

# NCR Liver Metastases Registry

## Rationale

- Much less frequent than Colorectal liver metastases
- For long a non-surgical entity...
- Outcome as a whole, in pioneering groups not so different than that of Colorectal mets, even for cancers with hematogeneous spread (Breast)
- But still pending questions on the role of liver surgery vs systemic treatment
- Literature: small cohorts, heterogeneity of primaries, inclusion or not of NET...
- Key Question : What should be the place of liver surgery in the context of Liver Metastases of a cancer either of the stomach ,the pancreas, the breast, the kidney ?...

Should we resect or transplant LM from neuroendocrine tumors and when ?

# NCR Liver Metastases IHPBA Registry

## Aims of the project

- To collect, on a **large scale**, the **critical information** concerning the history of patients surgically treated for both neuroendocrine and non colorectal liver metastases
- To prospectively evaluate the **outcome** after surgery
- To analyse survival data in relation to pertinent **prognostic factors**
- To provide information on pending questions regarding the indications to surgical treatment, the type of surgery including **liver transplantation**, the role of **chemotherapy** and the usefulness of adjuvant treatments.

# NCR Liver Metastases IHPBA Registry

## Protocol

- To nominate a **scientific board** including surgeons, medical oncologists, radiologists,
- To define a **questionnaire** with the most critical informations needed to evaluate predictive factors of outcome
- To offer the possibility to all **HPB centers affiliated to IHPBA to contribute**, providing a regular feedback regarding transmission of the results of the whole registry as well as of the individual series of each center.
- To make **publications** from the registry, on behalf of IHPBA with a co-authorship from contributing centers, in relation to the number of patients included in the Registry

# NCR Liver Metastases IHPBA Registry

## What is the benefit to contribute ?

- To have **regular access** to all the results of the whole registry
- To maintain your **own database** within the whole registry with automatized information on the results
- **To run any scientific paper** on the global cohort of the registry, provided that you routinely update the data from your patients included in the Registry
- To be **co-author** of the publications made from the global registry

# NCR Liver Metastases IHPBA Registry

## Who can access the data ?

- All the contributing centers will have access to the whole data of the registry and to their own series but without the possibility to see the data from the other centers.
- The access will be secured by a password and reserved to the head of the center as well as to 3 co-investigators of each center to whom a different password will be attributed.

# NCR Liver Metastases IHPBA Registry

## Who is going to regulate it ?

- The scientific committee will meet at least once a year, twice ideally under the auspices of the IHPBA and will make an annual report of the registrations and their results.
- These will be examined by the Research committee and transmitted to the executive committee of IHPBA
- Bi-annual Newsletter to the centers (TBD)

# NCR Liver Metastases IHPBA Registry

## How the information is going to be used ?

Every projected study will be submitted to the approval of the scientific committee, provided that the contributing center which makes the demand, is updated in the inclusion of his patients. The authorship will include :

- 3 authors from the center which makes the study (1st , 2<sup>nd</sup> and last author)
- The 3<sup>rd</sup> authorship will be reserved to the member of the scientific committee specifically devoted to the internal review of the paper and
- Then, all the maximum number of co-authors allowed by the journal, by decreasing order of the number of patients included in the registry, with one or two representants by center in relation to the number of inclusions
- Acknowledgements for centers not included in the authorship

# Scientific Committee of the NCR LM Registry

Andrea Frilling (UK): [a.frilling@imperial.ac.uk](mailto:a.frilling@imperial.ac.uk)

Eric Baudin (France) : [eric.baudin@gustaveroussy.fr](mailto:eric.baudin@gustaveroussy.fr)

Matthieu Faron (France) : [matthieu.faron@gmail.com](mailto:matthieu.faron@gmail.com)

Vincenzo Mazafferro (Italy) : [vincenzo.mazzaferro@istitutotumori.mi.it](mailto:vincenzo.mazzaferro@istitutotumori.mi.it)

