

POST-TRANSPLANT - PATHOLOGY
BACK TABLE DAY 0/1 BIOPSY
HISTOLOGY FINDINGS
NIDDK Liver Transplantation Database

SURGICAL # _____ - _____

PATIENT ID _____ - _____

TRANSPLANT NO. _____

DATE OF SPECIMEN ____/____/____
MM DD YY

Pages 1-4 to be completed by **PATHOLOGIST**.

I. **SOURCE OF SPECIMEN** (check one): 1. Biopsy__ 2. Failed allograft__ 3. Autopsy__

II. **HISTOLOGICAL EVALUATION**

1. Are there more than 4 portal tracts? Yes__ No__

2. Is specimen otherwise considered adequate? Yes__ No__

3. PORTAL TRACT (check one under each category)

3.1 Overall inflammation intensity: 1. None__ 2. Mild__ 3. Moderate__ 4. Severe__

3.2 Bile duct inflammation/damage: Yes__ No__

3.3 Bile duct loss: Yes__ No__ Not evaluable__

IF YES

3.3.1 Number of portal tracts without ducts _____

3.3.2 Total number of portal tracts _____

3.4 Bile duct/cholangiolar proliferation (in any portal tract): Yes__ No__

4. INFLAMMATORY or NECROTIZING ARTERITIS: Yes__ No__

5. OBLITERATIVE ARTERIOPATHY: Yes__ No__

6. ENDOTHELITIS/SUBENDOTHELIAL INFLAMMATION: Yes__ No__

7. FIBROSIS: (check one under each category)

7.1 Portal: 1. None__ 2. Mild__ 3. Moderate__ 4. Severe (Bridging)__

7.2 Central: 1. None__ 2. Mild__ 3. Moderate__ 4. Severe (Bridging)__

8. LOBULAR DISARRAY/BALLOONING (check one): 1. None__ 2. Mild__ 3. Moderate__ 4. Severe__

9. NECROSIS (check one under each category):

9.1 Piecemeal or bridging: Yes__ No__

9.2 Hilum of the liver (duct walls, connective tissue): Yes__ No__ NA__

9.3 Infarct (ischemic necrosis): Yes__ No__ NA__

9.4 Other necrosis: Yes__ No__

9.5 Central lobular: Yes__ No__

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4. REJECTION

- 4.1 Consistent with humoral related rejection
- 4.2 Consistent with, but not diagnostic of, acute cellular rejection
- 4.3 Acute cellular rejection
- 4.4 Resolving acute cellular rejection
- 4.5 Consistent with chronic vascular rejection
- 4.6 Consistent with vanishing bile duct syndrome (if > 50% duct loss; see 3.3 on p.1)

5. OTHER

- 5.1 Essentially normal
- 5.2 Sepsis
- 5.3 Recurrent primary disease _____
specify (30 char)
- 5.4 Possible recurrent disease
- 5.5 Non-specific changes/cholestasis, NOS
- 5.6 Possible drug reaction
- 5.7 Other _____
specify (30 char)

To be completed by Clinical Coordinator after the pathologist completes I-III.

IV. 1. REASON FOR EVALUATION (check one)

- 1. Protocol biopsy

IF PROTOCOL BIOPSY

Check timepoint (check one):		
<input type="checkbox"/> 1. Day 0/day 1	<input type="checkbox"/> 6. Week 4	<input type="checkbox"/> 11. Year 2
<input type="checkbox"/> 2. Day 3	<input type="checkbox"/> 7. Week 5	<input type="checkbox"/> 12. Year 3
<input type="checkbox"/> 3. Week 1	<input type="checkbox"/> 8. Week 6	<input type="checkbox"/> 13. Year 4
<input type="checkbox"/> 4. Week 2	<input type="checkbox"/> 9. Month 4	<input type="checkbox"/> 14. Year 5
<input type="checkbox"/> 5. Week 3	<input type="checkbox"/> 10. Year 1	<input type="checkbox"/> 15. Other

- 2. Complication (suspected)
- 3. Failed allograft (retransplant)
- 4. Autopsy

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2. WAS THIS SPECIMEN A BIOPSY? Yes___ No___

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IF YES

2.1 TYPE OF SPECIMEN (check one):
 1. Needle biopsy
 2. Wedge biopsy
 3. Other _____
specify (30 char)

2.2 ROUTE OF BIOPSY (check one):
 1. Intercostal
 2. Subcostal
 3. Transjugular
 4. Operative
 5. Other _____
specify (30 char)

2.3 Was there a COMPLICATION of liver biopsy? Yes___ No___
IF YES

2.3.1 Check all that apply: many

2.3.1.1 Hypotension (< 90/60)

2.3.1.2 Bradycardia (< 60 beats/min)

2.3.1.3 Fall in HGB > 2 gm

2.3.1.4 Hematobilia

2.3.1.5 Bowel perforation

2.3.1.6 Infection occurred

2.3.1.7 Death

2.3.1.8 Other _____
specify (30 char)

2.3.2 Were any of the following required? (check as appropriate)

2.3.2.1 Transfusion

2.3.2.2 Operation

2.3.2.3 Hospitalization

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V. COMMENTS: Yes___ No___

IF YES

