Electronic Case Report Form (eCRF)

Submitted by Dimitri Raptis on Sun, 01/29/2023 - 23:52
Electronic Case Report Form (eCRF)

Member Menu

- Conversion calculator
- Clavien-Dindo Classification
- My account
- Logout

Patient Characteristics

Please enter below a unique case identification (Case ID) number as an identifier. Do not use the hospital number or other patient identifiers.

Please keep a separate list of anonymized case numbers linking to the patient hospital number somewhere safe at your institution. This will help you identify patients in the CRF for further editing if needed.

Click here to access a ramdom number generator if you wish (Min: 100000, Max: 1000000)

Case ID*

Age* years

This is the age of the patient at the time of the primary operation.

Gender*

Male Female

Height* cm

Click here to use our unit conversion calculator.

Weight* kg

Click here to use our unit conversion calculator.

Ethnicity

Caucasian Latino/Hispanic Middle Eastern African Caribbean South Asian

East Asian Mixed Other...

Enter other...

Disease Characteristics

Comorbidities*

- [ ] None
- [ ] Myocardial infarction
- [ ] Congestive heart failure
- [ ] Peripheral vascular disease
- [ ] Cardiovascular accident or Transient Ischemic Attack
- [ ] Dementia
- [ ] COPD

- [ ] Connective tissue disease
- [ ] Peptic ulcer disease
- [ ] Liver disease - mild
- [ ] Liver disease - moderate or severe
- [ ] Diabetes mellitus
- [ ] Hemiplegia
- [ ] Chronic Kidney Disease - moderate to severe
- [ ] Solid tumor - localized
- [ ] Solid tumor - metastatic
- [ ] Leukemia
- [ ] Lymphoma
- [ ] COVID-19 - previous
- [ ] COVID-19 - within 6 weeks prior to surgery
- [ ] COVID-19 - perioperatively
- [x] Other...

Enter other...

This classification is structured as such to calculate the Charlson Comorbidity Index (CCI). Click here for more information.

ASA Status

- ( ) ASA 1 - A normal healthy patient
- ( ) ASA 2 - A patient with mild systemic disease
- ( ) ASA 3 - A patient with severe systemic disease
- ( ) ASA 4 - A patient with severe systemic disease that is a constant threat to life
- ( ) ASA 5 - A moribund patient who is not expected to survive without the operation

Indication for ex situ liver surgery*

- [ ] Adenomatosis of the liver
- [ ] Cholangiocarcinoma - hilar
- [ ] Cholangiocarcinoma - intrahepatic
- [ ] Colorectal liver metastases
- [ ] Pheochromocytomas – extra adrenal
- [ ] Hemangioma - giant cavernous
- [ ] Hepatoblastoma
- [ ] Hepatocellular carcinoma
- [ ] Hydatid liver disease
- [ ] Leiomyosarcomas of the vena cava
- [ ] Non-colorectal liver metastases
- [ ] Renal carcinomas
- [ ] Trauma of the liver with vascular injury
- [x] Other...

Enter other...

Previous liver surgery*

- (•) Yes ( ) No

Liver segments previously resected

- [ ] None [ ] S1 [ ] S2 [ ] S3 [ ] S4 [ ] S6 [ ] S7 [ ] S8

Preoperative chemotherapy*

(•) Yes ( ) No

Chemotherapy agents used & number of cycles

Please list the chemotherapy agents used and the number of cycles for each, separated by a comma ","

Preoperative radiotherapy*

(•) Yes ( ) No

Total amount of radiation cGy

Time from last radiotherapy to surgery days

Click here to use our date duration calculator.

Portal vein embolization (PVE) prior to surgery*

(•) Yes ( ) No

Specify which portal veins branches were embolized

Hepatic vein embolization (HVE) prior to surgery

(•) Yes ( ) No

Specify which hepatic veins branches were embolized

Total liver volume (if available) cc

Future liver remnant (FLR) volume (if available) cc

Future liver remnant (FLR) in % (if available) %

Remnant liver volume to body weight ratio (if available) %

Preoperative laboratory blood values

Please enter the most recent blood values prior to surgery.

Platelets* n°/µL

Creatinine* µmol/L

Click here to use our unit conversion calculator.

Albumin* g/L

Sodium* mmol/L

AST* U/L

ALT* U/L

Bilirubin* µmol/L

Click here to use our unit conversion calculator.