Timothy Pawlik (USA) : [tim.pawlik@osumc.edu](mailto:tim.pawlik@osumc.edu)

Itaru Endo (Japan) : [endoit@yokohama-cu.ac.jp](mailto:endoit@yokohama-cu.ac.jp)

Kevin Soares (USA) : [soaresk@mskcc.org](mailto:soaresk@mskcc.org)

Angelica Lucchese (Brazil) : [angelica\\_luc@hotmail.com](mailto:angelica_luc@hotmail.com)

Javier Lendoire (Argentina) : [jlendoire@gmail.com](mailto:jlendoire@gmail.com)

Keishi Sano (Japan) : [k2sano@med.teikyo-u.ac.jp](mailto:k2sano@med.teikyo-u.ac.jp)

Wenming Wu (China) : [doctorwuu@126.com](mailto:doctorwuu@126.com)

Yupei Zhao (China) : [zhao8028@263.net](mailto:zhao8028@263.net)

Catherine Teh (Philippines): [drcteh@me.com](mailto:drcteh@me.com)

Guido Torzilli (Italy): [torzilli.guido@gmail.com](mailto:torzilli.guido@gmail.com)

Myrdin Rees (UK) : [myrddin.rees@hhft.nhs.uk](mailto:myrddin.rees@hhft.nhs.uk)

Marc Antoine Allard (France): [marcantoine.allard@aphp.fr](mailto:marcantoine.allard@aphp.fr)

Julio Santoyo (Spain): [julio.santoyo.sspa@juntadeandalucia.es](mailto:julio.santoyo.sspa@juntadeandalucia.es)

Els Nieveen (Netherlands): [E.j.nieveenvandijkum@amsterdamumc.nl](mailto:E.j.nieveenvandijkum@amsterdamumc.nl)

Enes Kaçmaz (Netherlands) : [e.kacmaz@amsterdamumc.nl](mailto:e.kacmaz@amsterdamumc.nl)

David Badrudin (Canada) : [david.badrudin@gmail.com](mailto:david.badrudin@gmail.com)

Others...(TBD)



# Questionnaire

Endocrine Liver Met

## Demography

\*Hospital Registration Number:  ⌚

\*Name:  ⌚ 3 letters

\*Surname:  ⌚ 3 letters

Registry Generated Number:  ⌚ (save the form to generate the number)

\*Date of birth:  📅 ⌚ dd/mm/yyyy

\*Sex: ☒ Female ☐ Male ⌚

\*Height:  ⌚ cm \*Weight:  ⌚ kg BMI:  ⌚ kg/m<sup>2</sup>

Zip/Pin Code:  ⌚

\*Contact Number/s:  ⌚

Email:  ⌚

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\*Endocrine: ☒ Yes ☐ No ⌚

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[Created 03/02/2019 13:17:59 by MedSciNet Support (support) | Updated 13/02/2019 21:27:53 by Administrator Global (admin)]









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## Primary disease







\*Date of diagnosis:

20/11/2000   dd/mm/yyyy



Location:

- ☒ Gastric 
- ☐ Oesophagus 
- ☐ Colon-rectum 
- ☐ Small intestine 
- ☐ Pancreas 
- ☐ Lung 
- ☐ Undetermined 
- ☐ Others 

Circumstances of diagnosis:

- ☒ Fortuitous 
- ☐ Occlusion 
- ☐ Hepatomegaly 
- ☐ Diarrhea 
- ☐ Flush 
- ☐ Others 

Familial syndrome:

- ☐ Multiple Endocrinopathy Neoplasia type 1 
- ☐ Others 

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[Created 03/02/2019 13:20:56 by MedSciNet Support (support) | Updated 13/02/2019 21:28:28 by Administrator Global (admin)]

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## Biomarkers at diagnosis

Chromogranin A:

⌚ ng/l

NSE:

⌚ ng/mL

5-HIAA (urine collection):

⌚ mg/24 hours

5-HIAA (plasma):

⌚ ng/ml

Gastrin:

