

THE MANAGEMENT OF OLDER (+75 years old) PATIENTS ADMITTED TO EMERGENCY DEPARTMENT WITH COMPLICATED COLORECTAL CANCER: THE CO-OLDER STUDY

* Indicates required question

THE CO-OLDER WSES STUDY



1. ID CO-OLDER LOCAL INVESTIGATOR *

DEMOGRAPHIC DATA

2. COUNTRY *

3. HOSPITAL SETTING *

Tick all that apply.

- Public hospital
- Private Hospital
- Rural hospital
- University/Academic hospital
- Level I Trauma Center
- Level II Trauma Center
- Level III Trauma Center
- Tertiary hospital

4. GENDER *

Mark only one oval.

- male
- Female

5. AGE *

6. WAS THE PATIENT MANAGED BEFORE OR AFTER THE COVID PANDEMIC BROKE OUT? *

Mark only one oval.

before the COVID pandemic (before the 11th March, 2020)

after the COVID pandemic (after the 11th March, 2020)

7. Date of admission to the ED

Example: 7 January 2019

8. WAS THE PATIENT TESTED POSITIVE FOR COVID INFECTION? *

Mark only one oval.

Yes

No

9. DID THE PATIENT RECEIVE FULL VACCINATION (3 DOSES)AGAINST SARS-CoV-2? *

Mark only one oval.

Yes

No

10. DID THE PATIENT HAVE A KNOWN DIAGNOSIS OF COLORECTAL CANCER BEFORE THE ADMISSION?

Mark only one oval.

Yes

No

N/A

11. WAS THE PATIENT SCREENED FOR CRC BEFORE THE ADMISSION?

Mark only one oval.

Yes

No

N/A

12. IF "YES", HOW THE CRC WAS INVESTIGATED?

Mark only one oval.

Fecal Occult Blood Test only

Fecal Occult Blood Test+sigmoidoscopy

Fecal Occult Blood Test+colonoscopy

N/A

13. WHICH IS THE PATIENT'S LIVING CONDITION?

Mark only one oval.

- patient living at home with family
- patients living at home alone or in couple
- patient living in a healthcare facilities
- patient living in an institution

CLINICAL DATA AT ADMISSION IN EMERGENCY DEPARTMENT

14. WAS THE PATIENT EVALUATED BY A GERIATRIC PHYSICIAN? *

Mark only one oval.

- YES BEFORE SURGERY
- YES AFTER SURGERY
- YES, BEFORE AND AFTER SURGERY
- NO

15. COMORBIDITIES *

Tick all that apply.

- HEPATOPATHY
- CARDIOPATHY AND ARRHYTHMIA
- DIABETES
- CHRONIC KIDNEY FAILURE
- HYPERTENSION
- VASCULOPATHY
- CEREBRAL PATHOLOGY such as dementia, Alzheimer's syndrome, Parkinson's syndrome, chronic cerebral ischemia
- IMMUNOSUPPRESSION

16. IS THE PATIENT TREATED WITH ANTICOAGULANTS? *

Mark only one oval.

Yes

No

17. IF YES, WHICH TYPE OF ANTICOAGULANTS? *

Mark only one oval.

VKA

ORAL DIRECT ANTICOAGULANTS

ANTIPLATELET DRUG such as aspirin

18. IS THE PATIENT IN TREATMENT WITH CORTICOSTEROIDS? *

Mark only one oval.

YES

No

19. IS THE PATIENT TREATED WITH INSULIN? *

Mark only one oval.

Yes

No

20. IS THE PATIENT TREATED WITH METFORMIN? *

Mark only one oval.

Yes

No

21. IS THE PATIENT TREATED WITH ANTIHYPERTENSIVE DRUGS? *

Mark only one oval.

Yes

No

22. IF YES, WHICH TYPE OF ANTIHYPERTENSIVE DRUG? *

Mark only one oval.

ACE inhibitors

BETA blockers

Diuretics

Calcium channel blocker

Other: _____

23. DOES THE PATIENT HAVE A PACEMAKER?

Mark only one oval.

Yes

No

24. DID THE PATIENT HAS WALKING AUTONOMY BEFORE HOSPITAL ADMISSION? *

Mark only one oval.