INR* ratio

ICG R15 (if available) %

Operation Characteristics

Procedure performed

Please enter the procedure performed as it appears in the operation letter / documentation.

Complexity of ex situ liver surgery*

- [ ] None
- [ ] IVC involvement
- [x] Hepatic vein confluence involvement
- [x] Hilar involvement
- [ ] Biliary confluence resection
- [ ] Small remnant liver volume
- [x] Extrahepatic visceral resection
- [x] Other...

Enter other...

Hepatic veins involved

- [ ] Right
- [ ] Middle
- [ ] Left

Hilar structures involved

- [ ] Portal vein
- [ ] Hepatic artery
- [ ] Hepatic duct

Extrahepatic organs resected

Venovenous bypass*

- (•) Yes
- ( ) No

Type of cold preservation solution of the liver used*

- [ ] University of Wisconsin solution (UW)
- [ ] Histidine-tryptophan-ketoglutarate solution (HTK)
- [ ] Celsior solution
- [x] Other...

Enter other...

Amount of preservation solution used ml

Liver segments resected*

- [ ] None
- [ ] S1
- [ ] S2
- [ ] S3
- [ ] S4
- [ ] S6
- [ ] S7
- [ ] S8

Cold ischemia time (CIT) min

Operation duration* min

Time from skin incision to skin closure

IVC reconstruction

☐ None ☐ Primary repair ☐ Patch ☑ Graft ☑ Other...

Enter other...

Graft used for IVC reconstruction

☐ Autologous vein ☐ Cadaveric vein ☑ Synthetic meterial ☑ Other...

Enter other...

Type of synthetic graft (IVC)

Hepatic vein anastomosis

☐ Reimplantation ☑ Graft prosthesis ☑ Other...

Enter other...

Graft used for hepatic vein reconstruction

☐ Autologous vein ☐ Cadaveric vein ☑ Synthetic meterial ☑ Other...

Enter other...

Type of synthetic graft (hepatic veins)

Portal vein reconstruction

☐ None ☐ Primary repair ☐ Patch ☑ Graft ☑ Other...

Enter other...

Graft used for portal vein reconstruction

☐ Autologous vein ☐ Cadaveric vein ☑ Synthetic meterial ☑ Other...

Enter other...

Type of synthetic graft (portal vein)

Hepatic artery reconstruction

☐ None ☐ Aortohepatic conduit ☑ Other...

Enter other...

Estimated blood loss ? ml

Time from skin incision to skin closure

Blood products used*

◉ Yes ○ No

Number of Packed Red Cell units units

Time from skin incision to skin closure

Number of platelet pools pools

Time from skin incision to skin closure

Number of fresh frozen plasma (FFP) units units

Time from skin incision to skin closure

Postoperative Characteristics

Postoperative Laboarotary Values

Day 1 platelets* n°/µL

Day 1: 1st postoperative day

Day 3 platelets* n°/µL

Day 3: 3rd postoperative day

Day 5 platelets* n°/µL

Day 5: 5th postoperative day

Day 1 Creatinine* µmol/L

Click here to use our unit conversion calculator.

Day 3 Creatinine* µmol/L

Click here to use our unit conversion calculator.

Day 5 Creatinine* µmol/L

Click here to use our unit conversion calculator.

Day 1 AST* U/L

Day 3 AST* U/L

Day 5 AST* U/L

Day 1 ALT* U/L

Day 3 ALT* U/L

Day 5 ALT* U/L

Day 1 bilirubin* µmol/L

Click here to use our unit conversion calculator.

Day 3 bilirubin* µmol/L

Click here to use our unit conversion calculator.

Day 5 bilirubin* µmol/L

Click here to use our unit conversion calculator.

Day 1 INR* ratio

Day 3 INR* ratio

Day 5 INR* ratio

Histopathology Findings

Total number of lesions* number

Maximum diameter of largest lesions* mm

Resection margins*

No cancer R0 R1 R2

R0 – no residual tumour;
R1 – microscopic residual tumour <1 mm from the surgical margin;
R2 – macroscopic residual tumour;

Vascular invasion*

No cancer Yes No

Site of vascular invasion on histopathology

Non-tumoral liver parenchyma

Healthy Steatosis Fibrosis Other...

Enter other...

