

MEDICAL RECORD ABSTRACTION
Initial Abstract: Liver Cancer Patients

A. INITIAL INFORMATION

1. Patient name: _____ 2. Date of Birth: ____/____/____

3. Date of Enrollment into Study ____/____/____

4. Name of Hospital: ()₁ UMMS ()₂ VA, Baltimore 5. Medical Record No. _____

6. Diagnosis:

<i>Name of Disease</i>	<i>Choose One: Yes, No, Unknown</i>
HCC: Date of Diagnosis ____/____/____	() ₀ No () ₁ Yes () ₈ UK
Hepatic Encephalopathy	() ₀ No () ₁ Yes () ₈ UK
Hepatic Cirrhosis	() ₀ No () ₁ Yes () ₈ UK
Primary Biliary Cirrhosis (<i>PBC</i>)	() ₀ No () ₁ Yes () ₈ UK
NASH (<i>Nonalcoholic steatohepatitis</i>)	() ₀ No () ₁ Yes () ₈ UK
Alcoholic Liver Disease	() ₀ No () ₁ Yes () ₈ UK
Hepatitis C Virus Infection	() ₀ No () ₁ Yes () ₈ UK
Hepatitis B Virus Infection	() ₀ No () ₁ Yes () ₈ UK
Hemochromatosis (<i>Iron Overload Disease</i>)	() ₀ No () ₁ Yes () ₈ UK
Wilson's Disease (<i>Copper Overload Disease</i>)	() ₀ No () ₁ Yes () ₈ UK
CMV (<i>Cytomegalovirus</i>)	() ₀ No () ₁ Yes () ₈ UK
HIV (<i>Human immunodeficiency virus</i>)	() ₀ No () ₁ Yes () ₈ UK
Diabetes Type 1	() ₀ No () ₁ Yes () ₈ UK
Diabetes Type 2	() ₀ No () ₁ Yes () ₈ UK
Insulin Treated	() ₀ No () ₁ Yes () ₈ UK
Ascites	() ₀ No () ₁ Yes () ₈ UK
Esophageal Varicies	() ₀ No () ₁ Yes () ₈ UK

7. How was diagnosis made?

Diagnosis:	Choose One: (Yes, No, Unknown)	Report Available:	Date of most recent report closest to enrollment (Mm/dd/yyyy)
Ultrasound:	() ₀ No () ₁ Yes () ₈ UK	() ₀ No () ₁ Yes	___/___/___
Biopsy:	() ₀ No () ₁ Yes () ₈ UK	() ₀ No () ₁ Yes	___/___/___
MRI:	() ₀ No () ₁ Yes () ₈ UK	() ₀ No () ₁ Yes	___/___/___
CT:	() ₀ No () ₁ Yes () ₈ UK	() ₀ No () ₁ Yes	___/___/___
Other (Specify): _____	() ₀ No () ₁ Yes () ₈ UK	() ₀ No () ₁ Yes	___/___/___

8. Patient had a liver transplant: ()₀ No ()₁ Yes Date: ___/___/___ ()₈UK

9. On Transplant Waiting List: ()₀ No ()₁ Yes Date: ___/___/___ ()₈UK

10. Weight (date closest to enrollment): _____ (lb) Pounds _____ (kg) Kilograms ()₀ Unavailable
Date: ___/___/___

11. Height (date closest to enrollment): _____ Feet _____ Inches _____ Cm ()₀ Unavailable
Date: ___/___/___

IF INDIVIDUAL IS A SURGERY PATIENT, answer questions 13 through 15. **If not skip to Section B.**

13. Admission Date for the hospitalization for which the tissue was collected:
Date: ___/___/___

14. Surgery Date: ___/___/___

15. Was cancer diagnosed at this surgery: ()₀ No ()₁ Yes ()₈Unknown

B. LABORATORY RESULTS: (Most Recent results to Date of Enrollment; or within one year of HCC diagnosis, Fill 8888 in lab results not in the record)