Yes

No

25. WHICH SYMPTOMS DID THE PATIENT COMPLAIN ABOUT? *

Tick all that apply.

NAUSEA/VOMITING

LOSS OF APPETITE

SOMNOLENCE

CONFUSION

ABDOMINAL PAIN

ABDOMINAL DISTENTION

RECTORRAGIES

CONSTIPATION

DIARRHOEA

INABILITY TO PASS GAS

Other: _____

26. WEIGHT (KG) *

27. BODY MASS INDEX (Kg/m²) <https://www.calculator.net/bmi-calculator.html> *

28. CLINICAL ABDOMINAL EXAMINATION *

Tick all that apply.

- LOCALIZED PAIN
- DIFFUSE PAIN
- ABDOMINAL GUARDING
- BLUMBERG'S SIGN
- PALPABLE MASS
- NO PAIN

29. ASA SCORE *

Mark only one oval.

- 1=PATIENT WAS PREVIOUSLY HEALTHY AND FIT
- 2=PATIENT HAS MILD SYSTEMIC CONTROLLED DISEASE
- 3=THE PATIENT HAS SEVERE BUT NOT INCAPACITING SYSTEMIC DISEASE
- 4=THE PATIENT HAS INCAPACITATING SYSTEMIC DISEASE
- 5=THE PATIENT IS MORIBOND NOT EXPEDITED TO SURVIVE WITHOUT THE OPERATION
- 6=PATIENT DECLARED BRAIN-DEAD

30. CLINICAL FRAILITY SCORE

https://www.bgs.org.uk/sites/default/files/content/attachment/2018-07-05/rockwood_cfs.pdf

Mark only one oval.

- 1=VERY FIT
- 2=WELL
- 3=MANAGING WELL
- 4=VULNERABLE
- 5=MILDLY FRAIL
- 6=MODERATLY FRAIL
- 7=SEVERELY FRAIL
- 8=VERY SEVERELY FRAIL
- 9=TERMINALLY ILL

31. FRAILITY PHENOTYPE

https://www.cgakit.com/_files/ugd/2a1cfa_9d755fe39e1d48b7833b300d0cc26858.pdf

Mark only one oval.

- 0= ROBUST
- 1-2= PRE-FRAIL
- 3-4=FRAIL
- 5=VERY FRAIL

32. CHARLSON COMORBIDITY INDEX <https://www.mdcalc.com/calc/3917/charlson-comorbidity-index-cci>

33. BODY TEMPERATURE (°C) *

34. HEARTH RATE (beat/min) *

35. SYSTOLIC BLOOD PRESSURE (mmHg) *

36. RESPIRATORY RATE (n/min) *

37. GLASGOW COMA SCORE (<https://www.mdcalc.com/calc/64/glasgow-coma-scale-score-gcs>)

38. WSES SEPSIS SEVERITY SCORE
(<https://wjes.biomedcentral.com/articles/10.1186/s13017-015-0055-0/tables/5>)

LABORATORY DATA

39. WHITE BLOOD CELLS COUNT ($10^9/L$) *

40. HEMOGLOBIN (g/dL) *

41. SERUM ALBUMIN (g/dL) *

42. BLOOD GLUCOSE LEVEL (mg/dL) *

43. CRP (mg/L) *

44. PLATELETS COUNT (/ml) *

45. LACTATES LEVEL (mmol/L) *

46. CREATININEMIA (mg/dL) *

47. INR *

CLINICAL FEATURES AND MANAGEMENT

48. HEMODYNAMIC MONITORING *

Tick all that apply.

- STABLE AT EMERGENCY DEPARTMENT ADMISSION (PAS=>100mmHg)
- UNSTABLE AT EMERGENCY DEPARTMENT ADMISSION (PAS<100mmHg)
- STABLE AFTER RESUSCITATION
- STABLE WITH VASOPRESSORS

49. IF THE PATIENT WAS HEMODYNAMICALLY UNSTABLE; WHICH VASOPRESSOR WAS ADMINISTERED?

Mark only one oval.

- Norepinephrine
- Epinephrine
- Phenylephrine
- Vasopressin
- Dobutamine
- Dopamine
- Other: _____

50. WHICH RADIOLOGICAL EXAM WAS REQUIRED AT THE EMERGENCY DEPARTMENT TO MAKE DIAGNOSIS ?

Tick all that apply.

