ACRIN 6690

Comparison of Multiphase Contrast-Enhanced CT and MRI for Diagnosis of HCC and Liver Transplant Allocation

CRF Set

A0

ACRIN 6690
Registration/Eligibility Checklist

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma for Liver Transplantation

If this is a revised or corrected form, please √box. ☐

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

DEMOGRAPHICS

Instructions: The eligibility checklist (A0) Part II and Part III must be completed prior to registration to determine and confirm participant eligibility. If the participant is being enrolled, they are to review, sign and date the consent. Patients must enroll in the trial after initial listing with HCC-exception points to the UNOS waitlist or the principal investigator (PI) or designated site co-investigator at a participating site may complete a Declaration of the Intent to List source document. The original application date of wait listing with UNOS for HCC-exception MELD points will need to be provided to ACRIN within 60 days after enrollment. Participants listed with the intent to undergo either living donor adult liver transplantation (LDALT) or deceased donor transplant are eligible for this trial. The data are submitted via the ACRIN website. Dates are recorded as mm-dd-yyyy. Submit a paper form only in the event the website is down.

Part I. The following questions will be asked at Study Registration:

1. Name of institutional person registering this case: _____ [1]

3. Is the participant eligible for this study? [3] O 1 No O 2 Yes

4. Date the study-specific consent form was signed (mm-dd-yyyy) **(Must be prior to study entry)** ___-___-___ [4]

5. Participant's initials *(last, first) (L, F)* _____ [5]

6. Verifying physician (Site PI) _____ [6]

8. Date of birth *(mm-dd-yyyy)* ___-___-___ [8]

9. Ethnicity [9]
   - O 1 Hispanic or Latino
   - O 2 Not Hispanic or Latino
   - O 3 Not reported
   - O 9 Unknown

11. Gender [11] O 1 Male O 2 Female O 9 Unknown

12. Participant's country of residence **(if other, complete Q12a)** [12]
   - O 1 United States
   - O 2 Canada
   - O 3 Other
   - O 9 Unknown

   12a. Other country, specify (completed if Q12 is coded **"other"**) _____ [18]

13. Zip Code **(5 digit code, US residents)** _____ [13]

14. Participant's insurance status [14]
   - O 0 Other
   - O 1 Private Insurance
   - O 2 Medicare
   - O 3 Medicare and Private Insurance
   - O 4 Medicaid
   - O 5 Medicaid and Medicare
   - O 6 Military or Veteran's Administration
   - O 7 Self Pay
   - O 8 No means of payment
   - O 9 Unknown/Decline to answer

15. Will any component of the participant's care be given at a military or VA facility? [15]
   - O 1 No O 2 Yes O 9 Unknown

16. Calendar base date [Date of registration] *(mm-dd-yyyy)* ___-___-___ [16]

17. Date of registration (mm-dd-yyyy) ___-___-___ [17]

Race (check all that apply) ☐ =1 No, ☒ =2 Yes

19. ☐ American Indian or Alaskan Native [19]
20. ☐ Asian [20]
21. ☐ Black or African American [21]
22. ☐ Native Hawaiian or other Pacific Islander [22]
23. ☐ White [23]
24. ☐ Unknown [24]
25. ☐ Not reported [67]

A0

ACRIN 6690
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ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Part II. Inclusion Criteria:

26. Has the participant provided a written informed consent? [28]
O 1 No O 2 Yes

27. Is the participant 18 years or older? [29]
O 1 No O 2 Yes

28. Does the participant have at least one focal liver lesion(s) >= 2 cm diameter compatible with imaging diagnosis of Stage II HCC on contrast-enhanced CT imaging and/or contrast-enhanced MRI; **OR** 2 or 3 focal liver lesions, each between >1 and <3 cm diameter, if each is compatible with imaging diagnosis of HCC on contrast-enhanced MRI. [30]

NOTE: *Imaging findings must be within Milan criteria (see Appendix V).*

O 1 No O 2 Yes

29. Has the participant been listed on the regional OPTN/UNOS liver transplant waitlist with HCC-exception MELD points prior to enrollment? [31]
O 1 No (Complete Q29b) O 2 Yes (Complete Q29a)

29a. If yes, provide the original application date of wait listing with HCC-exception MELD points:

_____-_____-_____ (mm-dd-yyyy) [32]

29b. If no, has the Declaration of Intent to List worksheet been completed? [62] O 1 No O 2 Yes

Part III. Exclusion Criteria:

30. Tumors beyond Milan Criteria:

NOTE: *This trial does not enroll patients with tumors beyond Milan Criteria even from region(s) where transplant listing might still be permissible due to a special arrangement.*

30a. Does the participant have evidence of an extrahepatic tumor? [33]
O 1 No O 2 Yes

30b. Does the participant have a unifocal HCC > 5 cm in diameter? [34]
O 1 No O 2 Yes

30c. Does the participant have multifocal HCCs (4 or more in number)? [35]
O 1 No O 2 Yes

30d. Does the participant have multiple (2 or more) HCCs with at least one tumor >= 3cm? [36]
O 1 No O 2 Yes

31. Has the participant undergone any local ablative therapy to the liver **prior to** enrollment on the trial? [37]
O 1 No O 2 Yes

32. Has the participant received sorafenib treatment (or comparable antiangiogenic therapy) prior to enrollment? [38]
O 1 No O 2 Yes

33. Not suitable to undergo MRI with an extracellular gadolinium-based contrast agent that does not have dominant hepatobiliary excretion:

33a. Is the participant claustrophobic and unwilling to be sedated per institutional practice? [65]
O 1 No O 2 Yes

33b. Does the participant have metallic objects or implanted medical devices in the body which are incompatible with MRI per institutional safety standards? [40]
O 1 No O 2 Yes

33c. Does the participant have sickle cell disease? [41]
O 1 No O 2 Yes

33d. Does the participant's weight exceed the limit allowable by the MR table? [42]
O 1 No O 2 Yes

34. Not suitable to undergo CT with an iodinated contrast agent:

34a. Does the participant's weight exceed the limit allowable by the CT table? [43]
O 1 No O 2 Yes

35. Does the participant have renal failure as determined by estimated glomerular filtration rate (eGFR) < 30 mL/min/1.73 m^2 by the Modification of Diet in Renal Disease (MDRD) model based on a serum creatinine level obtained within 28 days prior to enrollment? [44]
O 1 No O 2 Yes

35a. Serum creatinine level: ___.___ mg/dL [45]

35b. Date of collection: ____-____-____ *(mm-dd-yyyy)* [46]

35c. Site calculated eGFR: ___ mL/min/1.73 m^2 [47] ☐ eGFR is ≥ 60 mL/min/1.73m^2 [61]

NOTE: Only select the check box (Q35c) when a specific eGRF value is not provided and the value provided is > or = 60 mL/min/1.73m^2

36. Does the participant have renal insufficiency at the time of enrollment, as determined by eGFR 30 to 60 mL/min/1.73 m^2 by the MDRD model based on a serum creatinine level obtained within 28 days prior to enrollment? [48]
O 1 No (Complete Q37) O 2 Yes (Complete Q36a to determine eligibility)

36a. If yes, is the participant permitted by the institution's policy and/or because of risk reduction strategies to be implemented per American College of Radiology (ACR) guidance? [49]
O 1 No (INELIGIBLE) O 2 Yes (ELIGIBLE)

A0

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PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

37. Does the participant have a known allergy-like reaction to contrast media (iodinated or extracellular gadolinium that does not have dominant hepatobiliary excretion) OR moderate or severe allergic reactions to one or more allergens as defined by the ACR? [50]

O 1 No (Complete Q38) O 2 Yes (Complete Q37a to determine eligibility)

37a. If yes, is the participant <u>unwilling</u> to undergo pre-treatment as defined by the institution's policy and/or ACR guidance? [51]

O 1 No (ELIGIBLE) O 2 Yes (INELIGIBLE)

38. Is the participant unable to give informed consent? [52]

O 1 No O 2 Yes

39. Is the participant unable to comply with breathing or other imaging related instructions resulting in inability to obtain diagnostic quality CT or MRI studies (OPTN Class 0)? [53]

O 1 No O 2 Yes

40. Is the participant pregnant? [54]

O 1 No O 2 Yes O 98 Not applicable (Complete Q40a)

40a. If not applicable, provide reason: [55]

O 1 Male
O 2 Post menopausal
O 3 Surgically sterile
O 88 Other, specify _____ [56]

41. Does the participant's lesion(s) not meet OPTN Class 5 imaging criteria for HCC, even if they have biopsy-proven HCC? [68]

O 1 No O 2 Yes

Part IV. EDRN Sub-trial:

42. Has the participant agreed to participate in the EDRN sub-trial? [66]

O 1 No O 2 Yes

Comments: _____

_____ [57]

_____ [58]
Initials of person who determined eligibility

_____-_____-_____ [59]
Date form completed (mm-dd-yyyy)

_____ [60]
Initials of person completing the form

Signature of person completing form _____ *(for external use only)*

A4

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma

Date of Listing Form

If this is a revised or corrected form, please √ box. ☐

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Instructions: The form is completed as part of patient registration by the designated research staff (i.e. transplant coordinator, research associate, etc.) with the appropriate source documents. If the patient's MR or CT Standard of Care scan shows HCC per Milan criteria, and if the Site Principal Investigator determines that the patient is radiographically-eligible for HCC-exception MELD points, the patient is then eligible to be registered for the trial under the Declaration of Intent to List. The site Principal Investigator or designated site co-investigator must complete and sign the Declaration of Intent to List source document (available at http://www.acrin.org/6690_protocol.aspx). A copy must be kept in the participant's research file. The original application date of waitlisting with UNOS must be provided to ACRIN within 60 days of registration. Otherwise, the patient must be taken off-study. No **serial** or **post-ablation** imaging may be completed until waitlisting submission has been finalized with UNOS UNet and ACRIN has received confirmation of waitlisting.

1. **Did the patient qualify for HCC-exception points upon further assessment?**[1]

   O No (Complete DS End of Study form) O Yes (proceed to Q2)

2. **Original application date of waitlisting with UNOS for HCC-exception points:** _____-_____-_____ **(mm-dd-yyyy)** [2]

Comments: _____

_____ [3][4]

_____[5]
Initials of person completing the form

_____-_____-_____[6]
Date form completed *(mm-dd-yyyy)*

AE

ACRIN Adverse Event Form
ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma for Liver Transplantation

ACRIN Study Case #

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

If this is a revised or corrected form, please √box. ☐

All Adverse Events (AEs) and Serious Adverse Events (SAEs) as defined in the protocol require routine reporting via web entry of the AE CRF. Only one AE is captured per form. For further instructions in completing the form, please refer to the AE completion instructions. Please note that source documentation (ACRIN AE log, ACRIN AE CRF, printed AE web confirmation, or participant's chart) must have the investigator's signature. For AE reporting requirements, please refer to the AE reporting section of the protocol. Contact ACRIN's AE coordinator for any questions.

AE Description _____ [1, 2]

AE Short Name (online look-up) _____ [3]

Grade [4]	**Attribution** [5]	**Expectedness** [6]	**Serious AE?** [42]	**Expedited Report Submitted** [7]	**Action Taken** (mark ☒ all that apply)	**Outcome** [9]	**Date of AE Onset and Resolution** (mm-dd-yyyy); mark ☒ the box "ongoing" if the AE is ongoing at the time of report
O Mild O Moderate O Severe O Life threatening or disabling O Fatal	O Unrelated O Unlikely O Possible O Probable O Definite	O Expected O Unexpected	O No O Yes	O No O Yes	☐ None [43] ☐ Medication therapy [44] ☐ Procedure [45] ☐ Hospitalization [46] ☐ Other [47]	O Recovered O Improved O Ongoing O Death O Unknown	Start date: ____ - ____ - ____ [10] Resolution date: ____ - ____ - ____ [11] ☐ Ongoing [12]

Comments: _____ [37], [38]

Additional AEs to report? [39]
- O No
- O Yes (Please complete an additional AE form)

Was the AE assessed, reviewed and signed by the investigator? [40]
- O No
- O Yes

____-____-____ [41]
Date form completed (mm-dd-yyyy)

_____ [50]
Investigator's initials

Investigator's signature _____ *(for external use only)*

AF

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690
PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Ablation Form

If this is a revised or corrected form, please √box. ☐

Instructions: The ablation form is completed following the completion of all local ablative therapy by the designated research staff (research associate, transplant coordinator, etc) with the appropriate source documents. *NOTE: Biopsy of the FOCAL Lesion prior to ablation is strongly encouraged, although not mandated.*

1. UNOS listing update (Timepoint)**:** [1]

If ablation takes place between two time points, select the latter time point. for example, if treatment occurs between 1st and 2nd UNOS, response to Q#1 should be 2nd UNOS.

- O 1st UNOS update (90 day)
- O 2nd UNOS update (180 day)
- O 3rd UNOS update (270 day)
- O 4th UNOS update (360 day)
- O 5th UNOS update (450 day)
- O 6th UNOS update (540 day)
- O 7th UNOS update (630 day)
- O 8th UNOS update (720 day)
- O 9th UNOS update (810 day)

2. Has all planned local ablative therapy been completed at this time? [2]

- O No (Complete Q2a)
- O Yes (Continue to Table 1)

2a. If all planned local ablative therapy has NOT been completed, provide the reason: [3]

- O Scheduling problems
- O Went to transplant
- O Removed from waitlist
- O Contraindication to contrast agent
- O Medical reason
- O Unknown
- O Participant withdrew consent
- O Participant death
- O Participant refusal
- O Adverse event (Refer to the protocol for AE reporting requirements)
- O Other, specify: _____ [4]

TABLE 1: ABLATIVE THERAPY

Local Ablative Therapy NOT Previously Reported: *(Mark all that apply)*	Affected Lobe *(Complete as applicable)*	Number of Lesions Ablated *(Complete as applicable)*	Total Number of Treated Lesions *(Complete as applicable)*	Date Completed *(mm-dd-yyyy)*
☐ Cryoablation [5]		[6]		[7] _____-_____-_____
☐ Radiofrequency ablation [8]		[9]		[10] _____-_____-_____
☐ Transarterial chemoembolization [TACE] [11]	[12] O Left lobe O Right lobe O Both		[13]	[14] _____-_____-_____
☐ Radioembolization (Y90Rx) [15]	[16] O Left lobe O Right lobe O Both		[17]	[18] _____-_____-_____
☐ Other, [19] specify _____ _____ [20]	[21] O Left lobe O Right lobe O Both O NA	[22]	[23]	[24] _____-_____-_____

3. Was a diagnostic biopsy obtained of a subsequently ablated liver lesion? [25]

- O No
- O Yes (Pathologist will need to complete a biopsy form)

COMMENTS: _____

_____

_____ [26, 27]

_____ [28]
Initials of person completing the form

_____ - _____ - _____ [29]
Date form completed (mm-dd-yyyy)

BS

ACRIN 6690

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ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Biopsy Form

If this is a revised or corrected form, please √ box. ☐

Instructions: The biopsy form is completed following the completion of all local ablative therapy by the designated research staff (research associate, transplant coordinator, etc) with the appropriate source documents. Completion of the form requires the compilation of the most recent CT and MRI interpretation form in order to complete the Lesion ID information.

Lesion # (record #) [1]	CT Lesion ID: CT Segment # [2]	CT Lesion ID: CT Running # [3]	MRI Lesion ID: MR Segment # [4]	MRI Lesion ID: MR Running # [5]	ABLATION INFORMATION: Type of Ablation (Mark all that apply) [6]	BIOPSY INFORMATION: Biopsy of newly ablated lesion? O 1 No O 2 Yes O 3 Unknown O 4 Not available O 5 Indeterminate result [8]	BIOPSY INFORMATION: Date of Biopsy (mm-dd-yyyy) [9]	BIOPSY INFORMATION: Result of biopsy O 1 HCC O 2 Non-HCC [10]
1.					☐ Cryoablation ☐ Radiofrequency ablation ☐ Transarterial chemoembolization [TACE] ☐ Radioembolization ☐ Other, specify: _____ [7]			
2.					☐ Cryoablation ☐ Radiofrequency ablation ☐ Transarterial chemoembolization [TACE] ☐ Radioembolization ☐ Other, specify: _____ [7]			
3.					☐ Cryoablation ☐ Radiofrequency ablation ☐ Transarterial chemoembolization [TACE] ☐ Radioembolization ☐ Other, specify: _____ [7]			
4.					☐ Cryoablation ☐ Radiofrequency ablation ☐ Transarterial chemoembolization [TACE] ☐ Radioembolization ☐ Other, specify: _____ [7]			

If there is additional biopsy information, please continue to next page.

BS

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ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Biopsy Form

If this is a revised or corrected form, please √ box. ☐

Lesion # (record #) [1]	CT Lesion ID: CT Segment # [2]	CT Lesion ID: CT Running # [3]	MRI Lesion ID: MR Segment # [4]	MRI Lesion ID: MR Running # [5]	ABLATION INFORMATION: Type of Ablation (*Mark all that apply*) [6]	BIOPSY INFORMATION: Biopsy of newly ablated lesion? [8]	BIOPSY INFORMATION: Date of Biopsy (*mm-dd-yyyy*) [9]	BIOPSY INFORMATION: Result of biopsy [10]
5.					☐ Cryoablation ☐ Radiofrequency ablation ☐ Transarterial chemoembolization [TACE] ☐ Radioembolization ☐ Other, specify: _____ [7]			
6.					☐ Cryoablation ☐ Radiofrequency ablation ☐ Transarterial chemoembolization [TACE] ☐ Radioembolization ☐ Other, specify: _____ [7]			
7.					☐ Cryoablation ☐ Radiofrequency ablation ☐ Transarterial chemoembolization [TACE] ☐ Radioembolization ☐ Other, specify: _____ [7]			
8.					☐ Cryoablation ☐ Radiofrequency ablation ☐ Transarterial chemoembolization [TACE] ☐ Radioembolization ☐ Other, specify: _____ [7]			

O 1 No
O 2 Yes
O 3 Unknown
O 4 Not available
O 5 Indeterminate result

O 1 HCC
O 2 Non-HCC

If there is additional biopsy information, please continue to report on the Supplement Biopsy Form.