Postoperative Outcomes until 90 Days Postoperatively

Complications types & grades according to the Clavien-Dindo Classification until 90 days postop*

	NO	1	2	3A	3B	4A	4B	5
Abdominal wall dehiscence								
Ascites								
Bile leak								
Biliary stricture								
Biloma								
Bowel obstruction								
Cardiac								
Deep vein thrombosis								
Gastrointestinal (other)								
Intra-abdominal fluid collection								
Liver failure								
Neurologic								
Pleural effusion								
Portal vein thrombosis								
Portal vein stenosis								
Postoperative bleeding								

Pulmonary embolism	○	○	○	○	○	○	○	○
Renal	○	○	○	○	○	○	○	○
Respiratory (other)	○	○	○	○	○	○	○	○
Small for size syndrome	○	○	○	○	○	○	○	○
Surgical site infection (SSI)	○	○	○	○	○	○	○	○
Urinary tract infection	○	○	○	○	○	○	○	○
Other infection	○	○	○	○	○	○	○	○
Vascular	○	○	○	○	○	○	○	○
Other complication	○	○	○	○	○	○	○	○

This field is mandatory. If the donor did not encounter any complications from operation until discharge, please allow "No" for all types and grades of complications listed above. In case of other types of complications, please indicate below the types. Note: Gastrointestinal complications include: ileus, diarrhea. Click here for more information regarding the Clavien-Dindo classification of postoperative complications.

Specify the types and grades of other complications

1. Type, Clavien-Dindo grade, treatment etc.

Salvage liver transplantation within 90 days postop*

○ Yes ○ No

Length of intensive care unit stay* ⇕ days

Length of hospital stay* ⇕ days

Hospital readmission within 90 days postop*

◉ Yes ○ No

Long-term Outcomes

Adjuvant therapy*

○ None ○ Chemotherapy ○ Radiotherapy ◉ Other...

Enter other...

Patient status* ?

◉ Alive ○ Dead from cancer ○ Dead from another cause

The patient status indicates whether the patient was last seen alive or dead at the hospital, followed up at the outpatient clinic, family doctor, or confirmed after being contacted by phone. Below you are requested to indicate the number of days from transplantation until last follow up or death. Click here to use our date duration calculator if you wish.

Days from surgery to last follow up or death* ⇕ days

i.e. days from surgery to death or last follow up recording. This value (number of days) may indicate the time form surgery to the last follow up recording for alive patients or the time from surgery to death for those that died.

Disease free survival (if cancer) ?

○ No cancer diagnosis ○ No recurrence ◉ Recurrence

This section refers to patients with cancer diagnosis only. The disease free survival for cancer should be calculated from the date of surgery to

the date of the diagnosis of cancer recurrence. If there was no evidence of cancer recurrence at the last follow up, please indicate the days from transplantation until last follow up. In case of death without any previous evidence of cancer recurrence, please indicate the days from transplantation until death. Click here to use our date duration calculator if you wish.

Days from surgery to last follow up or cancer recurrence *

days

i.e. days from surgery to death or last follow up recording. This value (number of days) may indicate the time form surgery to the last follow up recording for alive patients or the time from surgery to death for those that died.

Cause of death (other than cancer)

Graft survival (if salvage liver transplant performed)

(●) No liver transplant ( ) Graft functioning ( ) Graft failure

Graft failure indicates retransplantation or patient death. This section refers to patients that received salvage liver transplant following liver failure. The graft survival should be calculated from the date of liver transplant to the date of last follow up, retransplantation, or death. If there was no evidence of graft failure at the last follow up, please indicate the days from transplantation until last follow up. Click here to use our date duration calculator if you wish.

Days from transplantation to last follow up or graft failure

days

This should be calculated from the date of transplantation to the date of retransplantation or death. If the graft was functioning at the last follow up, please indicate the days from transplantation until last follow up.

Data completion

	YES	NO
Data until 90 day postop complete	( )	(●)
Long-term data (follow up, recurrence, survival) complete	( )	(●)

You may submit this case and complete it at a later stage. Please specify data completion below. Cases with incomplete data submission will be excluded from the analysis.

Comments (optional)

By clicking on the "**Save Draft**" button, you may return to this form later and it will restore the current values. You will not be able to submit another case until the current form is submitted.

By clicking on the "**Submit**" button, your case will be permanently saved and you will be able to fill out and submit the next case. If you would like to update or change existing cases, please click on the "**My submitted cases**" link available at the right menu bar.

Save Draft Submit