Instructions - ExSituLiver.org

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About ExSituLiver.org

- ExSituLiver.org is a collaborative of international surgeons to study the outcomes of ex situ liver surgery.

- The goal of ExSituLiver.org is to improve the practice of ex situ liver surgery by sharing of research and innovation.

- This study aims at identifying the true morbidity, mortality and long-term outcomes after ex situ liver surgery as well as modifiable predicting factors of outcome.

- All members will be PubMed cited as group authors in all publications derived from ExSituLiver.org

- This project can be approved as an audit, quality improvement program, may require formal ethics / IRB approval by the local institutions. It is the responsibility of the local PI to receive approval.
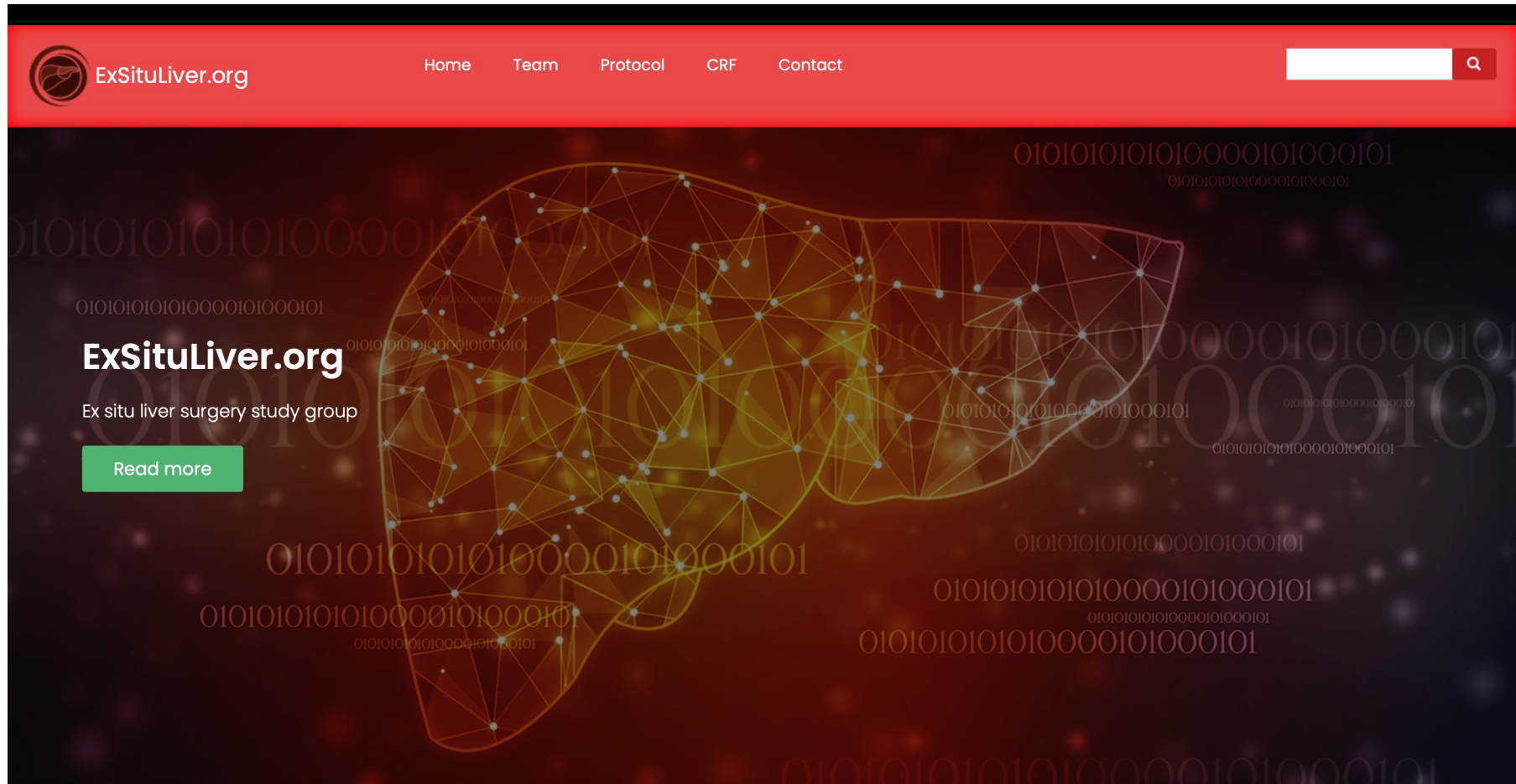
Please type exsituliver.org at your browser address bar to access our platform.

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Protocol

Click on the flags above to download the short protocol in different languages.

