

NIDDK

Liver Transplantation Database

POST-TRANSPLANT - PATHOLOGY BACK TABLE DAY 0/1 BIOPSY HISTOLOGY FINDINGS

06/02/1992

FORM KEYS
Patient ID
Transplant No
Date of Specimen// MM DD YY

Data Collector ID	 Center Initials
	DATE
Data Collection	/
Data Entry	/
Sysid	
Verification	/
Cleaned	
Transfer	/ /

MM DD YY

COMPLETION LOG

PB

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SURGICAL # ____-

	PATIENT ID
	TRANSPLANT NO
	DATE OF SPECIMEN/ MM DD YY
	Pages 1-4 to be completed by PATHOLOGIST.
ı.	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
	5.5.2 Total number of portal trades
	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. ENDOTHELIITIS/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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		PATIENT ID	-
10. CHOLESTASIS:	Yes No		
		3. Moderate 4. Seve	ere
12. LOBULAR INFLAMMA			
	,	3. Moderate 4. Seve	ere
12.2 Granulomatous:			
PATHOLOGIC DIAGNOS	SIS(ES) - based on His	tological Evaluation	
Rank all that apply in orde	r of importance, #1 beir	ng most important, #2 as ne	ext most important, etc.
1. BILIARY TRACT (proba	ably not related to reject	ion)	
1.1 Suggestive of	duct obstruction/cholan	gitis	
	(30 char)		
2. ISCHEMIC INJURY			
2.1 Ischemic injury	/ present		
IF PRESE	ENT 2.1.1 Was there	an infarct? Yes N	o
2.2 Preservation in	njury		
3. VIRAL HEPATITIS			
3.1 Possibly/proba	ably viral 1. Acute	2. Chronic persistent_	3. Chronic active
3.2 Definitely viral	hepatitis 1. Acute	2. Chronic persistent_	3. Chronic active
Check ap		on morphology (without spec anual for Technical Informat	
	main i or operatione me	andar for Toorningar innormat	
See Appe	· ·		
See Appe 1. Ade	novirus		
See Appe 1. Ade 2. CM	novirus V		
See Appe 1. Ade 2. CM' 3. EB\	enovirus V		
See Appe 1. Ade 2. CM	enovirus V / pes		

III.

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4. REJECTION			
4.1 Consistent with humoral related re	ejection		
4.2 Consistent with, but not diagnostic		etion	
4.3 Acute cellular rejection	·		
4.4 Resolving acute cellular rejection			
4.5 Consistent with chronic vascular r	rejection		
4.6 Consistent with vanishing bile dud	ct syndrome (if > 50% d	uct loss; see 3.3 on p.1)	
5. OTHER			
5.1 Essentially normal			
5.2 Sepsis			
5.3 Recurrent primary disease	:f . (20 -b)		
	ify (30 char)		
5.4 Possible recurrent disease	NOC		
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	r the pathologist comple	etes I-III.	
1. REASON FOR EVALUATION (check one)			
1. Protocol biopsy			
IF PROTOCOL BIOPSY			
Check timepoint (check one)):		
1. Day 0/day 1	6. Week 4	11. Year 2	
2. Day 3	7. Week 5	12. Year 3	
3. Week 1	8. Week 6	13. Year 4	
4. Week 2	9. Month 4	14. Year 5	
4. Week 2 5. Week 3	10. Year 1	15. Other	
2. Complication (suspected)			
3. Failed allograft (retransplant)			
4. Autopsy			
	PATIENT ID		
2. WAS THIS SPECIMEN A BIOPSY? Yes	s No		

IV.

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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:mary
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
2.3.2.3 Hospitalization
·
PATIENT ID
ENTS: Yes_ No_
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IF YES

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-				
(60 char/line)				
REJECTION GRADE				
PATHOLOGIST ID	 2 Digit	3 letter		
	2 Digit Center Code	Initials		

VI.

VII.