- ABDOMINAL PLAIN X-RAY
- NON ENHANCED COMPUTED TOMOGRAPHY
- ENHANCED COMPUTED TOMOGRAPHY
- ULTRASONOGRAPHY
- Other: _____

51. RADIOLOGICAL DIAGNOSIS AT ADMISSION *

Tick all that apply.

- OBSTRUCTION
- BLEEDING
- PERFORATION
- ISCHEMIA
- PERITONITIS
- Other: _____

52. TUMOR POSITION *

Tick all that apply.

- RIGHT COLON
- LEFT COLON
- SIGMOID COLON
- TRASVERSE COLON
- RECTOSIGMOID JUNCTION
- RECTUM
- REGIONAL PERITONEAL CARCINOMATOSIS
- DIFFUSE PERITONEAL CARCINOMATOSIS
- LIVER METASTASES
- INTESTINAL WALL INFILTRATION
- SPLENIC FLEXURE
- HEPATIC FLEXURE

53. c TNM colorectal staging by computed tomography

Tick all that apply.

- T1
- T2
- T3
- T4a
- T4b
- Mx
- M1a
- M1b
- M1c

54. TIMING FROM ADMISSION TO OPERATING ROOM (HOURS) *

55. WHICH WERE THE PERIOPERATIVE FINDINGS?

Tick all that apply.

- LOCALIZED PURULENT PERITONITIS
- DIFFUSE PURULENT PERITONITIS
- LOCALIZED FECAL PERITONITIS
- DIFFUSE FECAL PERITONITIS
- INTESTINAL ISCHEMIA
- BOWEL ISCHEMIA
- COLON PERFORATION
- INTESTINAL PERFORATION
- INTESTINAL WALL INFILTRATION
- HEMORRHAGIC INTRAPERITONEAL FLUID
- ASCITES
- PERITONEAL CARCINOMATOSES
- LIVER METASTASES

56. PRIMARY SURGICAL PROCEDURE *

Tick all that apply.

- RIGHT COLECTOMY WITH ANASTOMOSIS
- RIGHT COLECTOMY WITHOUT ANASTOMOSIS
- LEFT COLECTOMY WITH ANASTOMOSIS
- LEFT COLECTOMY WITHOUT ANASTOMOSIS
- SIGMOIDECTOMY AND ANASTOMOSIS
- HARTMANN'S PROCEDURE
- COLOSTOMY
- ILEOSTOMY
- SUBTOTAL COLECTOMY WITHOUT ANASTOMOSIS
- SUBTOTAL COLECTOMY WITH ILEORECTAL ANASTOMOSIS
- EXPLORATION OF THE ABDOMINAL CAVITY
- BYPASS/PALLIATIVE SURGERY

57. SECONDARY/ASSOCIATED PROCEDURE *

Tick all that apply.

- ADHESIOLYSIS
- DIVERTING COLOSTOMY
- DIVERTING ILEOSTOMY
- ILEOCOLOSTOMY/DOUBLE COLOSTOMY
- HEPATIC/PERITONEAL BIOPSY
- INTESTINAL RESECTION AND ANASTOMOSIS
- ENDOSCOPIC STENTING
- Other: _____

58. SURGICAL TIME (MINUTES) *

59. SURGICAL APPROACH *

Mark only one oval.

- LAPAROSCOPY
- LAPAROTOMY
- LAPAROSCOPY AND CONVERSION TO LAPAROTOMY

60. TYPE OF ANESTHESIA *

Mark only one oval.

- GENERAL ANESTHESIA
- LOCO-REGIONAL ANESTHESIA
- COMBINED ANESTHESIA (GENERAL AND EPIDURAL)

61. WAS THE PATIENT TREATED WITH AN EARLY EMPIRIC ANTIBIOTIC THERAPY?

Mark only one oval.

- Yes
- No

62. IF YES, FOR HOW MANY DAYS ANTIBIOTICS WERE ADMINISTERED?

63. WHICH ANTIBIOTICS WERE PRESCRIBED? *

Tick all that apply.