⌚ pg/mL

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[Created 03/02/2019 13:22:09 by MedSciNet Support (support) | Updated 15/04/2021 04:12:00 by MedSciNet Support (support)]

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## Sugery of the primary

* Resection:	<input checked="" type="radio"/> Yes <input type="radio"/> No ↻
* Type:	<input type="text" value="gastrectomy"/> ↻ (ex.: total gastrectomy, partial mastectomy...)
* Date:	<input type="text" value="22/12/2000"/> ↻ dd/mm/yyyy
* Pathology:	<div>* Endocrine: <input type="radio"/> Yes <input type="radio"/> No ↻</div> <div>* Adenocarcinoma with neuroendocrine differentiation: <input type="radio"/> Yes <input type="radio"/> No ↻</div>
* Tumor size:	<input type="text" value="20"/> ↻ mm
* No. of positive LN:	<input type="text" value="2"/> ↻
* No. of examined LN:	<input type="text" value="5"/> ↻
* Lymph node metastasis left in place:	<input type="radio"/> Yes <input type="radio"/> No ↻
* Margin:	<input type="radio"/> Positive <input checked="" type="radio"/> Negative ↻
* Ki-67:	<input type="text" value="3"/> ↻ %
* Classification:	<div><input checked="" type="radio"/> Neuroendocrine G1</div> <div><input type="radio"/> Neuroendocrine G2</div> <div><input type="radio"/> Neuroendocrine G3 ↻</div> <div><input type="radio"/> Neuroendocrine carcinoma (poorly diferenciated)</div> <div><input type="radio"/> Other</div>

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[Created 03/02/2019 13:23:01 by MedSciNet Support (support) | Updated 13/02/2019 21:36:49 by Administrator Global (admin)]

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## Sugery of the primary

\*Resection: ☒ Yes ☐ No 

\*Type:   (ex.: total gastrectomy, partial mastectomy...)

\*Date:    dd/mm/yyyy

\*Pathology: \*Endocrine: ☐ Yes ☐ No 

\*Adenocarcinoma with neuroendocrine differentiation: ☐ Yes ☐ No 

\*Tumor size:   mm


\*No. of positive LN:  

\*No. of examined LN:  

\*Lymph node metastasis left in place: ☐ Yes ☐ No 

\*Margin: ☐ Positive ☒ Negative 

\*Ki-67:   %

\*Classification: ☒ Neuroendocrine G1  
☐ Neuroendocrine G2  
☐ Neuroendocrine G3   
☐ Neuroendocrine carcinoma (poorly differentiated)  
☐ Other


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## Liver disease

- \*Type: ☐ Synchronous ☒ Metachronous ⌚
- Date diagnosis of liver disease: 25/10/2002  dd/mm/yyyy
- Date diagnosis of primary disease: 20/11/2000 dd/mm/yyyy
- Circumstances of diagnosis: ☒ Follow-up ⌚
- ☐ Fortuitous ⌚
- ☐ Symptoms ⌚
- ☐ Others ⌚
- \*Hepatomegaly: ☐ Yes ☒ No ⌚
- \*Carcinoid Heart disease: ☐ Yes ☒ No ⌚
- \*CT-scan: ☒ Yes ☐ No ⌚
- \*MRI: ☒ Yes ☐ No ⌚
- \*FDG-PET scan: ☒ Yes ☐ No ⌚
- mean SUV:  ⌚
- Somatostatin receptor scintigraphy: ☐ Yes ☒ No ⌚
- 68Ga-DOTATOC: ☒ Yes ☐ No ⌚
- 18F-DOPA-PET: ☒ Yes ☐ No ⌚
- \*Localization: ☒ Unilobar ☐ Bilobar ⌚
- \*Number of lesions: 3 ⌚
- \*Max tumor size: 4  mm ⌚
- \*Initially resectable disease: ☒ Yes ☐ No ⌚
- \*Concomitant extrahepatic disease (other than primary) at diagnosis: ☒ Yes ☐ No ⌚

