

Next Appointment Date: _____

Date Presented: _____

INSIDE PACS e-FILM

LIVER TUMOR BOARD PROGRAM

Referring/ Presenting MD: _____ Form Completed By: _____

Amarillo Bedford Fort Worth Plano Richardson Mansfield Lubbock Tyler McKinney Midland Midlothian

Demographics:

Patient Name: _____ DOB: ____/____/____ DU: _____ MHD: _____

Age: _____ Disease Etiology (Circle all): Hep C/ Hep B/ ETOH/ NASH/HCC

Sex: M/F Ascites: Y/N Cirrhosis Y/N Other: _____

Original Tumor Burden Date: _____ **CT/MRI/US** _____

R ____ L ____ Bil ____ Enhancing Y/N Washout Y/N Pseudocapsule Y/N

Date: _____ **CT/MRI/US** _____

Date: _____ **CT/MRI/US** _____

Date: _____ **CT/MRI/US** _____

Portal vein Invasion: Y/N **Chest CT** +ve/-ve **Bone Scan** +ve/-ve

Biopsy Y/N _____

Baseline Tumor Markers – Lab Date: _____

AFP _____ CEA _____ CA 19-9 _____ Other _____

MELD-Na Score _____ Date of Lab Draw: _____

T. Bilirubin _____ Creatinine _____ INR _____ Platelet Count _____ WBC _____ Albumin _____

AFP trend with date: _____

Child's Score: ____ **Child's Class:** ____ **ECOG Status:** ____ **BCLC:** ____ **TNM:** ____ **ALBI:** ____

TREATMENT:

Tumor Resectable: Yes/ No Date: _____ Procedure: _____ Path: _____

Transplant Status:

Not Candidate Consideration for Transplant Pre-Transplant Post-Transplant/Date: _____

Explant Details: _____

Locoregional Therapy: TACE MWA SIRT SBRT Bland Embo

Dates & Locations: _____

Oncologist: _____ Chemotherapy: _____

Radiation Oncologist: _____