BL

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma

Blood Collection Form

If this is a revised or corrected form, please √box. ☐

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

1. Timepoint [1]

- O Baseline
- O 1st UNOS update (90 day)
- O 2nd UNOS update (180 day)
- O 3rd UNOS update (270 day)
- O 4th UNOS update (360 day)
- O 5th UNOS update (450 day)
- O 6th UNOS update (540 day)
- O 7th UNOS update (630 day)
- O 8th UNOS update (720 day)
- O 9th UNOS update (810 day)
- O Post Ablation (prior to post ablative surgery)
- O Post Transplant (3 months after transplant)

2. Was blood collected prior to CT and/or MRI acquisition? [2]

- O No (complete Q2a)
- O Yes (skip to Q3)

2a. Reason blood was not collected prior to CT and/or MRI acquisition?(Sign and date form) [3]

- O Collected during pre-op labs
- O Gadolinium administered prior to blood draw
- O Other, specify _____ [4]

3. Was blood collection done per protocol? [5]

- O No, Specify: _____ [6]
- O Yes

4. Date blood collected _____-_____-_____ *(mm-dd-yyyy)* [7]

5. What time was blood collected? _____ _____ : _____ _____ *(HH.MM)24-hour format* [8]

6. Did any Freeze/thaw occur? [9]

- O No
- O Yes
- O Unknown

6a. If yes, indicate Total # times: _____[10]

6b. Length of time: _____[11]

7. Was 8mL collected for plasma sampling? [12]

- O No, Specify: _____ [13]
- O Yes

8. Was Plasma frozen within 1 hour of abstraction? [14]

- O No, Specify: _____ [15]
- O Yes

9. Date Plasma was placed into freezer _____-_____-_____ *(mm-dd-yyyy)* [16]

10. Time plasma placed into freezer _____ _____ : _____ _____ *(HH.MM)24-hour format* [17]

11. Was plasma frozen at -70° C or colder? [18]

- O No, Specify: _____ [19]
- O Yes

12. What is the size of vials used for plasma storage? [80]

- O 0.5mL
- O 1mL
- O Other, Specify: _____ [21]

13. Did Plasma hemolyze? [22]

- O No
- O Yes

BL

ACRIN 6690

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Blood Collection Form

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ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

14. How many plasma vials were collected? - _____ [23]

15. Plasma Barcode #1: _____ [24] ☐ N/A [25]
16. Plasma Barcode #2: _____ [26] ☐ N/A [27]
17. Plasma Barcode #3: _____ [28] ☐ N/A [29]
18. Plasma Barcode #4: _____ [30] ☐ N/A [31]
19. Plasma Barcode #5: _____ [32] ☐ N/A [33]
20. Plasma Barcode #6: _____ [34] ☐ N/A [35]
21. Plasma Barcode #7: _____ [36] ☐ N/A [37]
22. Plasma Barcode #8: _____ [38] ☐ N/A [39]
23. Plasma Barcode #9: _____ [40] ☐ N/A [41]
24. Plasma Barcode #10: _____ [42] ☐ N/A [43]

25. Was 8mL collected for serum sampling? [44]
- O No, Specify: _____ [45]
- O Yes

26. Did blood clot within 1 hour of abstraction? [46]
- O No, Specify: _____ [47]
- O Yes

27. Date serum was placed into freezer _____-_____-_____ *(mm-dd-yyyy)* [48]

28. Time serum placed into freezer _____ _____ : _____ _____ *(HH.MM)24-hour format* [49]

29. Was serum frozen at -70° C or colder? [50]
- O No, Specify: _____ [51]
- O Yes

30. What is the size of vials used for serum storage? [81]
- O 0.5mL
- O 1mL
- O Other, Specify: _____ [53]

31. Did Serum hemolyze? [54]
- O No
- O Yes

32. How many serum vials were collected? - _____ [55]

33. Serum Barcode #1: _____ [56] ☐ N/A [57]
34. Serum Barcode #2: _____ [58] ☐ N/A [59]
35. Serum Barcode #3: _____ [60] ☐ N/A [61]
36. Serum Barcode #4: _____ [62] ☐ N/A [63]
37. Serum Barcode #5: _____ [64] ☐ N/A [65]
38. Serum Barcode #6: _____ [66] ☐ N/A [67]
39. Serum Barcode #7: _____ [68] ☐ N/A [69]
40. Serum Barcode #8: _____ [70] ☐ N/A [71]
41. Serum Barcode #9: _____ [72] ☐ N/A [73]
42. Serum Barcode #10: _____ [74] ☐ N/A [75]

COMMENTS: _____

_____

_____ [76, 77]

_____ [78]
Initials of person completing the form

_____ - _____ - _____ [79]
Date form completed (mm-dd-yyyy)

BX

ACRIN 6690 - Eovist Sub-Trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

Eovist Biopsy Form

If this is a revised or corrected form, please √box. ☐

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Instructions: The biopsy form is completed by the pathologist after determining if a biopsy is available for pathology assessment. Completion of the form requires the compilation of the most recent CT, MRI, and E-MRI interpretation forms in order to complete the Lesion ID information.

Lesion # (record #) [1]	CT Lesion ID: CT Highest-# Segment [2]	CT Lesion ID: CT Running # [3]	MRI Lesion ID: MRI Highest-# Segment [4]	MRI Lesion ID: MRI Running # [5]	E-MRI Lesion ID: E-MRI Highest-# Segment [18]	E-MRI Lesion ID: E-MRI Running # [19]	ABLATION INFORMATION: Type of Ablation (Mark all that apply)	BIOPSY INFORMATION: Biopsy prior to ablation? [12]	Date of Biopsy [13]	HCC present? [14]	Result of biopsy [15] [16]	HCC Specific Variant [17]
1.	O 1 O 2 O 3 O 4a O 4b O 5 O 6 O 7 O 8		O 1 O 2 O 3 O 4a O 4b O 5 O 6 O 7 O 8		O 1 O 2 O 3 O 4a O 4b O 5 O 6 O 7 O 8		☐ Cryoablation [6] ☐ Radioembolization [7] ☐ Radiofrequency ablation [8] ☐ Transarterial chemoembolization [TACE] [9] ☐ Other, [10] specify: _____ [11]	O No O Yes, diagnostic biopsy O Yes, non-diagnostic biopsy/ indeterminate O Yes, biopsy result unavailable O Unknown	___-___-_____ *(mm-dd-yyyy)*	O No O Yes	O 1 HCC NOS O 2 HCC specific variant O 3 Regenerative or low grade dysplastic nodule O 4 High grade dysplastic nodule O 5 Necrotic tissue only O 88 Other, specify _____ Code ____ Specify _____	O Fibrolamellar O Clear cell O Sarcomatoid O Sclerosing O Mixed HCC/ cholangiocarcinoma
2.	O 1 O 2 O 3 O 4a O 4b O 5 O 6 O 7 O 8		O 1 O 2 O 3 O 4a O 4b O 5 O 6 O 7 O 8		O 1 O 2 O 3 O 4a O 4b O 5 O 6 O 7 O 8		☐ Cryoablation [6] ☐ Radioembolization [7] ☐ Radiofrequency ablation [8] ☐ Transarterial chemoembolization [TACE] [9] ☐ Other, [10] specify: _____ [11]	O No O Yes, diagnostic biopsy O Yes, non-diagnostic biopsy/ indeterminate O Yes, biopsy result unavailable O Unknown	___-___-_____ *(mm-dd-yyyy)*	O No O Yes	O 1 HCC NOS O 2 HCC specific variant O 3 Regenerative or low grade dysplastic nodule O 4 High grade dysplastic nodule O 5 Necrotic tissue only O 88 Other, specify _____ Code ____ Specify _____	O Fibrolamellar O Clear cell O Sarcomatoid O Sclerosing O Mixed HCC/ cholangiocarcinoma

If there is additional biopsy information, please continue to next page.

BX

ACRIN 6690 - Eovist Sub-Trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Eovist Biopsy Form

If this is a revised or corrected form, please √box. ☐

Lesion # (record #) [1]	CT Lesion ID: CT Highest-# Segment [2]	CT Lesion ID: CT Running # [3]	MRI Lesion ID: MRI Highest-# Segment [4]	MRI Lesion ID: MRI Running # [5]	E-MRI Lesion ID: E-MRI Highest-# Segment [18]	E-MRI Lesion ID: E-MRI Running # [19]	ABLATION INFORMATION: Type of Ablation *(Mark all that apply)*	BIOPSY INFORMATION: Biopsy prior to ablation? [12]	Date of Biopsy [13]	HCC present? [14]	Result of biopsy [15] [16]	HCC Specific Variant [17]
3.	O 1 O 2 O 3 O 4a O 4b O 5 O 6 O 7 O 8		O 1 O 2 O 3 O 4a O 4b O 5 O 6 O 7 O 8		O 1 O 2 O 3 O 4a O 4b O 5 O 6 O 7 O 8		☐ Cryoablation [6] ☐ Radioembolization [7] ☐ Radiofrequency ablation [8] ☐ Transarterial chemoembolization [TACE] [9] ☐ Other, [10] specify: _____ [11]	O No O Yes, diagnostic biopsy O Yes, non-diagnostic biopsy/ indeterminate O Yes, biopsy result unavailable O Unknown	___-___-____ *(mm-dd-yyyy)*	O No O Yes	____ Code _____ Specify O 1 HCC NOS O 2 HCC specific variant O 3 Regenerative or low grade dysplastic nodule O 4 High grade dysplastic nodule O 5 Necrotic tissue only O 88 Other, specify _____	O Fibrolamellar O Clear cell O Sarcomatoid O Sclerosing O Mixed HCC/ cholangiocarcinoma
4.	O 1 O 2 O 3 O 4a O 4b O 5 O 6 O 7 O 8		O 1 O 2 O 3 O 4a O 4b O 5 O 6 O 7 O 8		O 1 O 2 O 3 O 4a O 4b O 5 O 6 O 7 O 8		☐ Cryoablation [6] ☐ Radioembolization [7] ☐ Radiofrequency ablation [8] ☐ Transarterial chemoembolization [TACE] [9] ☐ Other, [10] specify: _____ [11]	O No O Yes, diagnostic biopsy O Yes, non-diagnostic biopsy/ indeterminate O Yes, biopsy result unavailable O Unknown	___-___-____ *(mm-dd-yyyy)*	O No O Yes	____ Code _____ Specify O 1 HCC NOS O 2 HCC specific variant O 3 Regenerative or low grade dysplastic nodule O 4 High grade dysplastic nodule O 5 Necrotic tissue only O 88 Other, specify _____	O Fibrolamellar O Clear cell O Sarcomatoid O Sclerosing O Mixed HCC/ cholangiocarcinoma

If there is additional biopsy information, please continue to report on the Supplement Biopsy Form.

C1

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Baseline CT Local Interpretation Form

If this is a revised or corrected form, please √box. ☐

Instructions: The form is completed at the baseline imaging timepoint by the site radiologist interpreting the exam. Lesions will be identified in comparison with recent imaging (within 180 days prior to baseline imaging, if available). Please continue to report the results of the interpretation on the C2 and C3 forms.

1. Timepoint: [1] O Baseline

☐ **SCAN NOT COMPLETED** [8]

2. Was prior imaging used for comparison with this baseline image? [2]

O No (Complete Q3) O Yes (Complete Q2a and Q2b and submit images to ACRIN)

2a. Date of prior comparison imaging: _____-_____-_____ *(mm-dd-yyyy)* [3]

2b. Imaging modality: [4] O CT O MRI

3. Date of baseline imaging: _____-_____-_____ *(mm-dd-yyyy)* [5]

4. Date of baseline imaging interpretation: _____-_____-_____ *(mm-dd-yyyy)* [6]

5. Reader ID: [7]

Naming Convention for Lesion Identification

O **Part 1: [Highest-Number Segment]:** If a lesion cannot be unequivocally assigned to just one specific segment, identify the lesion by the involved segment with the HIGHEST Arabic numeral (NOT to be confused with the segment with the GREATEST tumor burden).

- O **Example**: A lesion seen involving segments 6, 7, and 8 then **8** would be assigned for the Lesion ID: Highest-# Segment and the additional involved segments 6 and 7 would be marked in the column for **Additional Involved Segment(s).**
- O If a lesion appears in segments 4a and 4b, then 4b would be assigned for the Lesion ID: Highest-Number Segment, and the additional involved segment 4a would be marked in the column for **Additional Involved Segment(s)**.

O **Part 2: [Running Number]:** In the event of multiple lesions within the same segment, number them in ascending order from most superior/anterior to most inferior/posterior.

- O **Example:** Two lesions found in segment 6. Running #1 will be assigned to the lesion that is most superior/anterior in location.
  - O 1st lesion in segment 6 most anterior/superior: Lesion ID

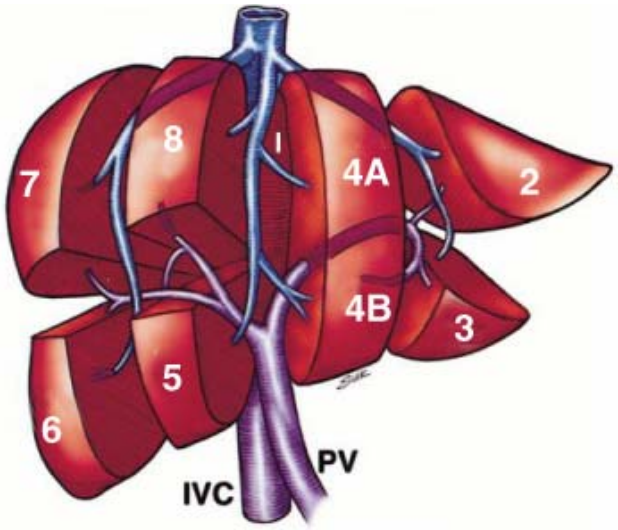
Highest-# Segment	Running #
6	1

  - O 2nd lesion in segment 6: Lesion ID

Highest-# Segment	Running #
6	2

O **IMPORTANT:** Once a lesion has been assigned a Lesion ID, it **MUST NOT BE CHANGED** throughout the trial. Any newly identified lesions identified on exams subsequent to baseline imaging must be assigned unique Lesion IDs.

- O If new lesions are found in a segment with one or several previously-identified lesions, the newly identified lesions will be assigned the next higher available running # (numbering NEW lesions from the most superior/anterior to most inferior/ posterior location within the segment).
- O *Example:* Two lesions in segment VI are identified as ID #s 6.1 and 6.2 on Baseline imaging, and at the Post-ablation imaging, two more lesions are identified. One new lesion is more superior/anterior to all previously-identified lesions in the segment and the other is inferior and posterior to the former. The former would be assigned running # 3 (ID #: 6.3), and the latter running #4 (ID #: 6.4) in the segment.



Please continue to the C2 form.

C2

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Baseline CT Local Interpretation: Untreated Lesion Form

If this is a revised or corrected form, please √box. ☐

Instructions: The form is completed at the baseline imaging timepoint by the site radiologist reading the exam. Lesions will be identified in comparison with recent imaging (within 180 days prior to baseline imaging). Complete one table per class 4 or 5 liver lesion(s) identified. **Record all class 5 lesions, and a maximum of (5) class 4 lesions**. When assigning lesion ID to a lesion that cannot be unequivocally assigned to just one specific segment, identify the lesion by the involved segment with the HIGHEST Arabic numeral (NOT to be confused with the segment with the GREATEST tumor burden). For example, a lesion seen involving segments 6, 7, and 8 then **8** would be assigned for the Lesion ID: Highest-# Segment and the additional involved segments 6 and 7 would be marked in the column for **Additional Involved Segment(s).**

☐ **SCAN NOT COMPLETED** [54] ☐ **NO UNTREATED LESION(S) IDENTIFIED** [55] **UNTREATED LESION TABLE**

Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (Record #)	CT Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Attenuation Features (Compared to liver background)	
[1] **1**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**Pre-contrast (Optional)** [14]	O hypoattenuating O isoattenuating O hyperattenuating O not performed
				Late Arterial Phase [15] [16]	**A.** O hypoattenuating O isoattenuating O hyperattenuating **B.** O homogenous O heterogeneous
				Portal Venous Phase [18] [19]	**A.** O hypoattenuating O isoattenuating O hyperattenuating **B.** O homogenous O heterogeneous
				Delayed Phase [21] [22] [24]	**A.** O hypoattenuating O isoattenuating O hyperattenuating **B.** O homogenous O heterogeneous **C. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Baseline Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction [Baseline Imaging]	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed

PRIOR IMAGING COMPARISON ☐ Not available [32]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	Probability of presence of HCC (Scale of 0-100%): [38] 0% (HCC definitely NOT present) — 100% (HCC definitely present):	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	
O No O Yes	_____ %		O No O Yes, specify: _____ [44]

Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to C3 form.

C2

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Baseline CT Local Interpretation: Untreated Lesion Form

If this is a revised or corrected form, please √ box. ☐

UNTREATED LESION TABLE

Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (Record #)	CT Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Attenuation Features (Compared to liver background)	
[1]	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**Pre-contrast (Optional)** [14]	O hypoattenuating O isoattenuating O hyperattenuating O not performed
2	**Running #** [3] ☐☐☐			**Late Arterial Phase** [15] [16]	**A.** O hypoattenuating O isoattenuating O hyperattenuating **B.** O homogenous O heterogeneous
				Portal Venous Phase [18] [19]	**A.** O hypoattenuating O isoattenuating O hyperattenuating **B.** O homogenous O heterogeneous
				Delayed Phase [21] [22] [24]	**A.** O hypoattenuating O isoattenuating O hyperattenuating **B.** O homogenous O heterogeneous **C. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Baseline Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction [Baseline Imaging]	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed

PRIOR IMAGING COMPARISON ☐ Not available [32]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]		Probability of presence of HCC (Scale of 0-100%): [38] 0% (HCC definitely NOT present) — 100% (HCC definitely present):		Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	
	O No O Yes		_____ %		O No O Yes, specify: _____ [44]

Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to C3 form.

