## **Demographics and Diagnosis**

Unique REDCap ID	
	(Please keep a record of the linked hospital-level patient identifier on a password-encrypted spreadsheet, or paper form in a locked, secure location.)
CONTACT study eligibility	
Please confirm patient is an adult with suspected pancreatic cancer	<ul><li>Yes</li><li>No</li></ul>
The patient must have suspected or confirmed pancreatic cance	r to be eligible for the CONTACT study.
Did this patient initially present to a different institution? e.g. patient presents at St. Elsewhere Hospital, referred to Pancreatic Central Specialist Centre – patient will not be included at Pancreatic Central Specialist Centre as this was not the site of initial presentation	○ Yes ○ No
We are unable to include patients who were referred to your site after initially presenting at another site.	
Patient Demographics and diagnosis	
Please input patient age (in years) at presentation. The patient must be 18 or over to be eligible.	
Please select patient sex	<ul><li>○ Female</li><li>○ Male</li></ul>
Index of Multiple Deprivation SCORE (calculated from patients postcode using link https://tools.npeu.ox.ac.uk/imd/	(Please enter the score)
Index of Multiple Deprivation QUINTILE (calculated from patients postcode using link https://tools.npeu.ox.ac.uk/imd/	<ul> <li>1st</li> <li>2nd</li> <li>3rd</li> <li>4th</li> <li>5th</li> <li>(Please enter the quintile)</li> </ul>
WHO/ECOG Performance Status	<ul> <li>0 - Fully active, able to carry on all pre-disease activities</li> <li>1 - Restricted in physical strenuous activity, able to perform light work</li> <li>2 - Ambulatory and capable of all self-care, unable to work</li> <li>3 - Capable of limited self-care only.</li> <li>4 - Completely disabled. Confined to bed or chair. (Full definition available at: http://radiopaedia.org/articles/ecog-performance-st atus)</li> </ul>



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What was the patient's body mass index (BMI) at presentation?	<ul> <li>Underweight: BMI &lt; 18.5</li> <li>Normal (healthy weight): BMI 18.5-24.9</li> <li>Overweight: BMI 25-29.9</li> <li>Moderately obese: BMI 30-34.9</li> <li>Severely obese: BMI 35-39.9</li> <li>Very severely obese: BMI 40+</li> <li>(Online calculator: https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm)</li> </ul>
Did the patient have any comorbidities?	○ Yes ○ No
Co-morbidity (tick all that apply) see below for definitions	<ul> <li>Myocardial infarction</li> <li>Congestive cardiac failure</li> <li>Peripheral vascular disease</li> <li>CVA or TIA</li> <li>Dementia</li> <li>COPD</li> <li>Connective tissue disease</li> <li>Peptic ulcer disease</li> <li>Severe Liver disease</li> <li>Moderate liver disease</li> <li>Mild liver disease</li> <li>Diabetes mellitus - diet-controlled</li> <li>Diabetes mellitus - uncomplicated</li> <li>Diabetes mellitus - end-organ damage</li> <li>Hemiplegia</li> <li>Moderate to severe CKD</li> <li>Solid tumour - localised</li> <li>Solid tumour - metastatic</li> <li>Leukaemia</li> <li>Lymphoma</li> <li>AIDS</li> <li>Other</li> </ul>
If OTHER, please provide	
Please tick to confirm all the unticked options above DO NOT apply	I confirm the unticked comorbidities above do not apply to this patient
Comorbidity definitions:	
Myocardial infarction - History of definite or probable MI (EKG c	hanges and/or enzyme changes)
Congestive cardiac failure - Exertional or paroxysmal nocturnal afterload reducing agents	dyspnea and has responded to digitalis, diuretics, or
Peripheral vascular disease - Intermittent claudication or past be gangrene or acute arterial insufficiency, or untreated thoracic contents.	
CVA or TIA - History of a cerebrovascular accident with minor of	r no residua and transient ischemic attacks
Dementia - Chronic cognitive deficit	
Peptic ulcer disease - Any history of treatment for ulcer disease	or history of ulcer bleeding
Severe Liver disease - cirrhosis and portal hypertension with va	riceal bleeding history
Moderate liver disease - cirrhosis and portal hypertension but n	o variceal bleeding history
Mild liver disease - chronic hepatitis (or cirrhosis without portal	hypertension)

**₹EDCap**°

Date of presentation (index CT)?	
Date of treatment decision (date of MDT)	
What was the recommended treatment by the MDT?	<ul> <li>Surgery</li> <li>Neoadjuvant therapy</li> <li>Palliative therapy (e.g. chemotherapy or chemoradiotherapy)</li> <li>Best supportive care</li> </ul>
If unresectable, why?	<ul><li>Metastatic disease</li><li>Locally advanced disease</li><li>Performance Status</li><li>Patient Choice</li><li>Unclear</li></ul>
Was an EUS performed?	○ Yes ○ No
Date of EUS	
Was an MRI liver performed?	○ Yes ○ No
Date of MRI liver	
Was a PET scan performed?	○ Yes ○ No
Date of PET scan	
Was a pre-op tissue diagnosis obtained?	
Date of tissue diagnosis?	
Did the patient undergo biliary drainage i.e. ERCP or PTC	<ul> <li>Yes - ERCP</li> <li>Yes - PTC</li> <li>No - patient not jaundiced</li> <li>No- patient proceeded to surgery jaundiced</li> </ul>
Date of successful biliary drainage	

