

OPTN Explant Pathology Reporting Form

The Explant Pathology Reporting (explant path) Form is generated for patients transplanted with an approved HCC Exception as described in Policy 3.6.4.4. The form will be available immediately after a transplant event is reported through the recipient feedback process in WaitlistSM. The explant path form is completed by the transplant center performing the transplant. The form must be completed within 60 days from the record generation date.

Transplant Center: The recipient's transplant center displays on the form.

Recipient Name: The recipient's first and last name displays on the form.

DOB: The recipient's date of birth displays on the form.

Gender: The recipient's gender displays on the form.

SSN: Displays on the form. Verify the recipient's social security number is correct. If the information is incorrect, contact the Help Desk at 1-800-978-4334.

UNOS ID #: Displays on the form. For UNOS internal purposes only.

Date of Transplant: Displays on the form as indicated on the TRR.

Was evidence of HCC (viable or non-viable) found in the explant? If evidence of HCC is confirmed on the explant path form, select Yes. If not, select No. If Yes is selected, then the remainder of the form must be filled out. If No is selected, then the center must answer the following question ("Pre-transplant treatment for HCC? "). The form will then be considered complete.

Pre-transplant treatment for HCC? If the patient received pre-transplant loco-regional therapy for HCC, then select Yes. If not, select No. Examples of loco-regional therapy include TACE (trans-arterial chemoembolization) RFA (radiofrequency ablation), and radiolabeled microsphere treatment.

Number of Tumors:

Select the number of tumors found on the explant pathology report from the following choices:

- 0
- 1
- 2
- 3
- 4
- 5
- >5

Infiltrative (a large HCC lesion without distinct margins diffusely involving the liver parenchyma)

Satellite Lesions. If satellite lesions were found on the explant pathology report, then select Yes. If not, select No. Satellite lesions are defined as a tumor nodule which is < 4 cm in diameter, < 2 cm in proximity from the primary tumor, and < 50% of the primary tumor's diameter.

Tumor Information. For reporting purposes, only the largest tumors (up to 5 in number) are to be listed.

Tumor # 1. Enter the following information for the first tumor

Size (cm). Enter the size of the tumor in centimeters. The largest dimension of each tumor must be reported (i.e., 3.2cm x 5.1cm must be reported as 5.1cm).

Location: select the location of the first tumor from the following:

Right lobe

Left lobe

Tumor Necrosis: Select the degree of tumor necrosis from the following:

None

Incomplete (any amount of viable tumor remains)

Complete (no viable tumor remains)

Tumor # 2

Size (cm)

Location

Tumor Necrosis

Tumor # 3

Size (cm)

Location

Tumor Necrosis

Tumor # 4

Size (cm)

Location

Tumor Necrosis

Tumor # 5

Size (cm)

Location

Tumor Necrosis

Worst Tumor Differentiation: Select the level of worst tumor differentiation for the worst recorded histological differentiation level:

Well
Moderate
Poor

Vascular Invasion: Select the level of vascular invasion (Note: this does not include bland thrombus):

None

Microvascular (Vascular invasion seen only under microscopic inspection, synonymous with angiolymphatic or lymphovascular invasion.)

Macrovascular (any involvement of large vessels noted on gross pathological inspection.)

Lymph Node Involvement: If lymph node involvement was evident, select Yes. If not, select No

Other Extrahepatic Spread: If other extrahepatic spread was evident, select Yes. If not, select No. .

Note: this is separate from nodal involvement.