checkbox"/> Mutant <input type="checkbox"/> Not determined <input type="checkbox"/> Wildtype <input type="checkbox"/> Missing			
If known cancer , were CT/PET assessments done at the previous time of diagnosis?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Tick all radiological features that apply for the across:		<input type="checkbox"/> Circumferential tumour on radiology; <input type="checkbox"/> Strictureing tumour on radiology		
If known cancer , was endoscopy done at the previous time of diagnosis?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Tick all endoscopic features that apply for the across:		<input type="checkbox"/> Unable to pass endoscope beyond tumour <input type="checkbox"/> Strictureing disease on endoscopy		
Section 4: Management							
Intent of treatment	<input type="checkbox"/> Palliative (symptomatic treatment i.e. relief of obstruction without intention to attempt cure of cancer) <input type="checkbox"/> Curative (treat the cancer)						
Immediate management at this presentation (tick all that apply)	<input type="checkbox"/> Surgical <input type="checkbox"/> Procedural <input type="checkbox"/> Non-operative <input type="checkbox"/> Other (specify) _____						
		<input type="checkbox"/> Resection: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Subtotal <input type="checkbox"/> Total colectomy <input type="checkbox"/> Hartmann's procedure <input type="checkbox"/> Stoma: <input type="checkbox"/> Loop <input type="checkbox"/> End <input type="checkbox"/> Primary anastomosis <input type="checkbox"/> Colonic metallic stent <input type="checkbox"/> Transanal drainage tube					
Section 5: Surgical variables if undertaken							
Operative urgency	<input type="checkbox"/> Immediate <input type="checkbox"/> Urgent <input type="checkbox"/> Expedited <input type="checkbox"/> Elective		Intra-operative contamination	<input type="checkbox"/> Clean-contaminated <input type="checkbox"/> Contaminated <input type="checkbox"/> Dirty		Operative approach	<input type="checkbox"/> Open <input type="checkbox"/> Laparoscopic <input type="checkbox"/> Laparoscopic-assisted <input type="checkbox"/> Laparoscopic converted to open <input type="checkbox"/> Robotic <input type="checkbox"/> Robotic converted to open
Intraoperative complications	<input type="checkbox"/> None <input type="checkbox"/> Vascular injury <input type="checkbox"/> Bowel injury <input type="checkbox"/> Injury other organs or structures		Surgeon skill level	<input type="checkbox"/> Consultant colorectal surgeon <input type="checkbox"/> Emergency general surgeon/non-colorectal surgeon <input type="checkbox"/> Surgical resident/registrar <input type="checkbox"/> Other _____		Critical care unit admission	<input type="checkbox"/> Yes - planned <input type="checkbox"/> Yes - unplanned <input type="checkbox"/> No
Section 6: Endoscopic procedure variables if stenting undertaken for obstructing tumour							
Endoscopic urgency	<input type="checkbox"/> Immediate <input type="checkbox"/> Urgent <input type="checkbox"/> Expedited <input type="checkbox"/> Elective		Endoscopic complications	<input type="checkbox"/> None <input type="checkbox"/> Technical failure and inadequate decompression <input type="checkbox"/> Bowel perforation <input type="checkbox"/> Procedure abandoned		Proceduralist skill level	<input type="checkbox"/> Consultant colorectal surgeon <input type="checkbox"/> Consultant gastroenterologist <input type="checkbox"/> Surgical/gastroenterology resident/registrar <input type="checkbox"/> Other _____

Section 7: 30-day follow up								
Location	<input type="checkbox"/> Inpatient <input type="checkbox"/> Discharged from index admission dd/mm/yy	<input type="checkbox"/> Dead dd/mm/yy	Highest 30-day Clavien-Dindo complication grade (if surgery)			<input type="checkbox"/> None <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> IIIa/IIIb <input type="checkbox"/> IVa/IVb <input type="checkbox"/> V		
Section 8: 90-day follow up								
Location	<input type="checkbox"/> Inpatient <input type="checkbox"/> Discharged from index admission dd/mm/yy <input type="checkbox"/> Dead dd/mm/yy	Highest 90-day Clavien-Dindo (if surgery)		<input type="checkbox"/> None <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> IIIa/IIIb <input type="checkbox"/> IVa/IVb <input type="checkbox"/> V	Pathological results	<input type="checkbox"/> pR0 <input type="checkbox"/> pR1 <input type="checkbox"/> pR2	Started neoadjuvant chemotherapy	<input type="checkbox"/> Yes dd/mm/yy <input type="checkbox"/> No
Late complications of colonic stents?	<input type="checkbox"/> Yes dd/mm/yy Specify: <input type="checkbox"/> Migration <input type="checkbox"/> Obstruction <input type="checkbox"/> Other	<input type="checkbox"/> No <input type="checkbox"/> NA	Stoma reversed within 90 days	<input type="checkbox"/> Yes dd/mm/yy <input type="checkbox"/> No <input type="checkbox"/> NA	Elective colorectal resection completed if no primary surgery	<input type="checkbox"/> Yes dd/mm/yy <input type="checkbox"/> No <input type="checkbox"/> NA	Anastomotic leak (if surgery)	<input type="checkbox"/> Yes dd/mm/yy <input type="checkbox"/> No
Readmission within 90 days	<input type="checkbox"/> Yes dd/mm/yy <input type="checkbox"/> No	Reason for readmission:	<input type="checkbox"/> Bowel obstruction <input type="checkbox"/> Haemorrhage <input type="checkbox"/> Anaemia <input type="checkbox"/> Perforation <input type="checkbox"/> Other		Discharge date of readmission	dd/mm/yy <input type="checkbox"/> NA	Reoperation within 90 days	<input type="checkbox"/> Yes dd/mm/yy <input type="checkbox"/> No