C2

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Baseline CT Local Interpretation: Untreated Lesion Form

If this is a revised or corrected form, please √box. ☐

Reader ID: ☐☐☐☐☐☐☐ (Site use only)

UNTREATED LESION TABLE

Lesion # (Record #)	CT Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Attenuation Features (Compared to liver background)
[1] **3**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**Pre-contrast (Optional)** [14] O hypoattenuating O isoattenuating O hyperattenuating O not performed **Late Arterial Phase** [15] **A.** O hypoattenuating O isoattenuating O hyperattenuating [16] **B.** O homogenous O heterogeneous **Portal Venous Phase** [18] **A.** O hypoattenuating O isoattenuating O hyperattenuating [19] **B.** O homogenous O heterogeneous **Delayed Phase** [21] **A.** O hypoattenuating O isoattenuating O hyperattenuating [22] **B.** O homogenous O heterogeneous [24] **C. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Baseline Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction [Baseline Imaging]	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed

PRIOR IMAGING COMPARISON ☐ Not available [32]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]		Probability of presence of HCC (Scale of 0-100%): [38] 0% (HCC definitely NOT present) — 100% (HCC definitely present):		Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	
	O No O Yes		_____ %		O No O Yes, specify: _____ [44]

Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to C3 form.

C2

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Baseline CT Local Interpretation: Untreated Lesion Form

If this is a revised or corrected form, please √ box. ☐

Reader ID: ☐☐☐☐☐☐☐ (Site use only)

UNTREATED LESION TABLE

Lesion # (Record #)	CT Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Attenuation Features (Compared to liver background)
[1] **4**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**Pre-contrast (Optional)** [14]: O hypoattenuating O isoattenuating O hyperattenuating O not performed **Late Arterial Phase** [15]: **A.** O hypoattenuating O isoattenuating O hyperattenuating [16]: **B.** O homogenous O heterogeneous **Portal Venous Phase** [18]: **A.** O hypoattenuating O isoattenuating O hyperattenuating [19]: **B.** O homogenous O heterogeneous **Delayed Phase** [21]: **A.** O hypoattenuating O isoattenuating O hyperattenuating [22]: **B.** O homogenous O heterogeneous [24]: **C. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Baseline Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction [Baseline Imaging]	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed

PRIOR IMAGING COMPARISON ☐ Not available [32]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	Probability of presence of HCC (Scale of 0-100%): [38] 0% (HCC definitely NOT present) — 100% (HCC definitely present):	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]
O No O Yes	_____ %	O No O Yes, specify: _____ [44]

Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to C3 form.

C2

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Baseline CT Local Interpretation: Untreated Lesion Form

If this is a revised or corrected form, please √ box. ☐

Reader ID: ☐☐☐☐☐☐☐ (Site use only)

UNTREATED LESION TABLE

Lesion # (Record #)	CT Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Attenuation Features (Compared to liver background)
[1] **5**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**Pre-contrast (Optional)** [14] O hypoattenuating O isoattenuating O hyperattenuating O not performed **Late Arterial Phase** [15] **A.** O hypoattenuating O isoattenuating O hyperattenuating [16] **B.** O homogenous O heterogeneous **Portal Venous Phase** [18] **A.** O hypoattenuating O isoattenuating O hyperattenuating [19] **B.** O homogenous O heterogeneous **Delayed Phase** [21] **A.** O hypoattenuating O isoattenuating O hyperattenuating [22] **B.** O homogenous O heterogeneous [24] **C. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Baseline Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction [Baseline Imaging]	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed

PRIOR IMAGING COMPARISON ☐ Not available [32]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]		Probability of presence of HCC (Scale of 0-100%): [38] 0% (HCC definitely NOT present) — 100% (HCC definitely present):		Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	
	O No O Yes		_____ %		O No O Yes, specify: _____ [44]

Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to C3 form.

C2

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Baseline CT Local Interpretation: Untreated Lesion Form

If this is a revised or corrected form, please √box. ☐

Reader ID: ☐☐☐☐☐☐☐ (Site use only)

UNTREATED LESION TABLE

Lesion # (Record #)	CT Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Attenuation Features (Compared to liver background)
[1] **6**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**Pre-contrast (Optional)** [14] O hypoattenuating O isoattenuating O hyperattenuating O not performed **Late Arterial Phase** [15] **A.** O hypoattenuating O isoattenuating O hyperattenuating [16] **B.** O homogenous O heterogeneous **Portal Venous Phase** [18] **A.** O hypoattenuating O isoattenuating O hyperattenuating [19] **B.** O homogenous O heterogeneous **Delayed Phase** [21] **A.** O hypoattenuating O isoattenuating O hyperattenuating [22] **B.** O homogenous O heterogeneous [24] **C. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Baseline Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction [Baseline Imaging]	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed

PRIOR IMAGING COMPARISON ☐ Not available [32]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]		Probability of presence of HCC (Scale of 0-100%): [38] 0% (HCC definitely NOT present) — 100% (HCC definitely present):		Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	
	O No O Yes		_____ %		O No O Yes, specify: _____ [44]

Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to C3 form.

C2

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Baseline CT Local Interpretation: Untreated Lesion Form

If this is a revised or corrected form, please √box. ☐

Reader ID: ☐☐☐☐☐☐☐ (Site use only)

UNTREATED LESION TABLE

Lesion # (Record #)	CT Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Attenuation Features (Compared to liver background)	
[1] **7**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**Pre-contrast (Optional)** [14]	O hypoattenuating O isoattenuating O hyperattenuating O not performed
				Late Arterial Phase [15] [16]	**A.** O hypoattenuating O isoattenuating O hyperattenuating **B.** O homogenous O heterogeneous
				Portal Venous Phase [18] [19]	**A.** O hypoattenuating O isoattenuating O hyperattenuating **B.** O homogenous O heterogeneous
				Delayed Phase [21] [22] [24]	**A.** O hypoattenuating O isoattenuating O hyperattenuating **B.** O homogenous O heterogeneous **C. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Baseline Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction [Baseline Imaging]	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed

PRIOR IMAGING COMPARISON ☐ Not available [32]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]		Probability of presence of HCC (Scale of 0-100%): [38] 0% (HCC definitely NOT present) — 100% (HCC definitely present):		Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	
	O No O Yes		_____ %		O No O Yes, specify: _____ [44]

Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to C3 form.

C2

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Baseline CT Local Interpretation: Untreated Lesion Form

If this is a revised or corrected form, please √ box. ☐

Reader ID: ☐☐☐☐☐☐☐ (Site use only)

UNTREATED LESION TABLE

Lesion # (Record #)	CT Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Attenuation Features (Compared to liver background)
[1] **8**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**Pre-contrast (Optional)** [14]: O hypoattenuating O isoattenuating O hyperattenuating O not performed **Late Arterial Phase** [15]: **A.** O hypoattenuating O isoattenuating O hyperattenuating [16]: **B.** O homogenous O heterogeneous **Portal Venous Phase** [18]: **A.** O hypoattenuating O isoattenuating O hyperattenuating [19]: **B.** O homogenous O heterogeneous **Delayed Phase** [21]: **A.** O hypoattenuating O isoattenuating O hyperattenuating [22]: **B.** O homogenous O heterogeneous [24]: **C. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Baseline Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction [Baseline Imaging]	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed

PRIOR IMAGING COMPARISON ☐ Not available [32]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	Probability of presence of HCC (Scale of 0-100%): [38] 0% (HCC definitely NOT present) — 100% (HCC definitely present):		Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	
O No O Yes	_____ %			O No O Yes, specify: _____ [44]

Continue to C3 form

C3

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Baseline CT Local Overall Interpretation Form

If this is a revised or corrected form, please √box. ☐

Instructions: The form is completed by the radiologist following the interpretation and documentation of the untreated lesions on the appropriate forms. The initial and date field at the bottom of the form also applies to the radiologist's completion of the Baseline CT Local Interpretation form and the Baseline CT Local Interpretation: Untreated Lesion form.

Summary of Reported Lesions		
Number of Class 4 lesions	[1]	
Number of Class 5A/5A-g lesions [T1 HCCs]	[2]	
Number of Class 5B/5B-g lesions [T2 HCCs]	[3]	

1. **Were there additional Class 4 lesions that were not reported?** [4] *[Protocol only requires the reporting of up to 5 (five) Class 4 lesions]*
   - O No
   - O Yes

2. **Was there any imaging evidence of macrovascular invasion by tumor?** [5]
   - O No
   - O Yes

3. **Is the participant within Milan criteria?** [6]
   - O No
   - O Yes

Comments: _____

_____ [7, 8]

_____ [9]
Initials of person completing the form

_____-_____-_____ [10]
Date form completed *(mm-dd-yyyy)*

CA

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

CT Technical Assessment Form: Post Ablation

If this is a revised or corrected form, please √ box. ☐

Instructions: The form is completed for the post ablation imaging visit (28-60 days post ablation) by the designated research staff (i.e. imaging technologist, research associate, etc.) with the appropriate source documents.

1. Timepoint: [1]

- O Post Ablation Imaging (28-60 days post ablation)

2. Was imaging exam completed? [2]

- O No (Complete Q2a, then form as applicable)
- O Yes (Continue to Q3, and continue with form)

2a. Reason imaging not completed: [3]

- O Participant death
- O Participant withdrew consent
- O Participant refusal
- O Progressive disease
- O Medical reason
- O Adverse event (refer to AE section of the protocol for reporting requirements)
- O Other, specify _____ [4]

3. Date of imaging: ____-____-____ *(mm-dd-yyyy)* [5]

Scanner

☐ Not done [42]

4. Manufacturer: [6] O GE O Philips O Siemens O Toshiba O Other, _____ [7]

5. Model name/Institutional ID of scanner used for this exam: _____ [8]

Contrast Administration

☐ Not done [43]

6. Was IV contrast administered? [9]

- O No
- O Yes (complete Q6a-Q6c)

6a. Iodine concentration (mg/L): [10] O 300 O 320 O 350 O 370 O Other _____ [11]

6b. Amount injected: |___|___|___|___| mL [12]

6c. Rate of contrast injection: |___|___|.|___|___| mL/sec [46]

Abdominal Multiphasic Contrast Enhanced CT Imaging

☐ Not done [44]

7. kVp: |___|___|___| [14]

8. mAs (provide one): |___|___|___| [15] (per slice/effective) OR |___|___|___|–|___|___|___| *(range)* [17] ☐ unknown [18]

9. Dose length product (DLP): |___|___|___|___| mGy-cm [19]

10. Computed tomography dose index volume (CTDIVOL): |___|___|___| mGy [20]

11. Slice thickness of reconstructed images: |___|___|.|___| mm [21]

CA

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

CT Technical Assessment Form: Post Ablation

If this is a revised or corrected form, please √ box. ☐

Helical CT scanning performed per protocol? [22]	Type of Contrast Injector Used [23]	Bolus Timing Method [24]
O No O Yes	O single chamber power injector O dual chamber power injector with saline flush	O Timing bolus used O Auto-triggering used O Fixed time delay [***not recommended***]

Series Information

☐ Not done [45]

Series	Performed?	Series Number
Pre-contrast	O No O Yes [25]	[26]
Dynamic Enhanced Imaging: LATE ARTERIAL	O No O Yes [27]	[28]
Dynamic Enhanced Imaging: PORTAL VENOUS	O No O Yes [29]	[30]
Dynamic Enhanced Imaging: DELAYED PHASE	O No O Yes [31]	[32]
Coronal reconstruction of dynamic late arterial imaging	O No O Yes [33]	[34]
Sagittal reconstruction of dynamic late arterial imaging	O No O Yes [35]	[36]

Adverse Events

12. Any adverse events related to imaging to report? *(Refer to AE section of the protocol for reporting requirements)* [37]

O No (Initial and date form)

O Yes (Complete AE form)

COMMENTS: _____

_____

_____ [38, 39]

_____ [40]
Initials of person completing the form

_____ - _____ - _____ [41]
Date form completed (mm-dd-yyyy)

CT

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

CT Technical Assessment Form

If this is a revised or corrected form, please √ box. ☐

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Instructions: The form is completed at baseline and at each serial imaging visit [in association with the mandatory update of HCC Exception MELD points (no later than 90 days)] by the designated research staff (i.e. imaging technologist, research associate, etc.) with the appropriate source documents. For assistance in completing Q1 UNOS listing update, please contact your site's designated transplant coordinator / research staff.

1. UNOS listing update (timepoint): [1]

- O Baseline
- O 1st UNOS update (90 day)
- O 2nd UNOS update (180 day)
- O 3rd UNOS update (270 day)
- O 4th UNOS update (360 day)
- O 5th UNOS update (450 day)
- O 6th UNOS update (540 day)
- O 7th UNOS update (630 day)
- O 8th UNOS update (720 day)
- O 9th UNOS update (810 day)

2. Was imaging exam completed? [2]

- O No (Complete Q2a, then form as applicable)
- O Yes (Continue to Q3, and continue with form)

2a. Reason imaging not completed: [3]

- O Participant death
- O Participant withdrew consent
- O Participant refusal
- O Progressive disease
- O Medical reason
- O Adverse event (refer to AE section of the protocol for reporting requirements)
- O Other, specify _____ [4]

3. Date of imaging: ____-____-____ *(mm-dd-yyyy)* [5]

Scanner

☐ Not done [42]

4. Manufacturer: [6] O GE O Philips O Siemens O Toshiba O Other, _____ [7]

5. Model name/Institutional ID of scanner used for this exam: _____ [8]

Contrast Administration

☐ Not done [43]

6. Was IV contrast administered? [9]

- O No
- O Yes (complete Q6a-Q6c)

6a. Iodine concentration (mg/L): [10] O 300 O 320 O 350 O 370 O Other _____ [11]

6b. Amount injected: ____ mL [12]

6c. Rate of contrast injection: ____.____ mL/sec [46]

Abdominal Multiphasic Contrast Enhanced CT Imaging

☐ Not done [44]

7. kVp: ____ [14]

8. mAs (provide one): ____ [15] (per slice/effective) OR ____ – ____ [16] *(range)* [17] ☐ unknown [18]

9. Dose length product (DLP): ____ mGy-cm [19]

10. Computed tomography dose index volume (CTDIVOL): ____ mGy [20]

11. Slice thickness of reconstructed images: ____.____ mm [21]

CT

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

CT Technical Assessment Form

If this is a revised or corrected form, please √ box. ☐

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Helical CT scanning performed per protocol? [22]	Type of Contrast Injector Used [23]	Bolus Timing Method [24]
O No O Yes	O single chamber power injector O dual chamber power injector with saline flush	O Timing bolus used O Auto-triggering used O Fixed time delay [***not recommended***]

Series Information

☐ Not done [45]

Series	Performed?	Series Number
Pre-contrast	O No O Yes [25]	[26]
Dynamic Enhanced Imaging: LATE ARTERIAL	O No O Yes [27]	[28]
Dynamic Enhanced Imaging: PORTAL VENOUS	O No O Yes [29]	[30]
Dynamic Enhanced Imaging: DELAYED PHASE	O No O Yes [31]	[32]
Coronal reconstruction of dynamic late arterial imaging	O No O Yes [33]	[34]
Sagittal reconstruction of dynamic late arterial imaging	O No O Yes [35]	[36]

Adverse Events

12. Any adverse events related to imaging to report? *(Refer to AE section of the protocol for reporting requirements)* [37]

O No (Initial and date form)

O Yes (Complete AE form)

COMMENTS: _____

_____

_____ [38, 39]

_____ [40]
Initials of person completing the form

_____ - _____ - _____ [41]
Date form completed (mm-dd-yyyy)

E1

ACRIN 6690 - Eovist Sub-Trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Baseline E-MRI Local Interpretation Form - EOVIST

If this is a revised or corrected form, please √box. ☐

Instructions: The form is completed at the baseline imaging timepoint by the site radiologist interpreting the exam. Lesions will be identified in comparison with recent imaging (within 180 days prior to baseline imaging, if available). The Eovist-enhanced MRI must be performed **no earlier than 1 calendar day and no later than 7 days** after the main trial MRI at all imaging time points. Please continue to report the results of the interpretation on the E2 and E3 forms.

1. Timepoint: [1] O Baseline

☐ **SCAN NOT COMPLETED** [8]

2. Was prior imaging used for comparison with this baseline image? [2]

O No (Complete Q3) O Yes (Complete Q2a and Q2b and submit images to ACRIN)

2a. Date of prior comparison imaging: _____-_____-_____ *(mm-dd-yyyy)* [3]

2b. Imaging modality: [4] O CT O MRI

3. Date of baseline imaging: _____-_____-_____ *(mm-dd-yyyy)* [5]

4. Date of baseline imaging interpretation: _____-_____-_____ *(mm-dd-yyyy)* [6]

5. Reader ID: _____ [7]

Naming Convention for Lesion Identification

O **Part 1: [Highest-Number Segment]:** If a lesion cannot be unequivocally assigned to just one specific segment, identify the lesion by the involved segment with the HIGHEST Arabic numeral (NOT to be confused with the segment with the GREATEST tumor burden).

O **Example**: A lesion seen involving segments 6, 7, and 8 then **8** would be assigned for the Lesion ID: Highest-# Segment and the additional involved segments 6 and 7 would be marked in the column for **Additional Involved Segment(s).**

O If a lesion appears in segments 4a and 4b, then 4b would be assigned for the Lesion ID: Highest-Number Segment, and the additional involved segment 4a would be marked in the column for **Additional Involved Segment(s)**.

O **Part 2: [Running Number]:** In the event of multiple lesions within the same segment, number them in ascending order from most superior/anterior to most inferior/posterior.

O **Example:** Two lesions found in segment 6. Running #1 will be assigned to the lesion that is most superior/anterior in location.

O 1st lesion in segment 6 most anterior/superior: Lesion ID

Highest-# Segment	Running #
6	1

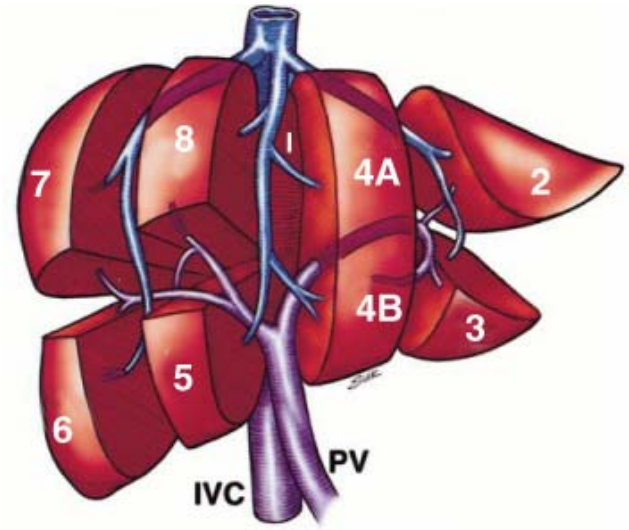
O 2nd lesion in segment 6: Lesion ID

Highest-# Segment	Running #
6	2

O **IMPORTANT:** Once a lesion has been assigned a Lesion ID, it **MUST NOT BE CHANGED** throughout the trial. Any newly identified lesions identified on exams subsequent to baseline imaging must be assigned unique Lesion IDs.