International study on ex situ Liver Surgery Outcomes - ExSituLiver.org

Introduction: Ex situ liver surgery allows liver resection with vascular reconstruction in patients who have liver tumors at surgically critical locations. Only few studies with a low number of cases about ex situ liver surgery are currently available in the literature, most limited to short-term outcomes. The aim of this study is to identify the true world-wide morbidity, mortality, and long-term outcomes after ex situ liver surgery. The second aim is to identify modifiable predicting factors to improve the outcomes after ex situ liver surgery.

Eligibility: Any surgeon worldwide performing ex situ liver surgery is eligible to participate in this study. There are no minimum number of cases to be submitted or selection criteria for centers.

Time period and team members: Each participant may form a team of 3 members in total. Both prospective and retrospective patient enrolment is accepted. The end of the patient enrolment is set on 30 October 2023.

Inclusion criteria: Only ex situ liver surgery cases will be included allowing all indications (benign and malignant).

Exclusion criteria: Ante situm, or in situ liver surgery under hypothermic perfusion are excluded.

Outcomes: The primary endpoint of the analysis will be 90-day mortality. Secondary endpoints will be the 90-day postoperative complication rates, liver failure rates requiring cadaveric liver transplantation, as well as up to 5 year

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Please read the short version of the registry protocol available in 10 different languages.

Please register your participation by clicking on the Registration Link.
This way you will be able to access the electronic Case Report Form (sCRF) and submit cases.

This is the registration form. Please complete it accurately.
This information will be used for future publications and authorship.

Department

City

State (US only)   - None -   ⬍

Country
- Select a value -   ⬍

Role   Member   ⬍
Please allow "Member" unless you were invited to be a Committee Member.

Show row weights

ADDITIONAL COLLABORATORS

.1

.1

OPTIONAL: Please add above the additional two collaborators from your institution (Names, titles, and emails separated by a comma ","). You may complete this at a later stage. Each collaborator (max 3 per team including yourself) will receive co-authorship in future publications. E.g. John Smith, MD, mail@me.com.

☐ I agree to agree to comply with the Study Protocol and the Terms and Conditions available at ExSituLiver.org

Your message / comments to the Chief Investigators (optional)

Create new account

Please add here the full name of the 2ⁿᵈ local collaborator of your institution.

Add here the full name of the 3ʳᵈ local collaborator.

These details will be used for authorship in future publications.

Each local team will be comprised of 3 investigators

Contact us if you require additional collaborators.

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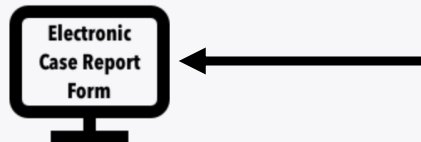# Case Report Form

[View] [Edit] [Delete] [Revisions]

The **electronic Case Report Form (eCRF)** will be available here soon.

Paper version of the Case Report Forms (CRF) available for download:

This is the paper version of the CRF that can be used for preparation, sharing, as well as submission to the ethics committee.

Electronic Case Report Form (CRFs) for online case submissions:

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Click on the electronic Case Report Form (eCRF) icon to access the case submission page.

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Electronic Case Report Form (eCRF)

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

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* ?
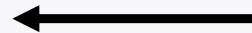
Age*   years
This is the age of the patient at the time of the primary operation.

Gender*
○ Male ○ Female

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The Case ID should be a random number, no hospital numbers, initials or date of births allowed. You may click on the link above to access the random number generator.

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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	○	○	○	○	○	○	○	○

The CRF captures morbidity until 90 days postoperatively using the Clavien-Dindo Classification of postoperative complications.

This table will capture both the type and the grade of complications. The first column represents the type of complication, the remaining columns indicate the grade of the complication severity.

Please ensure you are familiar with the Clavien-Dindo Classification of postoperative complications before you submit any cases.

This classification is available under the "Member Menu" right sidebar of our platform.

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

**Please specify if the data until 90 days postoperatively as well as long-term follow up data are complete.
Finally, when ready, please click on the Submit button**

To view or edit your submitted cases, please click on the link titled "My submitted cases (edit).

This will list all your submissions. You may sort the list by clicking on the Case ID* parameter.
You may also search a case with a specific Case ID by using the "CNTL F" for PC or "CMND F" for Mac function.
Then click on "Edit" to view and update your submitted case.

**We have developed conversion calculators to ensure uniform data collection.
Please use them when converting height, weight or laboratory units.
The "Dates" link on the left will provide you with the number of days between two dates for your convenience.**

Here is the Clavien-Dindo Classification of postoperative surgical complications

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Contact

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The ExSituLiver.org Team

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Please feel free to contact us at any time.

Thank you!