- Amoxicillin/clavulanate
- Ampicillin/sulbactam
- Piperacillin/tazobactam
- Ertapenem
- Meropenem
- Doripenem
- Ciprofloxacin
- Levofloxacin
- Moxifloxacin
- Ceftriaxone
- Ceftazidime
- Cefepime
- Ceftozolane/tazobactam
- Ceftazidime/avibactam
- Amikacin
- Gentamicin
- Tigecycline
- Metronidazole
- Colistimethate
- Teicoplanin
- Vancomycin
- Linezolid
- Other: _____

64. DID YOU COLLECT A SAMPLE OF INTRA-ABDOMINAL FLUID FOR CULTURE?

Mark only one oval.

- Yes
- No

65. WHICH BACTERIA WERE ISOLATED?

Tick all that apply.

- Enterococci
- Enterobacteriaceae (E.Coli)
- Pseudomonas aeruginosa
- Anaerobic gram-negative bacilli
- Other: _____

66. DID POSTOPERATIVE COMPLICATIONS OCCUR? *

Mark only one oval.

- YES
- No

67. WHICH TYPE OF POSTOPERATIVE COMPLICATIONS OCCUR? *

Tick all that apply.

- SURGICAL SITE INFECTION (DEEP AND SUPERFICIAL)
- HEARTH FAILURE
- PNEUMOPATHY
- ANASTOMOTIC DEHISCENCE
- INTRA-ABDOMINAL ABSCESS
- PERITONITIS
- Other: _____

68. CLAVIEN DINDO CLASSIFICATION

I: any deviation from the normal postoperative course without the need for pharmacological treatment or surgical, endoscopic, or radiological interventions

II: complication requiring pharmacological treatment with drugs other than such allowed for grade I complications

III: complication requiring surgical, endoscopic or radiological intervention

IIIa: intervention under regional/local anaesthesia

IIIb: intervention under general anaesthesia

IV: life-threatening complication requiring intensive care unit management

IVb: multiorgan dysfunction

V: patient's death

Mark only one oval.

grade 1

grade 2

grade 3a

grade 3b

grade 4

grade 5

69. Comprehensive Complication Index (CCI) <https://www.cci-calculator.com> *

HOSPITAL STAY DATA

70. WAS THE PATIENT ADMITTED TO THE INTENSIVE CARE UNIT? *

Mark only one oval.

YES

No

71. HOW MANY DAYS DID THE PATIENTS STAY IN ICU? *

72. DID THE PATIENT DEAD DURING THE HOSPITAL STAY? *

Mark only one oval.

YES

NO

73. LENGHT OF HOSPITAL STAY (LOS) (DAYS) *

74. WAS THE PATIENT DISCHARGED TO...? *

Mark only one oval.

HOME

HEALTHCARE FACILITY

TRASFERT TO ANOTHER MEDICAL WARD

Other: _____

75. OUTCOME AT 1-MONTH FOLLOW UP *

Tick all that apply.

DEAD

ALIVE

LOCAL CANCER RECURRENCE

DISTANT METASTASES

76. SPECIMEN HISTOPATHOLOGICAL FINDINGS *

Mark only one oval.

ADENOCARCINOMA

Other: _____

77. HOW WERE RESECTION MARGINS? *

Mark only one oval.

POSITIVE FOR CANCER CELLS

NEGATIVE FOR CANCER CELLS

78. NUMBER OF LYMPH NODES IN THE SPECIMEN *

79. WERE THERE POSITIVE LYMPH NODES? *

Mark only one oval.

YES

No

80. IF YES, HOW MANY LYMPH NODES ARE POSITIVE? *

81. pTNM

Tick all that apply.

- T1
- T2
- T3
- T4a
- T4b
- Nx
- N0
- N1a
- N1b
- N1c
- N2a
- N2b
- M0
- M1a
- M1b
- M1c

82. 3-MONTHS FOLLOW-UP *

Tick all that apply.

- DEAD
- ALIVE
- LOCAL CANCER RECURRENCE
- DISTANT METASTASES

83. 6-MONTHS FOLLOW-UP *

Tick all that apply.

- DEAD
 - ALIVE
 - LOCAL CANCER RECURRENCE
 - DISTANT METASTASES
-

This content is neither created nor endorsed by Google.

Google Forms