O If new lesions are found in a segment with one or several previously-identified lesions, the newly identified lesions will be assigned the next higher available running # (numbering NEW lesions from the most superior/anterior to most inferior/ posterior location within the segment).

O *Example:* Two lesions in segment VI are identified as ID #s 6.1 and 6.2 on Baseline imaging, and at the Post-ablation imaging, two more lesions are identified. One new lesion is more superior/anterior to all previously-identified lesions in the segment and the other is inferior and posterior to the former. The former would be assigned running # 3 (ID #: 6.3), and the latter running #4 (ID #: 6.4) in the segment.



Please continue to the E2 form.

E2

ACRIN 6690 - Eovist Sub-Trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

Baseline MRI Local Interpretation: Untreated Lesion Form - Eovist

If this is a revised or corrected form, please √box. ☐

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Instructions: The form is completed at the baseline imaging timepoint by the site radiologist reading the exam. The Eovist-enhanced MRI must be performed **no earlier than 1 calendar day and no later than 7 days** after the main trial MRI at all imaging time points. Lesions will be identified in comparison with recent imaging (within 180 days prior to baseline imaging). Complete one table per class E4 or E5 liver lesion(s) identified. **Record all class E5 lesions, and a maximum of (5) class E4 lesions**. When assigning lesion ID to a lesion that cannot be unequivocally assigned to just one specific segment, identify the lesion by the involved segment with the HIGHEST Arabic numeral (NOT to be confused with the segment with the GREATEST tumor burden). For example, a lesion seen involving segments 6, 7, and 8 then **8** would be assigned for the Lesion ID: Highest-# Segment and the additional involved segments 6 and 7 would be marked in the column for **Additional Involved Segment(s).**

UNTREATED LESION TABLE

☐ **SCAN NOT COMPLETED** [54] ☐ **NO LESIONS IDENTIFIED** [55] Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (Record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class E4=Not an HCC) (Class E5A/E5A-g=T1 Stage HCC) (Class E5B/E5B-g=T2 Stage HCC)
[1] **1**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 2 O 3 O 4a O 4b O 5 O 6 O 7 O 8 **Running #** [3] ☐☐☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class E4 O Class E5A O Class E5A-g O Class E5B O Class E5B-g

Lesion Signal Features

(SI = Signal Intensity compared to liver background)

T1 Pre-contrast: SI	[14]	O hypointense	O isointense	O hyperintense
Late Arterial Phase: SI	[15]	**A.** O hypointense	O isointense	O hyperintense
	[16]	**B.** O homogenous	O heterogeneous	
	[17]	**C. Enhancement relative to pre-contrast?**	O No	O Yes
Portal Venous Phase: SI	[18]	**A.** O hypointense	O isointense	O hyperintense
	[19]	**B.** O homogenous	O heterogeneous	
	[20]	**C. Enhancement relative to pre-contrast?**	O No	O Yes
Delayed / Equilibrium Phase: SI	[21]	**A.** O hypointense	O isointense	O hyperintense
	[22]	**B.** O homogenous	O heterogeneous	
	[23]	**C. Enhancement relative to pre-contrast?**	O No	O Yes
	[24]	**D. Pseudocapsule?**	O No	O Yes
Hepatobiliary Phase: SI	[57]	**A.** O hypointense	O isointense	O hyperintense
	[58]	**B.** O homogenous	O heterogeneous	
	[59]	**C. Enhancement relative to pre-contrast?**	O No	O Yes

Bi-dimensional Measurements on Axial Plane (Baseline Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction [Baseline Imaging]	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O delayed/equilibrium O portal venous O hepatobiliary

PRIOR IMAGING COMPARISON ☐ Not available [32]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O delayed/equilibrium O portal venous O hepatobiliary

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	O No O Yes	**Probability of presence of HCC (Scale of 0-100%):** 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	_____ %	**Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging?** [39]	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable). If reporting is complete, continue to E3 form.

E2

ACRIN 6690 - Eovist Sub-Trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Baseline MRI Local Interpretation: Untreated Lesion Form - EOVIST

If this is a revised or corrected form, please √box. ☐

Reader ID: ☐☐☐☐☐☐☐ (Site use only)

UNTREATED LESION TABLE

Lesion # (Record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class E4=Not an HCC) (Class E5A/E5A-g=T1 Stage HCC) (Class E5B/E5B-g=T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)
[1] **2**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class E4 O Class E5A O Class E5A-g O Class E5B O Class E5B-g	**T1 Pre-contrast: SI** [14] O hypointense O isointense O hyperintense **Late Arterial Phase: SI** [15] **A.** O hypointense O isointense O hyperintense; [16] **B.** O homogenous O heterogeneous; [17] **C. Enhancement relative to pre-contrast?** O No O Yes **Portal Venous Phase: SI** [18] **A.** O hypointense O isointense O hyperintense; [19] **B.** O homogenous O heterogeneous; [20] **C. Enhancement relative to pre-contrast?** O No O Yes **Delayed/ Equilibrium Phase: SI** [21] **A.** O hypointense O isointense O hyperintense; [22] **B.** O homogenous O heterogeneous; [23] **C. Enhancement relative to pre-contrast?** O No O Yes; [24] **D. Pseudocapsule?** O No O Yes **Hepatobiliary Phase: SI** [57] **A.** O hypointense O isointense O hyperintense; [58] **B.** O homogenous O heterogeneous; [59] **C. Enhancement relative to pre-contrast?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Baseline Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction [Baseline Imaging]	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O delayed/equilibrium O portal venous O hepatobiliary

PRIOR IMAGING COMPARISON ☐ Not available [32]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O delayed/equilibrium O portal venous O hepatobiliary

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]		Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]		Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	
	O No O Yes		_____ %		O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable). If reporting is complete, continue to E3 form.

E2

ACRIN 6690 - Eovist Sub-Trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Baseline MRI Local Interpretation: Untreated Lesion Form - EOVIST

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Reader ID: ☐☐☐☐☐☐☐ (Site use only)

UNTREATED LESION TABLE

Lesion # (Record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class E4=Not an HCC) (Class E5A/E5A-g=T1 Stage HCC) (Class E5B/E5B-g=T2 Stage HCC)
[1] **3**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class E4 O Class E5A O Class E5A-g O Class E5B O Class E5B-g

Lesion Signal Features (SI = Signal Intensity compared to liver background)

T1 Pre-contrast: SI	[14]	O hypointense O isointense O hyperintense
Late Arterial Phase: SI	[15]	**A.** O hypointense O isointense O hyperintense
	[16]	**B.** O homogenous O heterogeneous
	[17]	**C. Enhancement relative to pre-contrast?** O No O Yes
Portal Venous Phase: SI	[18]	**A.** O hypointense O isointense O hyperintense
	[19]	**B.** O homogenous O heterogeneous
	[20]	**C. Enhancement relative to pre-contrast?** O No O Yes
Delayed/ Equilibrium Phase: SI	[21]	**A.** O hypointense O isointense O hyperintense
	[22]	**B.** O homogenous O heterogeneous
	[23]	**C. Enhancement relative to pre-contrast?** O No O Yes
	[24]	**D. Pseudocapsule?** O No O Yes
Hepatobiliary Phase: SI	[57]	**A.** O hypointense O isointense O hyperintense
	[58]	**B.** O homogenous O heterogeneous
	[59]	**C. Enhancement relative to pre-contrast?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Baseline Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction [Baseline Imaging]	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O delayed/equilibrium O portal venous O hepatobiliary

PRIOR IMAGING COMPARISON ☐ Not available [32]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O delayed/equilibrium O portal venous O hepatobiliary

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	O No O Yes	**Probability of presence of HCC (Scale of 0-100%):** 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	_____ %	**Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging?** [39]	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable). If reporting is complete, continue to E3 form.

E2

ACRIN 6690 - Eovist Sub-Trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Baseline MRI Local Interpretation: Untreated Lesion Form - EOVIST

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Reader ID: ☐☐☐☐☐☐☐ (Site use only)

UNTREATED LESION TABLE

Lesion # (Record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class E4=Not an HCC) (Class E5A/E5A-g=T1 Stage HCC) (Class E5B/E5B-g=T2 Stage HCC)
[1] **4**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐☐☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class E4 O Class E5A O Class E5A-g O Class E5B O Class E5B-g

Lesion Signal Features (SI = Signal Intensity compared to liver background)		
T1 Pre-contrast: SI	[14]	O hypointense O isointense O hyperintense
Late Arterial Phase: SI	[15]	**A.** O hypointense O isointense O hyperintense
	[16]	**B.** O homogenous O heterogeneous
	[17]	**C. Enhancement relative to pre-contrast?** O No O Yes
Portal Venous Phase: SI	[18]	**A.** O hypointense O isointense O hyperintense
	[19]	**B.** O homogenous O heterogeneous
	[20]	**C. Enhancement relative to pre-contrast?** O No O Yes
Delayed/ Equilibrium Phase: SI	[21]	**A.** O hypointense O isointense O hyperintense
	[22]	**B.** O homogenous O heterogeneous
	[23]	**C. Enhancement relative to pre-contrast?** O No O Yes
	[24]	**D. Pseudocapsule?** O No O Yes
Hepatobiliary Phase: SI	[57]	**A.** O hypointense O isointense O hyperintense
	[58]	**B.** O homogenous O heterogeneous
	[59]	**C. Enhancement relative to pre-contrast?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Baseline Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction [Baseline Imaging]	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O delayed/equilibrium O portal venous O hepatobiliary

PRIOR IMAGING COMPARISON ☐ Not available [32]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O delayed/equilibrium O portal venous O hepatobiliary

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]		Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]		Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	
	O No O Yes		_____ %		O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable). If reporting is complete, continue to E3 form.

E2

ACRIN 6690 - Eovist Sub-Trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Baseline MRI Local Interpretation: Untreated Lesion Form - EOVIST

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Reader ID: ☐☐☐☐☐☐☐ (Site use only)

UNTREATED LESION TABLE

Lesion # (Record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class E4=Not an HCC) (Class E5A/E5A-g=T1 Stage HCC) (Class E5B/E5B-g=T2 Stage HCC)
[1] **5**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class E4 O Class E5A O Class E5A-g O Class E5B O Class E5B-g

Lesion Signal Features (SI = Signal Intensity compared to liver background)

T1 Pre-contrast: SI	[14]	O hypointense O isointense O hyperintense
Late Arterial Phase: SI	[15]	**A.** O hypointense O isointense O hyperintense
	[16]	**B.** O homogenous O heterogeneous
	[17]	**C. Enhancement relative to pre-contrast?** O No O Yes
Portal Venous Phase: SI	[18]	**A.** O hypointense O isointense O hyperintense
	[19]	**B.** O homogenous O heterogeneous
	[20]	**C. Enhancement relative to pre-contrast?** O No O Yes
Delayed/ Equilibrium Phase: SI	[21]	**A.** O hypointense O isointense O hyperintense
	[22]	**B.** O homogenous O heterogeneous
	[23]	**C. Enhancement relative to pre-contrast?** O No O Yes
	[24]	**D. Pseudocapsule?** O No O Yes
Hepatobiliary Phase: SI	[57]	**A.** O hypointense O isointense O hyperintense
	[58]	**B.** O homogenous O heterogeneous
	[59]	**C. Enhancement relative to pre-contrast?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Baseline Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction [Baseline Imaging]	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O delayed/equilibrium O portal venous O hepatobiliary

PRIOR IMAGING COMPARISON ☐ Not available [32]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O delayed/equilibrium O portal venous O hepatobiliary

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	O No O Yes	**Probability of presence of HCC (Scale of 0-100%):** 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	_____ %	**Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging?** [39]	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable). If reporting is complete, continue to E3 form.

E2

ACRIN 6690 - Eovist Sub-Trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Baseline MRI Local Interpretation: Untreated Lesion Form - EOVIST

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UNTREATED LESION TABLE

Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (Record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class E4=Not an HCC) (Class E5A/E5A-g=T1 Stage HCC) (Class E5B/E5B-g=T2 Stage HCC)
[1] **6**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐☐☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class E4 O Class E5A O Class E5A-g O Class E5B O Class E5B-g

Lesion Signal Features (SI = Signal Intensity compared to liver background)		
T1 Pre-contrast: SI	[14]	O hypointense O isointense O hyperintense
Late Arterial Phase: SI	[15]	**A.** O hypointense O isointense O hyperintense
	[16]	**B.** O homogenous O heterogeneous
	[17]	**C. Enhancement relative to pre-contrast?** O No O Yes
Portal Venous Phase: SI	[18]	**A.** O hypointense O isointense O hyperintense
	[19]	**B.** O homogenous O heterogeneous
	[20]	**C. Enhancement relative to pre-contrast?** O No O Yes
Delayed/ Equilibrium Phase: SI	[21]	**A.** O hypointense O isointense O hyperintense
	[22]	**B.** O homogenous O heterogeneous
	[23]	**C. Enhancement relative to pre-contrast?** O No O Yes
	[24]	**D. Pseudocapsule?** O No O Yes
Hepatobiliary Phase: SI	[57]	**A.** O hypointense O isointense O hyperintense
	[58]	**B.** O homogenous O heterogeneous
	[59]	**C. Enhancement relative to pre-contrast?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Baseline Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction [Baseline Imaging]	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O delayed/equilibrium O portal venous O hepatobiliary

PRIOR IMAGING COMPARISON ☐ Not available [32]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O delayed/equilibrium O portal venous O hepatobiliary

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]		Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]		Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	
	O No O Yes		_____ %		O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable). If reporting is complete, continue to E3 form.

E2

ACRIN 6690 - Eovist Sub-Trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Baseline MRI Local Interpretation: Untreated Lesion Form - EOVIST

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UNTREATED LESION TABLE

Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (Record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class E4=Not an HCC) (Class E5A/E5A-g=T1 Stage HCC) (Class E5B/E5B-g=T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)	
[1] **7**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class E4 O Class E5A O Class E5A-g O Class E5B O Class E5B-g	**T1 Pre-contrast: SI** [14]	O hypointense O isointense O hyperintense
	Running # [3] ☐			**Late Arterial Phase: SI** [15]	**A.** O hypointense O isointense O hyperintense
				[16]	**B.** O homogenous O heterogeneous
				[17]	**C. Enhancement relative to pre-contrast?** O No O Yes
				Portal Venous Phase: SI [18]	**A.** O hypointense O isointense O hyperintense
				[19]	**B.** O homogenous O heterogeneous
				[20]	**C. Enhancement relative to pre-contrast?** O No O Yes
				Delayed/ Equilibrium Phase: SI [21]	**A.** O hypointense O isointense O hyperintense
				[22]	**B.** O homogenous O heterogeneous
				[23]	**C. Enhancement relative to pre-contrast?** O No O Yes
				[24]	**D. Pseudocapsule?** O No O Yes
				Hepatobiliary Phase: SI [57]	**A.** O hypointense O isointense O hyperintense
				[58]	**B.** O homogenous O heterogeneous
				[59]	**C. Enhancement relative to pre-contrast?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Baseline Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction [Baseline Imaging]	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O delayed/equilibrium O portal venous O hepatobiliary

PRIOR IMAGING COMPARISON ☐ Not available [32]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O delayed/equilibrium O portal venous O hepatobiliary

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]		Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]		Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	
	O No O Yes		_____ %		O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable). If reporting is complete, continue to E3 form.

E2

ACRIN 6690 - Eovist Sub-Trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

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Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Baseline MRI Local Interpretation: Untreated Lesion Form - EOVIST

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Reader ID: ☐☐☐☐☐☐☐ (Site use only)

UNTREATED LESION TABLE

Lesion # (Record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class E4=Not an HCC) (Class E5A/E5A-g=T1 Stage HCC) (Class E5B/E5B-g=T2 Stage HCC)
[1] **8**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐☐☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class E4 O Class E5A O Class E5A-g O Class E5B O Class E5B-g

Lesion Signal Features (SI = Signal Intensity compared to liver background)		
T1 Pre-contrast: SI	[14]	O hypointense O isointense O hyperintense
Late Arterial Phase: SI	[15]	**A.** O hypointense O isointense O hyperintense
	[16]	**B.** O homogenous O heterogeneous
	[17]	**C. Enhancement relative to pre-contrast?** O No O Yes
Portal Venous Phase: SI	[18]	**A.** O hypointense O isointense O hyperintense
	[19]	**B.** O homogenous O heterogeneous
	[20]	**C. Enhancement relative to pre-contrast?** O No O Yes
Delayed/ Equilibrium Phase: SI	[21]	**A.** O hypointense O isointense O hyperintense
	[22]	**B.** O homogenous O heterogeneous
	[23]	**C. Enhancement relative to pre-contrast?** O No O Yes
	[24]	**D. Pseudocapsule?** O No O Yes
Hepatobiliary Phase: SI	[57]	**A.** O hypointense O isointense O hyperintense
	[58]	**B.** O homogenous O heterogeneous
	[59]	**C. Enhancement relative to pre-contrast?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Baseline Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction [Baseline Imaging]	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O delayed/equilibrium O portal venous O hepatobiliary

PRIOR IMAGING COMPARISON ☐ Not available [32]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O delayed/equilibrium O portal venous O hepatobiliary

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]		Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]		Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	
	O No O Yes		_____ %		O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

Continue to E3 form

E3

ACRIN 6690 - Eovist Sub-Trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplantation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Baseline E-MRI Local Overall Interpretation Form

If this is a revised or corrected form, please √box. ☐

Instructions: The form is completed by the radiologist following the interpretation and documentation of the untreated lesions on the appropriate forms. The Eovist-enhanced MRI must be performed **no earlier than 1 calendar day and no later than 7 days** after the main trial MRI at all imaging time points. The initial and date field at the bottom of the form also applies to the radiologist's completion of the Baseline Eovist MRI Local Interpretation form and the Baseline Eovist MRI Local Interpretation: Untreated Lesion form.