### Extrahepatic disease locations

Location:	If <i>Other</i> , please specify	Date of diagnosis:	Treatment:	Date resection:	Complete:
Lymph node ⌚	<input type="text"/> ⌚	01/02/2000  ⌚ dd/mm/yyyy	Resection ⌚	20/02/2015  ⌚ dd/mm/yyyy	Yes ⌚

Add row



### Biomarkers at diagnosis

CgA:   ng/l

NSE:   ng/mL

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## Preoperative treatment

\*Preoperative treatment of the liver disease:

☒ Yes ☐ No 

### Preoperative treatments

Number of line	Preop. Treatment:	Date of Preop. Treatment:	Response to preoperative treatment:
1.	Targeted therapy  	30/01/2019   dd/mm/yyyy	Stabilization  
2.	Somatostatin analog  	30/01/2019   dd/mm/yyyy	Response  
3.	Intra arterial infusion  	01/02/2019   dd/mm/yyyy	Progression  

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## Hepatectomy











- \*Portal vein embolization: ☒ Yes ☐ No 
- \*Date hepatectomy:    dd/mm/yyyy
- \*Resected: ☒ Yes ☐ No 
- No. Resected segments:  
- \*Macroscopically Complete: ☒ Yes ☐ No 
- \*Nature of the surgery: ☒ Curative ☐ Debulking 
- Associated treatments: ☒ RFA 
- ☐ Cryotherapy 
- \*Type of hepatectomy: ☒ Trisectionectomy  
☐ Hemihepatectomy  
☐ Sectionectomy  
☐ Segmentectomy   
☐ Partial hepatectomy  
☐ Total hepatectomy  
☐ Others
- \*Strategy: ☒ One hepatectomy  
☐ Two stage   
☐ ALPPS  
☐ Liver Transplantation
- \*Approach: ☒ Laparoscopy  
☐ Open   
☐ Robotic
- \*Combined surgery of the primary and the liver? ☐ Yes ☐ No 

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## Histology

- \*Number:  
- \*Max size:   mm
- \*Pathological response:   % remaining cancer cell
- \*Ki-67:   %
- \*Margins: ☒ Positive ☐ Negative 
- \*Non tumoral liver: ☒ Normal  
☐ Steatosis   
☐ Fibrosis  
☐ Other
- \*Grade: ☐ Poor ☐ Moderate ☐ Well 
- \*Mitotic Count (10 consecutive high-power fields):  
- \*Lympho vascular invasion ☐ Yes ☐ No 
- \*Mixt features with adenocarcinoma ☐ Yes ☐ No 

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## Operative outcomes





\*Complications:

☒ Yes ☐ No 


If yes, main complication:

- ☐ Urinary infection
- ☐ Catheter-related infection
- ☐ Mental confusion
- ☒ Cardiovascular 
- ☐ Pulmonary embolism
- ☐ Renal failure
- ☐ Carcinoid crisis
- ☐ Others

Liver specific complications:

- ☒ Liver failure 
- ☐ Biliary fistula 
- ☐ Hemorrhage 
- ☐ Infected collection 

\*Dindo-Clavien:

- ☐ Grade I
- ☐ Grade II
- ☐ Grade IIIa 
- ☐ Grade IIIb
- ☒ Grade IV
- ☐ Grade V

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[Created 13/02/2019 21:52:02 by Administrator Global (admin) | Updated 13/02/2019 21:52:07 by Administrator Global (admin)]

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## Postoperative treatment after liver surgery


\*Postoperative treatment after liver surgery ☒ Yes ☐ No 

Somatostatin analogues: ☐ Yes ☒ No 

Targeted therapy: ☐ Yes ☒ No 

Intra Arterial hepatic infusion: ☐ Yes ☒ No 

Chemoembolization: ☐ Yes ☒ No 

Selective internal radiotherapy: ☐ Yes ☒ No 

Chemotherapy: ☐ Yes ☒ No 

Peptide receptor radiotherapy: ☐ Yes ☐ No 

Others:

