

Patient Hospital ID:

Date of consult:

Cancer diagnosis: [Click or tap here to enter text](#) (please enter diagnosis, e.g. breast cancer)

Current Stage or Risk Group: (e.g. "Stage II" or "high-risk")

Treatment intent: Curative Palliative

Was Patient tested for COVID-19? prior to this consult? Yes No

Results: Positive Negative

Usual Institutional Practice ("standard of care") for this patient (i.e. typical care for this patient group):

Was usual practice followed? Yes No

Was the change in practice a result of:

Direct COVID-19 related consideration on health care provisions (e.g. COVID-19 positive patient)

Indirect COVID-19 related (e.g. patient preference etc.)

If no, please complete table below - **please check all that apply.**

Change in radiotherapy practice compared to usual institution practice	
Detail	Comments
<input type="checkbox"/> Radiotherapy not utilized	e.g. omission of vault therapy for endometrial cancer
<input type="checkbox"/> Delayed radiotherapy for this patient group – (new institutional COVID policy)	e.g. prostate cancer deferred for all early-stage disease
<input type="checkbox"/> Delayed radiotherapy treatment specific to this patient	e.g. neo-adjuvant treatment used to defer radiotherapy
<input type="checkbox"/> Altered dose/fractionation protocol	e.g. 5-fractions for breast cancer
<input type="checkbox"/> Radiotherapy used as an alternative to surgery or other usual management	e.g. usual surgery not possible
<input type="checkbox"/> Other: Please specify	Click or tap here to enter text
Key barriers or changes in usual care other than radiotherapy	
Detail	Comments
<input type="checkbox"/> Delayed diagnosis	e.g. biopsy or diagnostic surgery
<input type="checkbox"/> Suboptimal case information	e.g. definitive diagnosis or tumor markers unavailable
<input type="checkbox"/> Delayed workup/staging	e.g. staging CT/MR scans delayed; PET delayed
<input type="checkbox"/> Delayed or unavailable surgery	e.g. surgical resources unavailable
<input type="checkbox"/> Delayed or unavailable (neo)adjuvant systemic treatment	e.g. patient not suitable for adjuvant chemotherapy
<input type="checkbox"/> Delayed or unavailable allied care	e.g. unavailable dental services
<input type="checkbox"/> Other: Please specify	Click or tap here to enter text

Comments: [Click or tap here to enter text](#)