Summary of Reported Lesions	
Number of Class E4 lesions	[1]
Number of Class E5A/E5A-g lesions [T1 HCCs]	[2]
Number of Class E5B/E5B-g lesions [T2 HCCs]	[3]

1. **Were there additional Class E4 lesions that were not reported?** [4] *[Protocol only requires the reporting of up to 5 (five) Class E4 lesions]*
   - O No
   - O Yes

2. **Was there any imaging evidence of macrovascular invasion by tumor?** [5]
   - O No
   - O Yes

3. **Is the participant within Milan criteria?** [6]
   - O No
   - O Yes

Comments: _____

_____ [7, 8]

_____ [9]
Initials of person completing the form

_____-_____-_____ [10]
Date form completed *(mm-dd-yyyy)*

EA

ACRIN 6690 - Eovist Sub-Trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

E-MRI Technical Assessment Form: Post Ablation

If this is a revised or corrected form, please √ box. ☐

Instructions: This form is completed for the post ablation imaging visit (28-60 days post ablation) by the designated research staff (i.e. imaging technologist, research associate, etc.) with the appropriate source documents.

1. UNOS listing update (timepoint): [1]

- O Post Ablation Imaging (28-60 days post ablation)

2. Was imaging exam completed? [2]

- O No (Complete Q2a, then form as applicable)
- O Yes (Continue to Q3)

2a. Reason imaging not completed: [3]

- O Participant death
- O Participant withdrew consent
- O Participant refusal
- O Progressive disease
- O Medical reason
- O Adverse event (Refer to AE section of the protocol for reporting requirements)
- O Other, specify _____ [4]

3. Date of imaging: ____-____-____ *(mm-dd-yyyy)* [5]

Scanner ☐ Not done [54]

4. Manufacturer: [6] O GE O Philips O Siemens O Toshiba O Other, _____ [7]

5. Model name/Institutional ID of scanner used for this exam: _____ [8]

6. What magnet strength was the exam acquired on? [9] O 1.5 Tesla O 3.0 Tesla

Contrast Administration ☐ Not done [55]

7. Was Eovist administered? [10]

- O No
- O Yes (Complete Q7a-Q7c)

7a. Amount Eovist injected: ____ mL [13]

7b. Rate of contrast injection: ____.____ mL/sec [57]

7c. Was bolus tracking used? [15]

- O No (Complete Q7d)
- O Yes

7d. If bolus tracking was not used, specify method: [16]

- O Timing bolus
- O Fixed time delay

EA

ACRIN 6690 - Eovist Sub-Trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

E-MRI Technical Assessment Form: Post Ablation

If this is a revised or corrected form, please √ box. ☐

Sequence Information

☐ Not done [56]

Sequence	Performed?	Series Number
Pre-contrast T1-weighted gradient echo	O No [17] O Yes	[18]
Dynamic post-extracellular-gadolinium T1-weighted gradient echo: LATE ARTERIAL	O No [19] O Yes	[20]
Dynamic post-extracellular-gadolinium T1-weighted gradient echo: PORTAL VENOUS	O No [21] O Yes	[22]
Dynamic post-extracellular-gadolinium T1-weighted gradient echo: EQUILIBRIUM	O No [23] O Yes	[24]
Dynamic post-extracellular-gadolinium T1-weighted gradient echo: HEPATOBILIARY	O No [58] O Yes	[59]
Coronal reconstruction of dynamic late arterial imaging	O No [25] O Yes	[26]
Sagittal reconstruction of dynamic late arterial imaging	O No [27] O Yes	[28]
T1-weighted (in/out phase)	O No [29] O Yes	[30]
T2-weighted (with FAT SAT)	O No [31] O Yes	[32]
T2-weighted (without FAT SAT)	O No [33] O Yes	[34]
Diffusion weighted imaging	O No [35] O Yes	[36]
_____ [37]	O No [38] O Yes	[39]
_____ [40]	O No [41] O Yes	[42]
_____ [43]	O No [44] O Yes	[45]
_____ [46]	O No [47] O Yes	[48]

Adverse Events

8. Any adverse events related to imaging to report? *(Refer to AE section of the protocol for reporting requirements)* [49]

O No (Initial and date form)
O Yes (Complete AE form)

COMMENTS: _____

_____ [50, 51]

_____ [52]
Initials of person completing the form

_____ - _____ - _____ [53]
Date form completed (mm-dd-yyyy)

EM

ACRIN 6690 - Eovist Sub-Trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplantation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Local Pathology Summary Form - Eovist

If this is a revised or corrected form, please √ box. ☐

Table 1: Summary of Sampled Nodules	
Number of non HCCs [1]	
Number of HCCs [2]	

1. Was there any evidence of macrovascular invasion by macroscopic evaluation? [3]

O No
O Yes

2. Was there any evidence of angiolymphatic invasion by microscopic evaluation? [4]

O No
O Yes

Comments: _____

_____ [5, 6]

_____ [7]
Initials of person completing the form

_____-_____-_____ [8]
Date form completed *(mm-dd-yyyy)*

ER

ACRIN 6690 - Eovist Sub-Trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

E-MRI Technical Assessment Form

If this is a revised or corrected form, please √ box. ☐

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Instructions: The ER form is completed at baseline and at each serial imaging visit [in association with the mandatory update of HCC exception MELD points (no later than every 90)] by the designated research staff (i.e. imaging technologist, research associate, etc.) with the appropriate source documents. The Eovist-enhanced MRI must be performed **no earlier than 1 calendar day and no later than 7 days** after the main trial MRI at all imaging time points. For assistance in completing Q1 UNOS listing update, please contact your site's designated transplant coordinator / research staff.

1. UNOS listing update (timepoint): [1]

- O Baseline
- O 1st UNOS update (90 day)
- O 2nd UNOS update (180 day)
- O 3rd UNOS update (270 day)
- O 4th UNOS update (360 day)
- O 5th UNOS update (450 day)
- O 6th UNOS update (540 day)
- O 7th UNOS update (630 day)
- O 8th UNOS update (720 day)
- O 9th UNOS update (810 day)

2. Was imaging exam completed? [2]

- O No (Complete Q2a, then form as applicable)
- O Yes (Continue to Q3)

2a. Reason imaging not completed: [3]

- O Participant death
- O Participant withdrew consent
- O Participant refusal
- O Progressive disease
- O Medical reason
- O Adverse event (Refer to AE section of the protocol for reporting requirements)
- O Other, specify _____ [4]

3. Date of imaging: _____-_____-_____ *(mm-dd-yyyy)* [5]

Scanner

☐ Not done [54]

4. Manufacturer: [6] O GE O Philips O Siemens O Toshiba O Other, _____ [7]

5. Model name/Institutional ID of scanner used for this exam: _____ [8]

6. What magnet strength was the exam acquired on? [9] O 1.5 Tesla O 3.0 Tesla

Contrast Administration

☐ Not done [55]

7. Was Eovist administered? [10]

- O No
- O Yes (Complete Q7a-Q7c)

7a. Amount Eovist injected: ____ mL [13]

7b. Rate of contrast injection: ____.____ mL/sec [57]

7c. Was bolus tracking used? [15]

- O No (Complete Q7d)
- O Yes

7d. If bolus tracking was not used, specify method: [16]

- O Timing bolus
- O Fixed time delay

ER

ACRIN 6690 - Eovist Sub-Trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

E-MRI Technical Assessment Form

If this is a revised or corrected form, please √ box. ☐

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Sequence Information

☐ Not done [56]

Sequence	Performed?	Series Number
Pre-contrast T1-weighted gradient echo	O No [17] O Yes	[18]
Dynamic post-extracellular-gadolinium T1-weighted gradient echo: LATE ARTERIAL	O No [19] O Yes	[20]
Dynamic post-extracellular-gadolinium T1-weighted gradient echo: PORTAL VENOUS	O No [21] O Yes	[22]
Dynamic post-extracellular-gadolinium T1-weighted gradient echo: EQUILIBRIUM	O No [23] O Yes	[24]
Dynamic post-extracellular-gadolinium T1-weighted gradient echo: HEPATOBILIARY	O No [58] O Yes	[59]
Coronal reconstruction of dynamic late arterial imaging	O No [25] O Yes	[26]
Sagittal reconstruction of dynamic late arterial imaging	O No [27] O Yes	[28]
T1-weighted (in/out phase)	O No [29] O Yes	[30]
T2-weighted (with FAT SAT)	O No [31] O Yes	[32]
T2-weighted (without FAT SAT)	O No [33] O Yes	[34]
Diffusion weighted imaging	O No [35] O Yes	[36]
_____ [37]	O No [38] O Yes	[39]
_____ [40]	O No [41] O Yes	[42]
_____ [43]	O No [44] O Yes	[45]
_____ [46]	O No [47] O Yes	[48]

Adverse Events

8. Any adverse events related to imaging to report? *(Refer to AE section of the protocol for reporting requirements)* [49]

O No (Initial and date form)
O Yes (Complete AE form)

COMMENTS: _____

_____ [50, 51]

_____ [52]
Initials of person completing the form

_____ - _____ - _____ [53]
Date form completed (mm-dd-yyyy)

ES

ACRIN 6690 - Eovist Sub-trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

Removal from Eovist Sub-trial

If this is a revised or corrected form, please √box. ☐

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Instructions: This form is to be completed when the patient is removed from the Eovist Sub-trial but is kept on the main 6690 trial. The ES form is not required if a patient leaves the main trial; only a DS form is required.

1. Provide reason for removal from Eovist Sub-trial by selecting *one* of the following: [1]

- O 1 Adverse Event / Side Effects / Complications
- O 2 Protocol violation: *(check all that apply)*
  - ☐ Did not meet eligibility [7]
  - ☐ Other [12] *(specify below)*
- O 3 Eovist sub-trial terminated by sponsor
- O 4 Patient withdrawal from the Eovist Sub-trial
- O 5 Unable to complete an E-MRI within 90 days prior to explantation
- O 6 Developed contrast-induced nephropathy
- O 88 Other *(specify reason below)*

  Specify reason: _____ [13]

2. Date of disposition: _____-_____-_____ *(mm-dd-yyyy)* [14]

3. Did the investigator review and sign off on the participant's disposition? [15]

- O 1 No
- O 2 Yes

Comments: _____

_____

_____ [16]

_____ [17]
Initials of person completing the form

_____-_____-_____ [18]
Date form completed (mm-dd-yyyy)

EW

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma

E-MRI (EW) Image Transmittal Worksheet

If this is a revised or corrected form, please √box. ☐

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Please submit ITW (EW) with each case submission.
American College of Radiology
1818 Market Street, Suite 1600
Philadelphia, PA 19103
Attention: ACRIN 6690
Fax: 215-923-1737

Section I: Image Data Demographics

Timepoint: ☐ **QA scan** [1] ☐ **Baseline** [2] ☐ [3] _____ [4] **Day UNOS Update** ☐ **Post-Ablation** [5]

Participant DOB: ____ ____ / ____ ____ / **19** ____ ____ [6]
M M D D Y Y

Section II: Image Submission

CD/DVD ☐ [7] **Electronic Transfer (TRIAD)** ☐ [8]

Instrument/Scanner Manufacturer: _____ [9]

(Indicate the scanner manufacturer [e.g. GE, Siemens, Philips, etc.])

Scanner make / site specific name: _____ [10]

Date of exam: ____ ____ / ____ ____ / **20** ____ ____ [11]

Exam	Series	Series #	# of Images	Comments
Axial T1: In/Out Phase	**2D** ☐ [12] **3D** ☐ [13]	[14]	[15]	[16]
Axial T2 with Fat Sat	[17]	[18]	[19]	[20]
Axial T2 w/o Fat Sat	[21]	[22]	[23]	[24]
Axial 3D T1	Pre-contrast	[25]	[26]	[27]
	Late Arterial	[28]	[29]	[30]
	Portal	[31]	[32]	[33]
	Delayed	[34]	[35]	[36]
Hepatobiliary	[59]	[60]	[61]	[62]
Reformats	Sagittal	[37]	[38]	[39]
	Coronal	[40]	[41]	[42]
Additional Sequences	[43]	[44]	[45]	[46]
	[47]	[48]	[49]	[50]
	[51]	[52]	[53]	[54]

Form Completed By: [55]	**Date Form Completed:** ____-____-**20**____ *(mm-dd-yy)* [56]
Email: [57]	**Phone #:** [58]

For further information or questions,
please contact the ACRIN staff @215-940-8810 or email: imagearchive@acr.org

Please keep a copy of the ITW for your records.

FE

ACRIN 6690 - Eovist Sub-trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Serial Imaging Visit Form - Eovist

If this is a revised or corrected form, please √ box. ☐

Instructions: The form is completed at each serial imaging session (90 day intervals) by the designated research staff (i.e. transplant coordinator, imaging technologist, research associate, etc.) with the appropriate source documents.

Part I. Eovist Imaging

1. UNOS Listing Update (Timepoint): [1]

- O 1st UNOS update (90) day
- O 2nd UNOS update (180) day
- O 3rd UNOS update (270) day
- O 4th UNOS update (360) day
- O 5th UNOS update (450) day
- O 6th UNOS update (540) day
- O 7th UNOS update (630) day
- O 8th UNOS update (720) day
- O 9th UNOS update (810) day

2. Has Eovist imaging been completed? [2]

O No (*Complete Q2a)* O Yes **Date of E-MR imaging:** _____-_____-_____ *(mm-dd-yyyy)* [3]

2a. Reason Eovist imaging was not completed: [4]

- O Scheduling problems
- O Went to transplant
- O Removed from waitlist
- O Contraindication to contrast agent
- O Medical reason
- O Unknown
- O Participant withdrew consent from Eovist subtrial
- O Participant withdrew consent from entire 6690 trial
- O Participant death
- O Participant refusal
- O Adverse event (Refer to the protocol for AE reporting requirements)
- O Other, specify _____ [5]

COMMENTS: _____

_____

_____ [6, 7]

_____ [8]

Initials of person completing the form

_____ - _____ - _____ [9]

Date form completed *(mm-dd-yyyy)*

I1

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma

Initial Visit Form

If this is a revised or corrected form, please √box. ☐

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Instructions: The form is completed after the initial imaging visit by the designated research staff (i.e. transplant coordinator, research associate, etc.) with the appropriate source documents.

Part I. UNOS Listing

1. UNOS listing update (timepoint)

O Baseline

2. Imaging <u>modality used for UNOS listing</u>:

O CT Date of CT imaging _____-_____-_____ *(mm-dd-yyyy)*

O MR Date of MR imaging _____-_____-_____ *(mm-dd-yyyy)*

3. Was imaging study used for UNOS listing completed within 30 days prior to enrollment?

O No *(Protocol requires that the imaging be repeated if outside of the 30 day pre-enrollment window)*
O Yes

4. UNOS region

O Region 1 [CT, MA, ME, NH, RI, VT (eastern)]
O Region 2 [DE, DC, MD, NJ, PA, WV]
O Region 3 [AL, AR, FL, GA, LA, MS, PR]
O Region 4 [OK, TX]
O Region 5 [AZ, CA, NM, NV, UT]
O Region 6 [AK, HI, ID, MT, OR, WA]
O Region 7 [L, MN, ND, SD, WI]
O Region 8 [CO, KS, IA, MO, NE, WY]
O Region 9 [NY, VT (western)]
O Region 10 [IN, MI, OH]
O Region 11 [KY, NC, SC, TN, VA]

Part II. Required Values

5. Height ☐☐☐ cm

6. Weight ☐☐☐.☐ kg

6a. Date weighted _____-_____-_____ *(mm-dd-yyyy)*

7. Specify MELD score participant was listed with

O Metabolic MELD score
O Heptocellular (HCC) MELD score (complete Q8a)

7a. HCC MELD score at time of enrollment: _____

8. Etiology liver disease *(mark all that apply)*

☐ Alcohol
☐ Alpha-1-antitrypsin deficiency
☐ Autoimmune hepatitis
☐ Autoimmune overlap
☐ Cryptogenic
☐ Hemochromatosis
☐ Hepatitis C
☐ Hepatitis B
☐ Nonalcoholic fatty liver disease
☐ Primary biliary cirrhosis
☐ Primary sclerosing cholangitis
☐ Wilson's disease
☐ Other _____

Part II. Required Values *(continued)*

Required Lab Tests	Required Lab Tests	Date Performed	Result	Unit
Serum AFP	O No, specify: _____ O Yes	____-____-____ *(mm-dd-yyyy)*		O ng/mL O other, specify _____
Serum creatinine	O No, specify: _____ O Yes	____-____-____ *(mm-dd-yyyy)*		mg/dL
Total Bilirubin	O No, specify: _____ O Yes	____-____-____ *(mm-dd-yyyy)*		mg/dL
Serum albumin	O No, specify: _____ O Yes	____-____-____ *(mm-dd-yyyy)*		g/dL
Internal normalized ratio (INR)	O No, specify: _____ O Yes	____-____-____ *(mm-dd-yyyy)*		

Please assess the following items:	
Ascites	O None O Mild O Severe
Hepatic encephalopathy	O None O Grade O Grade III-IV (or refractory)

Please note that in the table below, the Metabolic MELD and Child-Pugh Score will be calculate during web entry using the values recorded in the tables above. The form completion guidelines will specify the formulas used and link to a calculator.

Metabolic MELD Score *(calculated during web entry)*	Child-Pugh Score *(calculated during web entry)*

COMMENTS: _____

_____

_____ _____ - _____ - _____

Initials of person completing the form — Date form completed (mm-dd-yyyy)

IT

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma

CT (IT) Image Transmittal Worksheet

If this is a revised or corrected form, please √box. ☐

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Please submit ITW (IT) with each case submission.

American College of Radiology
1818 Market Street, Suite 1600
Philadelphia, PA 19103
Attention: ACRIN 6690
Fax: 215-923-1737

Section I: Image Data Demographics

Time point: ☐ [1] **QA scan** ☐ [2] **Baseline** [3] ☐ ____ [4] **- Day UNOS Update** ☐ [5] **Post-Ablation**

Participant DOB: ____ ____ / ____ ____ / 19 ____ ____ [6]
M M D D Y Y

Section II: Image Submission

[7] ☐ **CD/DVD** [8] ☐ **Electronic Transfer (TRIAD)**

Instrument/Scanner Manufacturer: [9] _____

(Indicate the scanner manufacturer [e.g. GE, Siemens, Philips, etc.])