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## Oncological outcomes

Date last follow-up:

06/02/2019   OR Date of death: 06/02/2019  


\*Status:

- ☐ Alive recurrence-free without ongoing treatment  
☐ Alive recurrence-free with ongoing treatment   
☒ Alive with recurrence  
☐ Dead

Disease unresected:

☒ Yes ☐ No 

### Dates of relapse

Date of relapse:	Location:	If <i>Other</i> , please specify:	Treatment:
<input type="text"/>  dd/mm/yyyy	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Date of relapse surgically untreatable:

  dd/mm/yyyy

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NON Endocrine Non colorectal registry



## Demography

\*Hospital Registration Number:  ↻

\*Name:  ↻ 3 letters

\*Surname:  ↻ 3 letters

Registry Generated Number:  ↻ (save the form to generate the number)

\*Date of birth:  ↻ dd/mm/yyyy

\*Sex: ☐ Female ☒ Male ↻

\*Height:  ↻ cm \*Weight:  ↻ kg BMI:  ↻ kg/m<sup>2</sup>

Zip/Pin Code:  ↻

\*Contact Number/s:  ↻

Email:  ↻

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\*Endocrine: ☐ Yes ☒ No ↻

\*Inherited cancer gene: ☐ Yes ☒ No ↻

Organ chronic disease:

☒ Heart ↻

☐ Kidney ↻

☐ Lung ↻

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## Primary disease

\*Date of diagnosis: 29/08/2017   dd/mm/yyyy

Location:

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Gastric  | <input type="checkbox"/> Ampuloma  | <input type="checkbox"/> Bladder    |
| <input type="checkbox"/> Oesophagus          | <input type="checkbox"/> Anus      | <input type="checkbox"/> Melanoma   |
| <input type="checkbox"/> Cardia              | <input type="checkbox"/> Breast    | <input type="checkbox"/> Lung       |
| <input type="checkbox"/> Pancreas            | <input type="checkbox"/> Ovary     | <input type="checkbox"/> Head/Neck  |
| <input type="checkbox"/> Duodenum            | <input type="checkbox"/> Uterus    | <input type="checkbox"/> Thyroid    |
| <input type="checkbox"/> Small bowel         | <input type="checkbox"/> Kidney    | <input type="checkbox"/> Others     |
| <input type="checkbox"/> Gallblader          | <input type="checkbox"/> Testis    |  |

Histology:

- ☒ Adenocarcinoma 
- ☐ Epidermoid 
- ☐ Sarcoma 
- ☐ Stromal tumor 
- ☐ Others 


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## Preoperative treatment

\*Preoperative treatment of the liver disease: ☒ Yes ☐ No 

### Preoperative treatments

Number of line	Preop. Treatment:	If <i>Other</i> , please specify	Date of Preop. Treatment:	Response to preoperative treatment:
1.	Chemotherapy  		  dd/mm/yyyy	Progression  

Add row

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### Biomarkers at diagnosis

\*Ca19-9:  U/mL

\*CEA:  ng/mL

\*Ca125:  U/mL

\*Ca15-3:  U/mL










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## Sugery of the primary

- \*Resection: ☒ Yes ☐ No 
- \*Type:   (ex.: total gastrectomy, partial mastectomy...)
- \*Date:    dd/mm/yyyy
- \*Pathology: ☒ Adenocarcinoma NOS  
☐ Papillary  
☐ Squamous   
☐ Neuroendocrine  
☐ Other
- \*Tumor size:   mm
- \*No. of positive LN:  
- \*No. of examined LN:  
- \*Margin: ☐ Positive ☒ Negative 

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## Postoperative treatment after surgery of the primary

\*Postoperative treatment after surgery of the primary ☒ Yes ☐ No 

Targeted therapy: ☐ Yes ☒ No 

Intra Arterial hepatic infusion: ☐ Yes ☒ No 

Chemoembolization: ☐ Yes ☒ No 

Selective internal radiotherapy: ☐ Yes ☒ No 

Chemotherapy: ☐ Yes ☒ No 

Peptide receptor radiotherapy: ☐ Yes ☐ No 

Others:



