Liver Explant Pathology

The Liver Recipient Explant Pathology records are generated and available immediately after a transplant event is reported in Waitlist[SM]. The liver explant record is completed by the transplant center performing the transplant.

The liver explant record must be completed within 60 days from the record generation date. See OPTN Policies for additional information. Use the search feature to locate specific policy information on Data Submission Requirements.

Provider Information

Recipient Center: The transplant center reported in Waitlist displays. Verify that the center information is the hospital where the transplant operation was performed. The Provider Number is the 6-character Medicare identification number of the hospital. This is followed by the Center Code and Center Name. If the information is incorrect, contact the Help Desk at (800) 978-4334.

Recipient Information

Recipient Name: The name reported in Waitlist displays. Verify the last name, first name and middle initial of the transplant recipient is correct. If the information is incorrect, corrections may be made on the recipient's Transplant Recipient Registration (TRR) record.

DOB: The date of birth reported in Waitlist displays. Verify the date is the recipient's date of birth. If the information is incorrect, corrections may be made on the recipient's TRR record.

Transplant Date: Verify that the displayed transplant date is correct. The transplant date is determined by the start of the organ anastomosis during transplant or the start of the islet infusion. Organ transplants include solid organ transplants and islet infusions. An organ transplant procedure is complete when *any* of the following occurs:

- The chest or abdominal cavity is closed and the final skin stitch or staple is applied.
- The transplant recipient leaves the operating room, even if the chest or abdominal cavity cannot be closed.
- The islet infusion is complete

Birth Sex: The Birth Sex reported in Waitlist displays. Verify recipient's sex (Male or Female), based on biologic and physiologic traits at birth. If sex at birth is unknown, report sex at time of registration as reported by recipient or documented in medical record. The intent of this data collection field is to capture physiologic characteristics that may have an impact on recipient size matching or graft outcome. If the information is incorrect, corrections may be made on the recipient's TCR record.

SSN: The SSN reported in Waitlist displays. Verify the recipient's Social Security number is correct. If the information is incorrect, contact the Help Desk at 1-800-978-4334.

Clinical Information

Was evidence of HCC (viable or non-viable tumor) found in the explant? If there was any evidence of hepatocellular carcinoma (HCC), click **Yes** and complete the following

questions. If there **is not** any evidence, click **No** and answer the **Pre-transplant treatment for HCC** question only. This field is **required**.

Note: If **No** is clicked, a message displays containing the following information: If the candidate's explant pathology report does not show evidence of HCC, the transplant center must submit documentation and/or imaging studies used to support the HCC diagnosis at the time of listing. You may submit documentation by fax to (804) 782-4680, Attention: RRB Admin Supervisor, or by e-mail to LiverPolicy@unos.org.

Number of Tumors: If **Yes** was selected for **Was evidence of HCC (viable or non-viable tumor) found in the explant**, in the **Number of Tumors** list, click the appropriate option.

Options: 1, 2, 3, 4, 5, >5, Infiltrative (a large HCC lesion without distinct margins diffusely involving the liver parenchyma)

Note: If the **Number of Tumors** is **> 5**, you are required to enter tumor size, location or tumor necrosis for the 5 largest tumors. If the **Number of Tumors** is **Infiltrative**, you are not required to enter tumor size, location or tumor necrosis.

Tumor: For each tumor, complete the following fields.

Size: Enter the size of the tumor in centimeters (cm). If **Number of Tumors** is 1 or more, this field is **required**. The largest dimension of each tumor must be reported (e.g., 3.2 cm x 5.1 cm must be reported as 5.1 cm).

Range: 0.01 to 99.99

Location: In the **Location** list, click the appropriate option. If **Number of Tumors** is 1 or more, this field is **required**.

Options: Right Lobe, Left Lobe

Tumor Necrosis: In the **Tumor Necrosis** list, click the appropriate option. If **Number of Tumors** is 1 or more, this field is **required**.

Options: None, Incomplete (any amount of viable tumor remains), Complete (no viable tumor remains)

Worst Tumor Differentiation: If **Yes** was selected for **Was evidence of HCC (viable or non-viable tumor) found in the explant**, in the **Worst Tumor Differentiation** list, click the appropriate option. If **Number of Tumors** is 1 or more, this field is **required**.

Options: Well, Moderate, Poor, Complete Tumor Necrosis

Vascular Invasion: If **Yes** was selected for **Was evidence of HCC (viable or non-viable tumor) found in the explant**, in the **Vascular Invasion** list, click the appropriate option. If **Number of Tumors** is 1 or more, this field is **required**. This does not include bland thrombus.

Options: 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 **Yes** was selected for **Was evidence of HCC (viable or non-viable tumor) found in the explant**, in the **Lymph Node Involvement** list, click the appropriate option. If **Number of Tumors** is 1 or more, this field is **required**.

Options: Yes, No

Other Extrahepatic Spread: If **Yes** was selected for **Was evidence of HCC (viable or non-viable tumor) found in the explant**, in the **Other Extrahepatic Spread** list, click the

appropriate option. If **Number of Tumors** is 1 or more, this field is **required**. This is separate from nodal involvement.

Options: Yes, No

Satellite Lesions: If **Yes** was selected for **Was evidence of HCC (viable or non-viable tumor) found in the explant**, in the **Satellite Lesions** list, click the appropriate option. If **Number of Tumors** is 1 or more, this field is **required**. 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.

Options: Yes, No

Did recipient receive any pre-transplant liver-directed therapy for HCC?: If the recipient received any pre-transplant treatment for HCC, click **Yes**. If the recipient **did not** receive any pre-transplant treatment for HCC, click **No**. This field is **required**. Examples of loco-regional therapy include TACE (trans-arterial chemoembolization) RFA (radiofrequency ablation), and radiolabeled microsphere treatment.