Scanner make/site specific name: [10] _____ **Date of Exam** [11] ___ ___/___ ___ /20___ ___

Section III: CT Exam Submission (select all that apply)

Exam	Series	Series #	# of Images	Comments
Dynamic Enhanced Imaging	Pre-contrast	[12]	[13]	Optional [14]
	Late Arterial	[15]	[16]	[17]
	Portal	[18]	[19]	[20]
	Delayed	[21]	[22]	[23]
Reformats	Sagittal	[24]	[25]	[26]
	Coronal	[27]	[28]	[29]
Additional Sequences	[30]	[31]	[32]	[33]
	[34]	[35]	[36]	[37]
	[38]	[39]	[40]	[41]

Form Completed By: [42]

Date Form Completed: ___ — ___ — 20 ___ ___ (MM — DD — YY) [43]

Email: [44]

Phone #: [45]

For further information or questions,
please contact the ACRIN staff @215-940-8810 or email: imagearchive@acr.org

Please keep a copy of the ITW for your records.

LE

ACRIN 6690 - Eovist Sub-trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Local Pathology Form - Eovist

If this is a revised or corrected form, please √ box. ☐

Instructions: The MR, CT, and E-MR interpretation forms must be completed and submitted to the local site pathologist prior to pathologic examination. ACRIN can also provide this data to the pathologist, once the form has been electronically entered into our database. Please continue to record the result of the interpretation on the PE (macroscopic - Eovist), PI (microscopic) evaluation and PS (pathology summary) forms.

1. Date of accession: ____-____-____ *(mm-dd-yyyy)* [1]

2. Liver weight _____ [2] O kg [3]
O grams
O pounds

3. Were the participant's <u>images</u> from the CT modality available for review at the time of the radiology pathology correlation? [17]
O No O Yes (Complete Q3a)

3a. Date of CT imaging: ____-____-____ *(mm-dd-yyyy)* [14]

4. Were the participant's <u>images</u> from the MR modality available for review at the time of the radiology pathology correlation? [18]
O No O Yes (Complete Q4a)

4a. Date of MR imaging: ____-____-____ *(mm-dd-yyyy)* [15]

5. Were the participant's <u>images</u> from the E-MR modality available for review at the time of the radiology pathology correlation? [19]
O No O Yes (Complete Q5a)

5a. Date of E-MR imaging: ____-____-____ *(mm-dd-yyyy)* [16]

6. Were the results of the reader interpretation <u>forms</u> (CT and MRI) available at the time of the radiology-pathology correlation? [6]
O No (Complete Q6a)
O Yes (Continue to Q7)

6a. Specify form type <u>not</u> available: *(check all that apply)*
☐ CT [21] ☐ MRI [22] ☐ E-MRI [23]

7. Was a radiologist present to assist with the radiology-pathology correlation? [8]
O No (Continue to Q8)
O Yes (Complete Q7a)

7a. Provide the Reader ID(s) of the study radiologist(s) present at the radiology correlation:

Reader ID 1: ☐☐☐☐☐☐☐ [9]

Reader ID 2: ☐☐☐☐☐☐☐ [10]

Reader ID 3: ☐☐☐☐☐☐☐ [20]

☐ Radiologist present not a study reader [11]

Initials of Radiologist (not study reader): _____ [12]

8. Plane of macroscopic liver sectioning: [13]
O Frontal (analogous to coronal imaging plane)
O Sagittal / parasagittal
O Horizontal (analogous to axial imaging plane)

Details on the naming convention for lesion/nodule identification are on the next page.

LE

ACRIN 6690 - Eovist Sub-trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Local Pathology Form - Eovist

If this is a revised or corrected form, please √box. ☐

Naming Convention for Nodule Identification

Part 1: Highest-Number Segment:

- O If a nodule cannot be unequivocally assigned to just one specific segment, identify the nodule by the involved segment with the HIGHEST Arabic numeral (NOT to be confused with the segment with the GREATEST tumor burden).
  - O **Example**: A nodule seen involving segments 6, 7, and 8 would have **8** assigned for the Nodule ID: Highest-# Segment and the additional involved segments 6 and 7 would be marked in the column for **Additional Involved Segment(s).**
  - O If a nodule appears in segments 4a and 4b, then **4b** would be assigned for the Nodule ID: Highest-Number Segment, and the additional involved segment # 4a would be marked in the column for **Additional Involved Segment(s).**

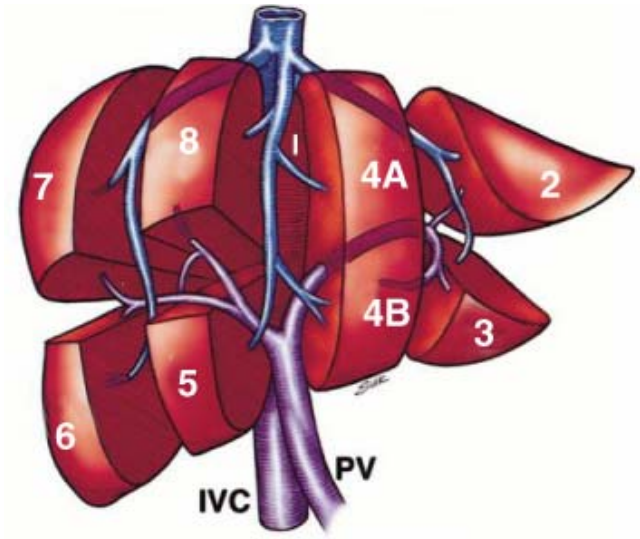
Part 2: Running Number:

- O In the event of multiple nodules within the same segment, number them in ascending order from most superior/anterior to most inferior/posterior.
  - O **Example:** Two nodules found in segment 6. Running #1 will be assigned to the lesion that is most superior/anterior in location.
    - O 1st lesion in segment 6 most anterior/superior: Lesion ID

Highest-# Segment	Running #
6	1

    - O 2nd lesion in segment 6: Lesion ID

Highest-# Segment	Running #
6	2



Please Continue to the Eovist Local Pathology: Macroscopic Analysis (PE) Form.

M1

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Baseline MRI Local Interpretation Form

If this is a revised or corrected form, please √box. ☐

Instructions: The form is completed at the baseline imaging timepoint by the site radiologist interpreting the exam. Lesions will be identified in comparison with recent imaging (within 180 days prior to baseline imaging, if available). Please continue to report the results of the interpretation on the M2 and M3 forms.

1. Timepoint: [1] O Baseline

☐ **SCAN NOT COMPLETED** [8]

2. Was prior imaging used for comparison with this baseline image? [2]

O No (Complete Q3 O Yes (Complete Q2a and Q2b and submit images to ACRIN)

2a. Date of prior comparison imaging: _____-_____-_____ *(mm-dd-yyyy)* [3]

2b. Imaging modality: [4] O CT O MRI

3. Date of baseline imaging: _____-_____-_____ *(mm-dd-yyyy)* [5]

4. Date of baseline imaging interpretation: _____-_____-_____ *(mm-dd-yyyy)* [6]

5. Reader ID: [7]

Naming Convention for Lesion Identification

O **Part 1: [Highest-Number Segment]:** If a lesion cannot be unequivocally assigned to just one specific segment, identify the lesion by the involved segment with the HIGHEST Arabic numeral (NOT to be confused with the segment with the GREATEST tumor burden).

- O **Example**: A lesion seen involving segments 6, 7, and 8 then **8** would be assigned for the Lesion ID: Highest-# Segment and the additional involved segments 6 and 7 would be marked in the column for **Additional Involved Segment(s).**
- O If a lesion appears in segments 4a and 4b, then 4b would be assigned for the Lesion ID: Highest-Number Segment, and the additional involved segment 4a would be marked in the column for **Additional Involved Segment(s)**.

O **Part 2: [Running Number]:** In the event of multiple lesions within the same segment, number them in ascending order from most superior/anterior to most inferior/posterior.

- O **Example:** Two lesions found in segment 6. Running #1 will be assigned to the lesion that is most superior/anterior in location.
  - O 1st lesion in segment 6 most anterior/superior: Lesion ID

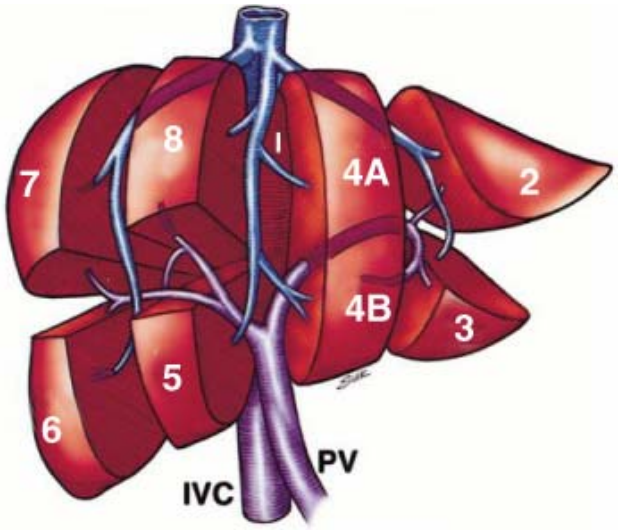
Highest-# Segment	Running #
6	1

  - O 2nd lesion in segment 6: Lesion ID

Highest-# Segment	Running #
6	2

O **IMPORTANT:** Once a lesion has been assigned a Lesion ID, it **MUST NOT BE CHANGED** throughout the trial. Any newly identified lesions identified on exams subsequent to baseline imaging must be assigned unique Lesion IDs.

- O If new lesions are found in a segment with one or several previously-identified lesions, the newly identified lesions will be assigned the next higher available running # (numbering NEW lesions from the most superior/anterior to most inferior/ posterior location within the segment).
- O *Example:* Two lesions in segment VI are identified as ID #s 6.1 and 6.2 on Baseline imaging, and at the Post-ablation imaging, two more lesions are identified. One new lesion is more superior/anterior to all previously-identified lesions in the segment and the other is inferior and posterior to the former. The former would be assigned running # 3 (ID #: 6.3), and the latter running #4 (ID #: 6.4) in the segment.



Please continue to the M2 form.

M2

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

Baseline MRI Local Interpretation: Untreated Lesion Form

If this is a revised or corrected form, please √box. ☐

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Instructions: The form is completed at the baseline imaging timepoint by the site radiologist reading the exam. Lesions will be identified in comparison with recent imaging (within 180 days prior to baseline imaging). Complete one table per class 4 or 5 liver lesion(s) identified. **Record all class 5 lesions, and a maximum of (5) class 4 lesions**. When assigning lesion ID to a lesion that cannot be unequivocally assigned to just one specific segment, identify the lesion by the involved segment with the HIGHEST Arabic numeral (NOT to be confused with the segment with the GREATEST tumor burden). For example, a lesion seen involving segments 6, 7, and 8 then **8** would be assigned for the Lesion ID: Highest-# Segment and the additional involved segments 6 and 7 would be marked in the column for **Additional Involved Segment(s).**

UNTREATED LESION TABLE

☐ **SCAN NOT COMPLETED** [54] ☐ **NO UNTREATED LESION(S) IDENTIFIED** [55] Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (Record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)
[1] **1**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 2 O 3 O 4a O 4b O 5 O 6 O 7 O 8 **Running #** [3] ☐☐☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**T1 Pre-contrast: SI** [14] O hypointense O isointense O hyperintense **Late Arterial Phase: SI** [15] **A.** O hypointense O isointense O hyperintense [16] **B.** O homogenous O heterogeneous [17] **C. Enhancement relative to pre-contrast?** O No O Yes **Portal Venous Phase: SI** [18] **A.** O hypointense O isointense O hyperintense [19] **B.** O homogenous O heterogeneous [20] **C. Enhancement relative to pre-contrast?** O No O Yes **Delayed / Equilibrium Phase: SI** [21] **A.** O hypointense O isointense O hyperintense [22] **B.** O homogenous O heterogeneous [23] **C. Enhancement relative to pre-contrast?** O No O Yes [24] **D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Baseline Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction [Baseline Imaging]	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed /equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]		Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]		Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	
	O No O Yes		_____ %		O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable). If reporting is complete, continue to M3 form.

M2

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Baseline MRI Local Interpretation: Untreated Lesion Form

If this is a revised or corrected form, please √ box. ☐

UNTREATED LESION TABLE

Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (Record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)
[1] **2**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**T1 Pre-contrast: SI** [14] O hypointense O isointense O hyperintense **Late Arterial Phase: SI** [15] **A.** O hypointense O isointense O hyperintense [16] **B.** O homogenous O heterogeneous [17] **C. Enhancement relative to pre-contrast?** O No O Yes **Portal Venous Phase: SI** [18] **A.** O hypointense O isointense O hyperintense [19] **B.** O homogenous O heterogeneous [20] **C. Enhancement relative to pre-contrast?** O No O Yes **Delayed / Equilibrium Phase: SI** [21] **A.** O hypointense O isointense O hyperintense [22] **B.** O homogenous O heterogeneous [23] **C. Enhancement relative to pre-contrast?** O No O Yes [24] **D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Baseline Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction [Baseline Imaging]	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]		Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]		Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	
	O No O Yes		_____ %		O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable). If reporting is complete, continue to M3 form.

M2

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Baseline MRI Local Interpretation: Untreated Lesion Form

If this is a revised or corrected form, please √ box. ☐

UNTREATED LESION TABLE

Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (Record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)
[1] **3**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**T1 Pre-contrast: SI** [14] O hypointense O isointense O hyperintense **Late Arterial Phase: SI** [15] **A.** O hypointense O isointense O hyperintense; [16] **B.** O homogenous O heterogeneous; [17] **C. Enhancement relative to pre-contrast?** O No O Yes **Portal Venous Phase: SI** [18] **A.** O hypointense O isointense O hyperintense; [19] **B.** O homogenous O heterogeneous; [20] **C. Enhancement relative to pre-contrast?** O No O Yes **Delayed / Equilibrium Phase: SI** [21] **A.** O hypointense O isointense O hyperintense; [22] **B.** O homogenous O heterogeneous; [23] **C. Enhancement relative to pre-contrast?** O No O Yes; [24] **D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Baseline Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction [Baseline Imaging]	Lesion definition	Contrast phase used for measurements
Short Axis ☐☐.☐ cm [25]	Long Axis ☐☐.☐ cm [26]	Image # [27]	Series # [28]	☐☐.☐ cm [29]	O well defined [30] O moderately defined O poorly defined	O late arterial [31] O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
Short Axis ☐☐.☐ cm [33]	Long Axis ☐☐.☐ cm [34]	☐☐.☐ cm [35]	O late arterial [36] O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]		Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]		Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	
O No O Yes		_____ %		O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]	

Continue to report the next lesion on the next page (as applicable). If reporting is complete, continue to M3 form.

M2

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Baseline MRI Local Interpretation: Untreated Lesion Form

If this is a revised or corrected form, please √ box. ☐

Reader ID: ☐☐☐☐☐☐☐ (Site use only)

UNTREATED LESION TABLE

Lesion # (Record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)
[1] **4**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**T1 Pre-contrast: SI** [14] O hypointense O isointense O hyperintense **Late Arterial Phase: SI** [15] **A.** O hypointense O isointense O hyperintense; [16] **B.** O homogenous O heterogeneous; [17] **C. Enhancement relative to pre-contrast?** O No O Yes **Portal Venous Phase: SI** [18] **A.** O hypointense O isointense O hyperintense; [19] **B.** O homogenous O heterogeneous; [20] **C. Enhancement relative to pre-contrast?** O No O Yes **Delayed / Equilibrium Phase: SI** [21] **A.** O hypointense O isointense O hyperintense; [22] **B.** O homogenous O heterogeneous; [23] **C. Enhancement relative to pre-contrast?** O No O Yes; [24] **D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Baseline Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction [Baseline Imaging]	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]
O No O Yes	_____ %	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable). If reporting is complete, continue to M3 form.

M2

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Baseline MRI Local Interpretation: Untreated Lesion Form

If this is a revised or corrected form, please √ box. ☐

Reader ID: ☐☐☐☐☐☐☐ (Site use only)

UNTREATED LESION TABLE

Lesion # (Record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)
[1] **5**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**T1 Pre-contrast: SI** [14] O hypointense O isointense O hyperintense **Late Arterial Phase: SI** [15] **A.** O hypointense O isointense O hyperintense; [16] **B.** O homogenous O heterogeneous; [17] **C. Enhancement relative to pre-contrast?** O No O Yes **Portal Venous Phase: SI** [18] **A.** O hypointense O isointense O hyperintense; [19] **B.** O homogenous O heterogeneous; [20] **C. Enhancement relative to pre-contrast?** O No O Yes **Delayed / Equilibrium Phase: SI** [21] **A.** O hypointense O isointense O hyperintense; [22] **B.** O homogenous O heterogeneous; [23] **C. Enhancement relative to pre-contrast?** O No O Yes; [24] **D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Baseline Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction [Baseline Imaging]	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]
O No O Yes	_____ %	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable). If reporting is complete, continue to M3 form.

M2

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Baseline MRI Local Interpretation: Untreated Lesion Form

If this is a revised or corrected form, please √ box. ☐

UNTREATED LESION TABLE

Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (Record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)
[1] **6**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**T1 Pre-contrast: SI** [14] O hypointense O isointense O hyperintense **Late Arterial Phase: SI** [15] **A.** O hypointense O isointense O hyperintense; [16] **B.** O homogenous O heterogeneous; [17] **C. Enhancement relative to pre-contrast?** O No O Yes **Portal Venous Phase: SI** [18] **A.** O hypointense O isointense O hyperintense; [19] **B.** O homogenous O heterogeneous; [20] **C. Enhancement relative to pre-contrast?** O No O Yes **Delayed / Equilibrium Phase: SI** [21] **A.** O hypointense O isointense O hyperintense; [22] **B.** O homogenous O heterogeneous; [23] **C. Enhancement relative to pre-contrast?** O No O Yes; [24] **D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Baseline Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction [Baseline Imaging]	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	O No O Yes	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	_____ %	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable). If reporting is complete, continue to M3 form.