Lab Results:		Normal:	Date:
Alpha-fetoprotein (AFP)			___/___/___
ALT: <i>Units/L</i>			___/___/___
AST: <i>Units/L</i>			___/___/___
Alkaline Phosphatase: <i>Units/L</i>			___/___/___
Bilirubin:	Total: <i>Mg/dL</i>		___/___/___
	Direct: <i>Mg/dL</i>		___/___/___
Albumin: <i>(g/dL)</i>			___/___/___
BUN: <i>(mg/dL)</i>			___/___/___
Creatinine: <i>(mg/dL)</i>			___/___/___
Cholesterol Markers:			
Total Cholesterol: <i>(mg/dL)</i>			___/___/___
LDL: <i>(mg/dL)</i>			___/___/___
HDL: <i>(mg/dL)</i>			___/___/___
Triglycerides: <i>(mg/dL)</i>			___/___/___
Cirrhosis Panel Test:			
Antinuclear antibodies (ANA):			___/___/___
Ferritin: <i>(ug/L)</i>			___/___/___
Total iron binding capacity: <i>(ug/L)</i>			___/___/___
(TSH) Thyroid Stimulation Hormone			___/___/___
CEA: <i>(mg/dL)</i>			___/___/___
Glucose: <i>(mg/dL)</i>			___/___/___
Serum Prealbumin: <i>(mg/dL)</i>			___/___/___
Testosterone: <i>(ng/dL)</i>			___/___/___
Serum Total Protein: <i>(g/dL)</i>			___/___/___
GGT (Gamma-Glutamyl Transferase): <i>(IU/L)</i>			___/___/___
Alpha Globulin 1:			___/___/___
Alpha Globulin 2:			___/___/___
Gamma Globulin			

Lab Results:		Normal:	Date:
WBC:	(K/mcL)		___/___/___
RBC:	(M/mcL)		___/___/___
RDW :	(%)		___/___/___
HGB:	(g/dL)		___/___/___
HCT:	(%)		___/___/___
MCV:	(fL)		___/___/___
MPV:	(fL)		___/___/___
MCH:	(pg)		___/___/___
MCHC:	g/dL		___/___/___
PLT:	(K/mcL)		___/___/___
Prothrombin time: (PT) (seconds)			___/___/___
PPT:			___/___/___
INR: (seconds)			___/___/___
Hepatitis B Viral Load:			___/___/___
Hepatitis B Surface Antigen:		() reactive () non reactive	
Hepatitis B Surface Antibody:		() reactive () non reactive	
Hepatitis B Core Total Antibody:			___/___/___
Hepatitis B Core IgM Antibody:		() reactive () non reactive	
Hepatitis C Virus IgG Antibody:		() reactive () non reactive	
Hepatitis C Viral Load: (Qualitative-RT-PCR)			___/___/___
Hepatitis C Virus: (genotype)			___/___/___

C. STAGING (Most Recent results to Date of Enrollment; or within one year of HCC diagnosis)

1. Date of Pathology Report: ___/___/___

Local Invasion:	() ₀ No	() ₁ Yes
Lymph Node Invasion:	() ₀ No	() ₁ Yes
Macrovascular Invasion (Tumor Thombosis):	() ₀ No	() ₁ Yes
Microvascular Invasion:	() ₀ No	() ₁ Yes
Multinodular:	() ₀ No	() ₁ Yes
Satellite Nodules:	() ₀ No	() ₁ Yes

2. TNM Staging System:

Tumors:	
Nodes:	
Metastasis:	

Stage:	
Tumor Size (cm); if multiple, note size of each:	

E. TREATMENTS (current treatments participant is undergoing at clinic visits closest to enrollment, snapshot at time of enrollment)

1.
2.
3.
4.
5.
6.
7.
8.

F. MEDICATIONS/DRUGS (Medication or drugs patient currently taking at the time of enrollment)

Medication Name **Dose**

Medication Name	Dose
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

G. ADMINISTRATIVE INFORMATION:

Abstractor ID: ____ Date form completed: ____ / ____ / ____