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## Liver disease

\*Date diagnosis of liver disease: 06/02/2019   dd/mm/yyyy

Circumstances:

☒ Follow-up 

☐ Fortuitous 

☐ Symptoms 

☐ Others 

\*PET-CT: ☐ Yes ☒ No 

\*CT-scan: ☒ Yes ☐ No 


\*MRI: ☒ Yes ☐ No 

\*Localization on imaging: ☒ Unilobar ☐ Bilobar 

\*Number of lesions: 3 

\*Max tumor size:   mm

\*Initially resectable: ☒ Yes ☐ No 

\*Concomitant extrahepatic disease (other than primary) at diagnosis ☒ Yes ☐ No 

### Extrahepatic disease locations

Location:	If <i>Other</i> , please specify	Date of diagnosis:	Treatment:	Date resection:	Complete:
	<input type="text"/>	 dd/mm/yyyy		 dd/mm/yyyy	

Add row

### Biomarkers at diagnosis

\*Alpha-Fetoprotein: 0  ng/mL


\*Ca19-9:   U/mL

\*CEA:   ng/mL

\*Ca125:   U/mL

\*Ca15-3: 23.0  U/mL

## Preoperative treatment

\*Preoperative treatment of the liver disease: ☒ Yes ☐ No 

### Preoperative treatments

Number of line	Preop. Treatment:	If <i>Other</i> , please specify	Date of Preop. Treatment:	Response to preoperative treatment:
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>  dd/mm/yyyy	<input type="text"/>

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## Hepatectomy

- \*Date hepatectomy:    dd/mm/yyyy
- \*Resected: ☐ Yes ☐ No 
- \*Macroscopically Complete: ☐ Yes ☒ No 
- If No: ☐ < 10% residual disease   
☒ >= 10% residual disease
- Associated treatments: ☐ RFA   
☐ Cryotherapy 
- \*Type of hepatectomy: ☐ Trisectionectomy  
☐ Hemihepatectomy  
☐ Sectionectomy  
☐ Segmentectomy   
☐ Partial hepatectomy  
☐ Total hepatectomy  
☐ Others
- \*Strategy: ☐ One hepatectomy  
☐ Two stage   
☐ ALPPS  
☐ Liver Transplantation
- \*Approach: ☐ Laparoscopy  
☐ Open   
☐ Robotic
- \*Combined surgery of the primary and the liver? ☐ Yes ☐ No 

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## Histology

- \*Number:
- \*Max size:  mm
- \*Pathological response:  % remaining cancer cell
- \*Margins: ☐ Positive ☐ Negative
- \*Non tumoral liver: ☐ Normal  
☐ Steatosis  
☐ Fibrosis  
☐ Other
- \*Grade: ☐ Poor ☐ Moderate ☐ Well
- \*Mitotic Count (10 consecutive high-power fields):
- \*Lympho vascular invasion ☐ Yes ☐ No
- \*Mixt features with adenocarcinoma ☐ Yes ☐ No

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### Operative outcomes

\*Complications: ☒ Yes ☐ No

\*Dindo-Clavien: ☐ Grade I  
☐ Grade II  
☐ Grade IIIa  
☐ Grade IIIb  
☐ Grade IV  
☐ Grade V

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## Postoperative treatment after liver surgery

\*Postoperative treatment after liver surgery ☒ Yes ☐ No 

Targeted therapy: ☐ Yes ☒ No 

Intra Arterial hepatic infusion: ☐ Yes ☒ No 

Chemoembolization: ☐ Yes ☒ No 

Selective internal radiotherapy: ☐ Yes ☒ No 

Chemotherapy: ☐ Yes ☒ No 

Peptide receptor radiotherapy: ☐ Yes ☐ No 

Others:

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