M2

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ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Baseline MRI Local Interpretation: Untreated Lesion Form

If this is a revised or corrected form, please √ box. ☐

Reader ID: ☐☐☐☐☐☐☐ (Site use only)

UNTREATED LESION TABLE

Lesion # (Record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)
[1] **7**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**T1 Pre-contrast: SI** [14] O hypointense O isointense O hyperintense **Late Arterial Phase: SI** [15] **A.** O hypointense O isointense O hyperintense; [16] **B.** O homogenous O heterogeneous; [17] **C. Enhancement relative to pre-contrast?** O No O Yes **Portal Venous Phase: SI** [18] **A.** O hypointense O isointense O hyperintense; [19] **B.** O homogenous O heterogeneous; [20] **C. Enhancement relative to pre-contrast?** O No O Yes **Delayed / Equilibrium Phase: SI** [21] **A.** O hypointense O isointense O hyperintense; [22] **B.** O homogenous O heterogeneous; [23] **C. Enhancement relative to pre-contrast?** O No O Yes; [24] **D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Baseline Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction [Baseline Imaging]	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	O No O Yes	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	_____ %	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable). If reporting is complete, continue to M3 form.

M2

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Baseline MRI Local Interpretation: Untreated Lesion Form

If this is a revised or corrected form, please √ box. ☐

UNTREATED LESION TABLE

Reader ID: ☐☐☐☐☐☐☐☐ (Site use only)

Lesion # (Record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)
[1] **8**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 2 O 3 O 4a O 4b O 5 O 6 O 7 O 8 **Running #** [3] ☐☐☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**T1 Pre-contrast: SI** [14] O hypointense O isointense O hyperintense **Late Arterial Phase: SI** [15] **A.** O hypointense O isointense O hyperintense [16] **B.** O homogenous O heterogeneous [17] **C. Enhancement relative to pre-contrast?** O No O Yes **Portal Venous Phase: SI** [18] **A.** O hypointense O isointense O hyperintense [19] **B.** O homogenous O heterogeneous [20] **C. Enhancement relative to pre-contrast?** O No O Yes **Delayed / Equilibrium Phase: SI** [21] **A.** O hypointense O isointense O hyperintense [22] **B.** O homogenous O heterogeneous [23] **C. Enhancement relative to pre-contrast?** O No O Yes [24] **D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Baseline Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction [Baseline Imaging]	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]		Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]		Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	
	O No O Yes		_____ %		O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

Continue to M3 form

M3

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplantation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Baseline MRI Local Overall Interpretation Form

If this is a revised or corrected form, please √box. ☐

Instructions: The form is completed by the radiologist following the interpretation and documentation of the untreated lesions on the appropriate forms. The initial and date field at the bottom of the form also applies to the radiologist's completion of the Baseline MRI Local Interpretation form and the Baseline MRI Local Interpretation: Untreated Lesion form.

Summary of Reported Lesions	
Number of Class 4 lesions [1]	
Number of Class 5A/5A-g lesions [T1 HCCs] [2]	
Number of Class 5B/5B-g lesions [T2 HCCs] [3]	

1. **Were there additional Class 4 lesions that were not reported?** [4] *[Protocol only requires the reporting of up to 5 (five) Class 4 lesions]*
   - O No
   - O Yes

2. **Was there any imaging evidence of macrovascular invasion by tumor?** [5]
   - O No
   - O Yes

3. **Is the participant within Milan criteria?** [6]
   - O No
   - O Yes

Comments: _____

_____ [7, 8]

_____ [9]
Initials of person completing the form

_____-_____-_____ [10]
Date form completed *(mm-dd-yyyy)*

MA

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

MRI Technical Assessment Form: Post Ablation

If this is a revised or corrected form, please √ box. ☐

Instructions: The form is completed for the post ablation imaging visit (28-60 days post ablation) by the designated research staff (i.e. imaging technologist, research associate, etc.) with the appropriate source documents.

1. Timepoint: [1]

- O Post Ablation Imaging (28-60 days post ablation)

2. Was imaging exam completed? [2]

- O No (Complete Q2a, then form as applicable)
- O Yes (Continue to Q3)

2a. Reason imaging not completed: [3]

- O Participant death
- O Participant withdrew consent
- O Participant refusal
- O Progressive disease
- O Medical reason
- O Adverse event (Refer to AE section of the protocol for reporting requirements)
- O Other, specify _____ [4]

3. Date of imaging: _____-_____-_____ *(mm-dd-yyyy)* [5]

Scanner

☐ Not done [54]

4. Manufacturer: [6] O GE O Philips O Siemens O Toshiba O Other, _____ [7]

5. Model name/Institutional ID of scanner used for this exam: _____ [8]

6. What magnet strength was the exam acquired on? [9] O 1.5 Tesla O 3.0 Tesla

Contrast Administration

☐ Not done [55]

7. Was IV contrast administered? [10]

- O No
- O Yes (Complete Q7a-Q7d)

7a. Brand of contrast agent administered: [11]

- O Magnevist
- O MultiHance
- O Omniscan
- O Vasovist
- O ProHance
- O Dotarem
- O Optimark
- O Other, specify: _____ [12]

7b. Amount injected: ____ mL [13]

7c. Rate of contrast injection: ____.____ mL/sec [57]

7d. Was bolus tracking used? [15]

- O No (Complete Q7e)
- O Yes

7e. If bolus tracking was not used, specify method: [16]

- O Timing bolus
- O Fixed time delay

MA

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

MRI Technical Assessment Form: Post Ablation

If this is a revised or corrected form, please √ box. ☐

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Sequence Information

☐ Not done [56]

Sequence	Performed?	Series Number
Pre-contrast T1-weighted gradient echo	O No [17] O Yes	[18]
Dynamic post-extracellular-gadolinium T1-weighted gradient echo: LATE ARTERIAL	O No [19] O Yes	[20]
Dynamic post-extracellular-gadolinium T1-weighted gradient echo: PORTAL VENOUS	O No [21] O Yes	[22]
Dynamic post-extracellular-gadolinium T1-weighted gradient echo: EQUILIBRIUM/DELAYED PHASE	O No [23] O Yes	[24]
Coronal reconstruction of dynamic late arterial imaging	O No [25] O Yes	[26]
Sagittal reconstruction of dynamic late arterial imaging	O No [27] O Yes	[28]
T1-weighted (in/out phase)	O No [29] O Yes	[30]
T2-weighted (with FAT SAT)	O No [31] O Yes	[32]
T2-weighted (without FAT SAT)	O No [33] O Yes	[34]
Diffusion weighted imaging	O No [35] O Yes	[36]
_____ [37]	O No [38] O Yes	[39]
_____ [40]	O No [41] O Yes	[42]
_____ [43]	O No [44] O Yes	[45]
_____ [46]	O No [47] O Yes	[48]

Adverse Events

8. Any adverse events related to imaging to report? *(Refer to AE section of the protocol for reporting requirements)* [49]

O No (Initial and date form)
O Yes (Complete AE form)

COMMENTS: _____

_____ [50, 51]

_____ [52]
Initials of person completing the form

_____ - _____ - _____ [53]
Date form completed (mm-dd-yyyy)

MR

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

MRI Technical Assessment Form

If this is a revised or corrected form, please √ box. ☐

Instructions: The form is completed at baseline and at each serial imaging visit [in association with the mandatory update of HCC exception MELD points (no later than every 90)] by the designated research staff (i.e. imaging technologist, research associate, etc.) with the appropriate source documents. For assistance in completing Q1 UNOS listing update, please contact your site's designated transplant coordinator / research staff.

1. UNOS listing update (timepoint): [1]

- O Baseline
- O 1st UNOS update (90 day)
- O 2nd UNOS update (180 day)
- O 3rd UNOS update (270 day)
- O 4th UNOS update (360 day)
- O 5th UNOS update (450 day)
- O 6th UNOS update (540 day)
- O 7th UNOS update (630 day)
- O 8th UNOS update (720 day)
- O 9th UNOS update (810 day)

2. Was imaging exam completed? [2]

- O No (Complete Q2a, then form as applicable)
- O Yes (Continue to Q3)

2a. Reason imaging not completed: [3]

- O Participant death
- O Participant withdrew consent
- O Participant refusal
- O Progressive disease
- O Medical reason
- O Adverse event (Refer to AE section of the protocol for reporting requirements)
- O Other, specify _____ [4]

3. Date of imaging: _____-_____-_____ *(mm-dd-yyyy)* [5]

Scanner

☐ Not done [54]

4. Manufacturer: [6] O GE O Philips O Siemens O Toshiba O Other, _____ [7]

5. Model name/Institutional ID of scanner used for this exam: _____ [8]

6. What magnet strength was the exam acquired on? [9] O 1.5 Tesla O 3.0 Tesla

Contrast Administration

☐ Not done [55]

7. Was IV contrast administered? [10]

- O No
- O Yes (Complete Q7a-Q7d)

7a. Brand of contrast agent administered: [11]

- O Magnevist
- O MultiHance
- O Omniscan
- O Vasovist
- O ProHance
- O Dotarem
- O Optimark
- O Other, specify: _____ [12]

7b. Amount injected: ____ mL [13]

7c. Rate of contrast injection: ____.____ mL/sec [57]

7d. Was bolus tracking used? [15]

- O No (Complete Q7e)
- O Yes

7e. If bolus tracking was not used, specify method: [16]

- O Timing bolus
- O Fixed time delay

MR

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

MRI Technical Assessment Form

If this is a revised or corrected form, please √ box. ☐

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Sequence Information

☐ Not done [56]

Sequence	Performed?	Series Number
Pre-contrast T1-weighted gradient echo	O No [17] O Yes	[18]
Dynamic post-extracellular-gadolinium T1-weighted gradient echo: LATE ARTERIAL	O No [19] O Yes	[20]
Dynamic post-extracellular-gadolinium T1-weighted gradient echo: PORTAL VENOUS	O No [21] O Yes	[22]
Dynamic post-extracellular-gadolinium T1-weighted gradient echo: EQUILIBRIUM/DELAYED PHASE	O No [23] O Yes	[24]
Coronal reconstruction of dynamic late arterial imaging	O No [25] O Yes	[26]
Sagittal reconstruction of dynamic late arterial imaging	O No [27] O Yes	[28]
T1-weighted (in/out phase)	O No [29] O Yes	[30]
T2-weighted (with FAT SAT)	O No [31] O Yes	[32]
T2-weighted (without FAT SAT)	O No [33] O Yes	[34]
Diffusion weighted imaging	O No [35] O Yes	[36]
_____ [37]	O No [38] O Yes	[39]
_____ [40]	O No [41] O Yes	[42]
_____ [43]	O No [44] O Yes	[45]
_____ [46]	O No [47] O Yes	[48]

Adverse Events

8. Any adverse events related to imaging to report? *(Refer to AE section of the protocol for reporting requirements)* [49]

O No (Initial and date form)
O Yes (Complete AE form)

COMMENTS: _____

_____ [50, 51]

_____ [52]
Initials of person completing the form

_____ - _____ - _____ [53]
Date form completed (mm-dd-yyyy)

PA

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Local Pathology: Macroscopic Analysis Form

If this is a revised or corrected form, please √ box. ☐

Instructions: Nodules identified by prior radiologic examination will be documented on this form following explant examination. If no correlative nodule is identified, this should be noted. If it is not clear that the sampled nodule corresponds to the radiographic nodule, this should be recorded. In cases in which nodules are observed on pathologic examination without corresponding radiologic nodules, record Pathology: Nodule IDs (Highest-# Segment and Running #). If a nodule cannot be unequivocally assigned to just one specific segment, identify the nodule by the involved segment with the HIGHEST Arabic numeral (NOT to be confused with the segment with the GREATEST tumor burden). For example, a nodule seen involving segments 6, 7, and 8 then **8** would be assigned for the Nodule ID: Highest-# Segment and the additional involved segments 6 and 7 would be marked in the column for **Additional Involved Segment(s).** Please continue to record the result of the interpretation on the Local Pathology: Microscopic Evaluation (PI) form.

MACROSCOPIC EVALUATION

Lesion ID (Radiology MR/CT Interpretation Form)						**Pathology: Nodule Information**						
		CT Lesion ID		**MRI Lesion ID**			**Pathology: Nodule ID**		**Location**			
Nodule # (Record #) [1]	**Lesion Identified by:** [2]	**CT Highest-# Segment** [3]	**CT Running #** [4]	**MRI Highest-# Segment** [5]	**MRI Running #** [6]	**Nodule identified at explant?** [7]	**Highest-# Segment** [8]	**Running #** [9]	**Additional Involved Segment(s)** *(If applicable, mark any additional involved segment #s)* [10-18]	**Slice #(s)** [19-22]	**Maximum Nodule size (cm)** [23]	**Comments** [24]
1.	O **CT** (provide CT lesion ID) O **MRI** (provide MRI lesion ID) O **Both** (provide both lesion IDs) O **Not identified on imaging** *(Continue to Pathology: Nodule information)*	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O No O Yes O Indeterminate	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		☐ 1 ☐ 4a ☐ 6 ☐ 2 ☐ 4b ☐ 7 ☐ 3 ☐ 5 ☐ 8	____ ____ ____ ____		
2.	O **CT** (provide CT lesion ID) O **MRI** (provide MRI lesion ID) O **Both** (provide both lesion IDs) O **Not identified on imaging** *(Continue to Pathology: Nodule information)*	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O No O Yes O Indeterminate	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		☐ 1 ☐ 4a ☐ 6 ☐ 2 ☐ 4b ☐ 7 ☐ 3 ☐ 5 ☐ 8	____ ____ ____ ____		
3.	O **CT** (provide CT lesion ID) O **MRI** (provide MRI lesion ID) O **Both** (provide both lesion IDs) O **Not identified on imaging** *(Continue to Pathology: Nodule information)*	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O No O Yes O Indeterminate	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		☐ 1 ☐ 4a ☐ 6 ☐ 2 ☐ 4b ☐ 7 ☐ 3 ☐ 5 ☐ 8	____ ____ ____ ____		

Please continue to the next page to continue to report macroscopic results.
If macroscopic reporting is complete, please continue to the Local Pathology: Microscopic Analysis Form.

PA

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Local Pathology Macroscopic Analysis Form

If this is a revised or corrected form, please √box. ☐

MACROSCOPIC EVALUATION

Lesion ID (Radiology MR/CT Interpretation Form)						Pathology: Nodule Information						
		CT Lesion ID		MRI Lesion ID			Pathology: Nodule ID		Location			
Nodule # (Record #) [1]	Lesion Identified by: [2]	CT Highest-# Segment [3]	CT Running # [4]	MRI Highest-# Segment [5]	MRI Running # [6]	Nodule identified at explant? [7]	Highest-# Segment [8]	Running # [9]	Additional Involved Segment(s) *(If applicable, mark any additional involved segment #s)* [10-18]	Slice #(s) [19-22]	Maximum Nodule size (cm) [23]	Comments [24]
4.	O **CT** (provide CT lesion ID) O **MRI** (provide MRI lesion ID) O **Both** (provide both lesion IDs) O **Not identified on imaging** *(Continue to Pathology: Nodule information)*	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O No O Yes O Indeterminate	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		☐ 1 ☐ 4a ☐ 6 ☐ 2 ☐ 4b ☐ 7 ☐ 3 ☐ 5 ☐ 8	____ ____ ____ ____		
5.	O **CT** (provide CT lesion ID) O **MRI** (provide MRI lesion ID) O **Both** (provide both lesion IDs) O **Not identified on imaging** *(Continue to Pathology: Nodule information)*	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O No O Yes O Indeterminate	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		☐ 1 ☐ 4a ☐ 6 ☐ 2 ☐ 4b ☐ 7 ☐ 3 ☐ 5 ☐ 8	____ ____ ____ ____		
6.	O **CT** (provide CT lesion ID) O **MRI** (provide MRI lesion ID) O **Both** (provide both lesion IDs) O **Not identified on imaging** *(Continue to Pathology: Nodule information)*	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O No O Yes O Indeterminate	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		☐ 1 ☐ 4a ☐ 6 ☐ 2 ☐ 4b ☐ 7 ☐ 3 ☐ 5 ☐ 8	____ ____ ____ ____		

Please continue to the next page to continue to report macroscopic results.

If macroscopic reporting is complete, please continue to the Local Pathology: Microscopic Analysis Form.

PA

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Local Pathology Macroscopic Analysis Form

If this is a revised or corrected form, please √box. ☐

MACROSCOPIC EVALUATION

Lesion ID (Radiology MR/CT Interpretation Form)						**Pathology: Nodule Information**						
		CT Lesion ID		**MRI Lesion ID**			**Pathology: Nodule ID**		**Location**			
Nodule # (Record #) [1]	**Lesion Identified by:** [2]	**CT Highest-# Segment** [3]	**CT Running #** [4]	**MRI Highest-# Segment** [5]	**MRI Running #** [6]	**Nodule identified at explant?** [7]	**Highest-# Segment** [8]	**Running #** [9]	**Additional Involved Segment(s)** *(If applicable, mark any additional involved segment #s)* [10-18]	**Slice #(s)** [19-22]	**Maximum Nodule size (cm)** [23]	**Comments** [24]
7.	O **CT** (provide CT lesion ID) O **MRI** (provide MRI lesion ID) O **Both** (provide both lesion IDs) O **Not identified on imaging** *(Continue to Pathology: Nodule information)*	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O No O Yes O Indeterminate	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		☐ 1 ☐ 4a ☐ 6 ☐ 2 ☐ 4b ☐ 7 ☐ 3 ☐ 5 ☐ 8	____ ____ ____ ____		
8.	O **CT** (provide CT lesion ID) O **MRI** (provide MRI lesion ID) O **Both** (provide both lesion IDs) O **Not identified on imaging** *(Continue to Pathology: Nodule information)*	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O No O Yes O Indeterminate	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		☐ 1 ☐ 4a ☐ 6 ☐ 2 ☐ 4b ☐ 7 ☐ 3 ☐ 5 ☐ 8	____ ____ ____ ____		
9.	O **CT** (provide CT lesion ID) O **MRI** (provide MRI lesion ID) O **Both** (provide both lesion IDs) O **Not identified on imaging** *(Continue to Pathology: Nodule information)*	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O No O Yes O Indeterminate	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		☐ 1 ☐ 4a ☐ 6 ☐ 2 ☐ 4b ☐ 7 ☐ 3 ☐ 5 ☐ 8	____ ____ ____ ____		

Please continue to the next page to continue to report macroscopic results.

