

Tables 7A-C are provided as sample templates for centers to use when recording HCC findings for auditing purposes. They are not to be submitted, and centers may chose to develop their own documentation methods.

Table 7A: Optional Reporting Template for MRI (use one form for each focal OPTN Class 5 liver lesion)

Patient Name	Patient Institutional Record #	Date of Study
DYNAMIC SERIES	=====	=====
SI (late arterial)	Hyper-enhancing: Yes____ No ____	
SI (portal vein phase)	Wash-out: Yes____ No ____ Pseudo-capsule enhancement Yes____ No ____	
SI (delayed phase)	Wash-out: Yes____ No ____ Pseudo-capsule enhancement Yes____ No ____	
	Macro-vascular invasion (tumor thrombus) Yes____ No ____	
MEASUREMENTS	=====	=====
Contrast phase used for measurement	() late arterial () portal venous () delayed	
Longest diameter in axial imaging plane	(.....) [cm]	Do not include the "pseudocapsule" on portal venous or delayed phase in the measurement
Longest diameter in cranio-caudal direction	(.....) [cm]	

(signed)

Table 7B: Optional Reporting Template for CT (use one form for each focal OPTN Class 5 liver lesion)

Patient Name	Patient Institutional Record #	Date of Study
DYNAMIC SERIES	=====	=====
SI (late arterial)	Hyper-enhancing: Yes____ No____	
SI (portal vein phase)	Wash-out: Yes____ No____ Pseudo-capsule enhancement Yes____ No____	
SI (delayed phase)	Wash-out: Yes____ No____ Pseudo-capsule enhancement Yes____ No____	
	Macro-vascular invasion (tumor thrombus) Yes____ No____	
MEASUREMENTS	=====	=====
Contrast phase used for measurement	() late arterial () portal venous () delayed	
Longest diameter in axial imaging plane	(.....) [cm]	Do not include the "pseudocapsule" on portal venous or delayed phase in the measurement
Longest diameter in cranio-caudal direction	(.....) [cm]	

(signed)

Table 7C: Optional Summary Report Template (use one form per patient with at least one OPTN Class 5 liver lesion)

Summary Report

Patient Name:

Patient institutional record #:

Date:

This exam is the ... Initial exam () Follow-up exam ()

Findings

Total number of OPTN class 5 lesions (HCC): _____

	Nodule OPTN Class [5A, 5A-g, 5T, 5X]	Nodule size [cm]
1		
2		
3		
4		

Milan criteria met? () yes () no

[1 lesion_2- 5cm diameter; 2 or 3 lesions 1- 3 cm diameter each, no vascular invasion, no evidence for extrahepatic spread of HCC]

Patient eligible for automatic priority MELD point allocation: () yes () no

(signed)