

V5_GEN_FORM



HCC Recurrence & Rx

| | | | | | |
|---|-----|--|--|---|--------------|
| Did the patient develop cancer post transplant? | Yes | If yes to recurrence, Date of Recurrence (mm/dd/yyyy) | | Where was the initial site of recurrence? | Intrahepatic |
| | No | | | | Extrahepatic |

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|--|------|-------|-------------------------|-------|
| If extrahepatic, Location of extrahepatic recurrence | Bone | Lungs | Incision or abdom. wall | Other |
|--|------|-------|-------------------------|-------|

| | |
|--|--|
| Number of post-transplant ablations (0 for none) | |
|--|--|

| | | | | |
|---|---------------------|-------------------------|--|---------|
| Date of Ablation #1 (mm/dd/yyyy) | Type of Ablation #1 | Radiofrequency Ablation | If yes to resection, Type of Surgical Resection #1 | Wedge |
| | | Cryotherapy | | Segment |
| Alcohol Ablation | | Lobe | | |
| Chemoembolization | | Non-anatomic | | |
| Chemoinfusion | | | | |
| Surgical Resection | | | | |

| | | | | |
|---|---------------------|-------------------------|--|---------|
| Date of Ablation #2 (mm/dd/yyyy) | Type of Ablation #2 | Radiofrequency Ablation | If yes to resection, Type of Surgical Resection #2 | Wedge |
| | | Cryotherapy | | Segment |
| Alcohol Ablation | | Lobe | | |
| Chemoembolization | | Non-anatomic | | |
| Chemoinfusion | | | | |
| Surgical Resection | | | | |

| | | | | | |
|---------------------|--------------|---------------------|-------------------------|--|--------------|
| Date of Ablation #3 | (mm/dd/yyyy) | Type of Ablation #3 | Radiofrequency Ablation | If yes to resection, Type of Surgical Resection #3 | Wedge |
| | | | Cryotherapy | | Segment |
| | | | Alcohol Ablation | | Lobe |
| | | | Chemoembolization | | Non-anatomic |
| | | | Chemoinfusion | | |
| | | | Surgical Resection | | |

| | | | | | |
|---------------------|--------------|---------------------|-------------------------|--|--------------|
| Date of Ablation #4 | (mm/dd/yyyy) | Type of Ablation #4 | Radiofrequency Ablation | If yes to resection, Type of Surgical Resection #4 | Wedge |
| | | | Cryotherapy | | Segment |
| | | | Alcohol Ablation | | Lobe |
| | | | Chemoembolization | | Non-anatomic |
| | | | Chemoinfusion | | |
| | | | Surgical Resection | | |

| | | | | | |
|---------------------|--------------|---------------------|-------------------------|--|--------------|
| Date of Ablation #5 | (mm/dd/yyyy) | Type of Ablation #5 | Radiofrequency Ablation | If yes to resection, Type of Surgical Resection #5 | Wedge |
| | | | Cryotherapy | | Segment |
| | | | Alcohol Ablation | | Lobe |
| | | | Chemoembolization | | Non-anatomic |
| | | | Chemoinfusion | | |
| | | | Surgical Resection | | |

| | |
|--------------------------------------|-------------------|
| Chemotherapy and Radiation treatment | Y, Systemic |
| | Y, Regional/local |
| | N |

| | | | |
|--|--------------|---|--------------|
| If not ablative, Start date of therapy cycle | (mm/dd/yyyy) | If not ablative, Stop date of therapy cycle | (mm/dd/yyyy) |
|--|--------------|---|--------------|

| Therapeutic Agent used | Adriamycin | Cisplatin | 5FU | Combination Chemotherapy | Radiotherapy | Unknown | Other |
|--|------------|-----------|-----|--------------------------|--------------|---------|-------|
| Post-operative AFP evaluation(s) performed | | | | Yes | | | |
| | | | | No | | | |
| | | | | Unknown | | | |
| Post-operative AFP result at 3 months | | | | 3 months (ng/ml) | | | |
| Post-operative AFP result at 6 month | | | | 6 month (ng/ml) | | | |
| Post-operative AFP result at 1 year | | | | 1 year (ng/ml) | | | |
| Post-operative AFP result at 2 years | | | | 2 years (ng/ml) | | | |
| Post-operative AFP result at 3 years | | | | 3 years (ng/ml) | | | |

Start Time: 14:02:04 Stop Time: 14:02:04 Time To Generate: 0 seconds