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ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

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Participant Initials _____ **Case No.** _____

Local Pathology Macroscopic Analysis Form

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MACROSCOPIC EVALUATION

Lesion ID (Radiology MR/CT Interpretation Form)						Pathology: Nodule Information						
		CT Lesion ID		MRI Lesion ID			Pathology: Nodule ID		Location			
Nodule # (Record #) [1]	Lesion Identified by: [2]	CT Highest-# Segment [3]	CT Running # [4]	MRI Highest-# Segment [5]	MRI Running # [6]	Nodule identified at explant? [7]	Highest-# Segment [8]	Running # [9]	Additional Involved Segment(s) *(If applicable, mark any additional involved segment #s)* [10-18]	Slice #(s) [19-22]	Maximum Nodule size (cm) [23]	Comments [24]
10.	O **CT** (provide CT lesion ID) O **MRI** (provide MRI lesion ID) O **Both** (provide both lesion IDs) O **Not identified on imaging** *(Continue to Pathology: Nodule information)*	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O No O Yes O Indeterminate	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		☐ 1 ☐ 4a ☐ 6 ☐ 2 ☐ 4b ☐ 7 ☐ 3 ☐ 5 ☐ 8	____ ____ ____ ____		
11.	O **CT** (provide CT lesion ID) O **MRI** (provide MRI lesion ID) O **Both** (provide both lesion IDs) O **Not identified on imaging** *(Continue to Pathology: Nodule information)*	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O No O Yes O Indeterminate	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		☐ 1 ☐ 4a ☐ 6 ☐ 2 ☐ 4b ☐ 7 ☐ 3 ☐ 5 ☐ 8	____ ____ ____ ____		
12.	O **CT** (provide CT lesion ID) O **MRI** (provide MRI lesion ID) O **Both** (provide both lesion IDs) O **Not identified on imaging** *(Continue to Pathology: Nodule information)*	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O No O Yes O Indeterminate	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		☐ 1 ☐ 4a ☐ 6 ☐ 2 ☐ 4b ☐ 7 ☐ 3 ☐ 5 ☐ 8	____ ____ ____ ____		

Please continue to the next page to continue to report macroscopic results.

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ACRIN Study 6690

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Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Local Pathology Macroscopic Analysis Form

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MACROSCOPIC EVALUATION

Lesion ID (Radiology MR/CT Interpretation Form)						**Pathology: Nodule Information**						
		CT Lesion ID		**MRI Lesion ID**			**Pathology: Nodule ID**		**Location**			
Nodule # (Record #) [1]	**Lesion Identified by:** [2]	**CT Highest-# Segment** [3]	**CT Running #** [4]	**MRI Highest-# Segment** [5]	**MRI Running #** [6]	**Nodule identified at explant?** [7]	**Highest-# Segment** [8]	**Running #** [9]	**Additional Involved Segment(s)** *(If applicable, mark any additional involved segment #s)* [10-18]	**Slice #(s)** [19-22]	**Maximum Nodule size (cm)** [23]	**Comments** [24]
13.	O **CT** (provide CT lesion ID) O **MRI** (provide MRI lesion ID) O **Both** (provide both lesion IDs) O **Not identified on imaging** *(Continue to Pathology: Nodule information)*	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O No O Yes O Indeterminate	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		☐ 1 ☐ 4a ☐ 6 ☐ 2 ☐ 4b ☐ 7 ☐ 3 ☐ 5 ☐ 8	____ ____ ____ ____		
14.	O **CT** (provide CT lesion ID) O **MRI** (provide MRI lesion ID) O **Both** (provide both lesion IDs) O **Not identified on imaging** *(Continue to Pathology: Nodule information)*	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O No O Yes O Indeterminate	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		☐ 1 ☐ 4a ☐ 6 ☐ 2 ☐ 4b ☐ 7 ☐ 3 ☐ 5 ☐ 8	____ ____ ____ ____		
15.	O **CT** (provide CT lesion ID) O **MRI** (provide MRI lesion ID) O **Both** (provide both lesion IDs) O **Not identified on imaging** *(Continue to Pathology: Nodule information)*	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O No O Yes O Indeterminate	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		☐ 1 ☐ 4a ☐ 6 ☐ 2 ☐ 4b ☐ 7 ☐ 3 ☐ 5 ☐ 8	____ ____ ____ ____		

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ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

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Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Local Pathology: Macroscopic Analysis Form - Eovist Sub-Trial

If this is a revised or corrected form, please √box. ☐

Instructions: Nodules identified by prior radiologic examination will be documented on this form following explant examination. If no correlative nodule is identified, this should be noted. If it is not clear that the sampled nodule corresponds to the radiographic nodule, this should be recorded. In cases in which nodules are observed on pathologic examination without corresponding radiologic nodules, record Pathology: Nodule IDs (Highest-# Segment and Running #). If a nodule cannot be unequivocally assigned to just one specific segment, identify the nodule by the involved segment with the HIGHEST Arabic numeral (NOT to be confused with the segment with the GREATEST tumor burden). For example, a nodule seen involving segments 6, 7, and 8 then **8** would be assigned for the Nodule ID: Highest-# Segment and the additional involved segments 6 and 7 would be marked in the column for **Additional Involved Segment(s).** Please continue to record the result of the interpretation on the Local Pathology: Microscopic Evaluation (PI) form.

MACROSCOPIC EVALUATION

Lesion ID (Radiology MR/CT Interpretation Form)

Nodule # (Record #) [1]	CT modality: Has lesion been identified by CT modality? [25]	CT Highest-# Segment [3]	CT Running # [4]
1	O No O Yes	O 1 O 4a O 6 O 2 O 4b O 7 O 3 O 5 O 8	

MRI modality (main 6690 trial MR imaging)			E-MRI modality (Eovist sub-study MR imaging)		
Has lesion been identified by MRI modality? [26]	MR Highest-# Segment [5]	MRI Running # [6]	Has lesion been identified by E-MRI modality? [27]	E-MRI Highest-# Segment [28]	E-MRI Running # [29]
O No O Yes	O 1 O 4a O 6 O 2 O 4b O 7 O 3 O 5 O 8		O No O Yes	O 1 O 4a O 6 O 2 O 4b O 7 O 3 O 5 O 8	

Pathology: Nodule Information

Nodule identified at explant? [7]	Pathology: Nodule ID		Location		Maximum Nodule size (cm) [23]	Comments [24]
	Highest Segment # [8]	Running # [9]	Additional Involved Segment(s) *(If applicable, mark any additional involved segment #s)* [10-18]	Slice #(s) [19-22]		
O No O Yes O Indeterminate	O 1 O 4a O 6 O 2 O 4b O 7 O 3 O 5 O 8		☐ 1 ☐ 4a ☐ 6 ☐ 2 ☐ 4b ☐ 7 ☐ 3 ☐ 5 ☐ 8	_____ _____ _____ _____		

Please continue to the next page to continue to report macroscopic results.
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Participant Initials _____ **Case No.** _____

Local Pathology: Macroscopic Analysis Form - Eovist Sub-Trial

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MACROSCOPIC EVALUATION

Lesion ID (Radiology MR/CT Interpretation Form)

Nodule # (Record #) [1]	CT modality: Has lesion been identified by CT modality? [25]	CT Highest-# Segment [3]	CT Running # [4]
2	O No O Yes	O 1 O 4a O 6 O 2 O 4b O 7 O 3 O 5 O 8	

MRI modality (main 6690 trial MR imaging)			E-MRI modality (Eovist sub-study MR imaging)		
Has lesion been identified by MRI modality? [26]	MR Highest-# Segment [5]	MRI Running # [6]	Has lesion been identified by E-MRI modality? [27]	E-MRI Highest-# Segment [28]	E-MRI Running # [29]
O No O Yes	O 1 O 4a O 6 O 2 O 4b O 7 O 3 O 5 O 8		O No O Yes	O 1 O 4a O 6 O 2 O 4b O 7 O 3 O 5 O 8	

Pathology: Nodule Information

Nodule identified at explant? [7]	Pathology: Nodule ID		Location		Maximum Nodule size (cm) [23]	Comments [24]
	Highest Segment # [8]	Running # [9]	Additional Involved Segment(s) *(If applicable, mark any additional involved segment #s)* [10-18]	Slice #(s) [19-22]		
O No O Yes O Indeterminate	O 1 O 4a O 6 O 2 O 4b O 7 O 3 O 5 O 8		☐ 1 ☐ 4a ☐ 6 ☐ 2 ☐ 4b ☐ 7 ☐ 3 ☐ 5 ☐ 8	_____ _____ _____ _____		

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Local Pathology: Macroscopic Analysis Form - Eovist Sub-Trial

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MACROSCOPIC EVALUATION

Lesion ID (Radiology MR/CT Interpretation Form)

Nodule # (Record #) [1]	CT modality: Has lesion been identified by CT modality? [25]	CT Highest-# Segment [3]	CT Running # [4]
3	O No O Yes	O 1 O 4a O 6 O 2 O 4b O 7 O 3 O 5 O 8	

MRI modality (main 6690 trial MR imaging)			E-MRI modality (Eovist sub-study MR imaging)		
Has lesion been identified by MRI modality? [26]	MR Highest-# Segment [5]	MRI Running # [6]	Has lesion been identified by E-MRI modality? [27]	E-MRI Highest-# Segment [28]	E-MRI Running # [29]
O No O Yes	O 1 O 4a O 6 O 2 O 4b O 7 O 3 O 5 O 8		O No O Yes	O 1 O 4a O 6 O 2 O 4b O 7 O 3 O 5 O 8	

Pathology: Nodule Information

Nodule identified at explant? [7]	Pathology: Nodule ID		Location		Maximum Nodule size (cm) [23]	Comments [24]
	Highest Segment # [8]	Running # [9]	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s) [10-18]	Slice #(s) [19-22]		
O No O Yes O Indeterminate	O 1 O 4a O 6 O 2 O 4b O 7 O 3 O 5 O 8		☐ 1 ☐ 4a ☐ 6 ☐ 2 ☐ 4b ☐ 7 ☐ 3 ☐ 5 ☐ 8	_____ _____ _____ _____		

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Local Pathology: Macroscopic Analysis Form - Eovist Sub-Trial

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MACROSCOPIC EVALUATION

Lesion ID (Radiology MR/CT Interpretation Form)

Nodule # (Record #) [1]	CT modality: Has lesion been identified by CT modality? [25]	CT Highest-# Segment [3]	CT Running # [4]
4	O No O Yes	O 1 O 4a O 6 O 2 O 4b O 7 O 3 O 5 O 8	

MRI modality (main 6690 trial MR imaging)			E-MRI modality (Eovist sub-study MR imaging)		
Has lesion been identified by MRI modality? [26]	MR Highest-# Segment [5]	MRI Running # [6]	Has lesion been identified by E-MRI modality? [27]	E-MRI Highest-# Segment [28]	E-MRI Running # [29]
O No O Yes	O 1 O 4a O 6 O 2 O 4b O 7 O 3 O 5 O 8		O No O Yes	O 1 O 4a O 6 O 2 O 4b O 7 O 3 O 5 O 8	

Pathology: Nodule Information

Nodule identified at explant? [7]	Pathology: Nodule ID		Location		Maximum Nodule size (cm) [23]	Comments [24]
	Highest Segment # [8]	Running # [9]	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s) [10-18]	Slice #(s) [19-22]		
O No O Yes O Indeterminate	O 1 O 4a O 6 O 2 O 4b O 7 O 3 O 5 O 8		☐ 1 ☐ 4a ☐ 6 ☐ 2 ☐ 4b ☐ 7 ☐ 3 ☐ 5 ☐ 8	_____ _____ _____ _____		

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Local Pathology: Macroscopic Analysis Form - Eovist Sub-Trial

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MACROSCOPIC EVALUATION

Lesion ID (Radiology MR/CT Interpretation Form)

Nodule # (Record #) [1]	CT modality: Has lesion been identified by CT modality? [25]	CT Highest-# Segment [3]	CT Running # [4]
5	O No O Yes	O 1 O 4a O 6 O 2 O 4b O 7 O 3 O 5 O 8	

MRI modality (main 6690 trial MR imaging)			E-MRI modality (Eovist sub-study MR imaging)		
Has lesion been identified by MRI modality? [26]	MR Highest-# Segment [5]	MRI Running # [6]	Has lesion been identified by E-MRI modality? [27]	E-MRI Highest-# Segment [28]	E-MRI Running # [29]
O No O Yes	O 1 O 4a O 6 O 2 O 4b O 7 O 3 O 5 O 8		O No O Yes	O 1 O 4a O 6 O 2 O 4b O 7 O 3 O 5 O 8	

Pathology: Nodule Information

Nodule identified at explant? [7]	Pathology: Nodule ID		Location		Maximum Nodule size (cm) [23]	Comments [24]
	Highest Segment # [8]	Running # [9]	Additional Involved Segment(s) *(If applicable, mark any additional involved segment #s)* [10-18]	Slice #(s) [19-22]		
O No O Yes O Indeterminate	O 1 O 4a O 6 O 2 O 4b O 7 O 3 O 5 O 8		☐ 1 ☐ 4a ☐ 6 ☐ 2 ☐ 4b ☐ 7 ☐ 3 ☐ 5 ☐ 8	_____ _____ _____ _____		

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If macroscopic reporting is complete, please continue to the Local Pathology: Microscopic Analysis Form.

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Local Pathology: Microscopic Analysis Form

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Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Instructions: Each nodule identified during macroscopic analysis should be accounted for on this macroscopic analysis (PI) form using the same pathologic nodule ID recorded on the PA (macroscopic analysis) form. If nodule shows complete necrosis, record whether or not a biopsy is available (and the date of biopsy when applicable) and continue to the comments column. If additional rows are needed to document additional nodules, please use the Supplemental Local Pathology: Microscopic Analysis Form.

MICROSCOPIC EVALUATION

Nodule # (Record #) [1]	Pathology: Nodule ID: Highest-# Segment [2]	Pathology: Nodule ID: Running # [3]	HCC present? [4]	Necrosis *Continue to next column [5]	If complete necrosis, is a biopsy available? [6] (Continue to the comments column and report any remaining nodules)	Differentiation grade [8]	Fibrous pseudocapsule [9]	Histology [10] Specify HCC-specific variants in next column [11]	HCC Specific Variant [12]	Comments [13]
1.	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O No O Yes	O None O Incomplete O Complete*	O No O Yes: ___-___-_____ (*mm-dd-yyyy*) [7]	O Well O Moderate O Poor O Not applicable	O None O Incomplete O Complete	Code _____ Specify	O Fibrolamellar O Clear cell O Sarcomatoid O Sclerosing O Mixed HCC/ cholangiocarcinoma	
2.	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O No O Yes	O None O Incomplete O Complete*	O No O Yes: ___-___-_____ (*mm-dd-yyyy*)	O Well O Moderate O Poor O Not applicable	O None O Incomplete O Complete	Code _____ Specify	O Fibrolamellar O Clear cell O Sarcomatoid O Sclerosing O Mixed HCC/ cholangiocarcinoma	
3.	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O No O Yes	O None O Incomplete O Complete*	O No O Yes: ___-___-_____ (*mm-dd-yyyy*)	O Well O Moderate O Poor O Not applicable	O None O Incomplete O Complete	Code _____ Specify	O Fibrolamellar O Clear cell O Sarcomatoid O Sclerosing O Mixed HCC/ cholangiocarcinoma	

Please continue to the next page to continue to report microscopic results. If microscopic reporting is complete, please continue to the Local Pathology: Summary Form.

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Local Pathology Microscopic Analysis Form

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Nodule # (Record #) [1]	Pathology: Nodule ID — Highest-# Segment [2]	Pathology: Nodule ID — Running # [3]	HCC present? [4]	Necrosis *Continue to next column [5]	If complete necrosis, is a biopsy available? [6] (Continue to the comments column and report any remaining nodules)	Differentiation grade [8]	Fibrous pseudocapsule [9]	Histology [10] Specify HCC-specific variants in next column [11]	HCC Specific Variant [12]	Comments [13]
4.	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O No O Yes	O None O Incomplete O Complete*	O No O Yes: ___-___-_____ (*mm-dd-yyyy*)	O Well O Moderate O Poor O Not applicable	O None O Incomplete O Complete	O 1 HCC NOS O 2 HCC specific variant O 3 Regenerative or low grade dysplastic nodule O 4 High grade dysplastic nodule O 5 Necrotic tissue only O 88 Other, specify _____ Code ____ Specify _____	O Fibrolamellar O Clear cell O Sarcomatoid O Sclerosing O Mixed HCC/ cholangiocarcinoma	
5.	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O No O Yes	O None O Incomplete O Complete*	O No O Yes: ___-___-_____ (*mm-dd-yyyy*)	O Well O Moderate O Poor O Not applicable	O None O Incomplete O Complete	Code ____ Specify _____	O Fibrolamellar O Clear cell O Sarcomatoid O Sclerosing O Mixed HCC/ cholangiocarcinoma	
6.	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O No O Yes	O None O Incomplete O Complete*	O No O Yes: ___-___-_____ (*mm-dd-yyyy*)	O Well O Moderate O Poor O Not applicable	O None O Incomplete O Complete	Code ____ Specify _____	O Fibrolamellar O Clear cell O Sarcomatoid O Sclerosing O Mixed HCC/ cholangiocarcinoma	

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PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Local Pathology Microscopic Analysis Form

If this is a revised or corrected form, please √box. ☐

Nodule # (Record #) [1]	Pathology: Nodule ID — Highest-# Segment [2]	Pathology: Nodule ID — Running # [3]	HCC present? [4]	Necrosis *Continue to next column* [5]	If complete necrosis, is a biopsy available? [6] *(Continue to the comments column and report any remaining nodules)*	Differentiation grade [8]	Fibrous pseudocapsule [9]	Histology [10] *Specify HCC-specific variants in next column* [11]	HCC Specific Variant [12]	Comments [13]
7.	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O No O Yes	O None O Incomplete O Complete*	O No O Yes: ___-___-_____ (*mm-dd-yyyy*) [7]	O Well O Moderate O Poor O Not applicable	O None O Incomplete O Complete	O 1 HCC NOS O 2 HCC specific variant O 3 Regenerative or low grade dysplastic nodule O 4 High grade dysplastic nodule O 5 Necrotic tissue only O 88 Other, specify _____ Code ____ Specify _____	O Fibrolamellar O Clear cell O Sarcomatoid O Sclerosing O Mixed HCC/ cholangiocarcinoma	
8.	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O No O Yes	O None O Incomplete O Complete*	O No O Yes: ___-___-_____ (*mm-dd-yyyy*)	O Well O Moderate O Poor O Not applicable	O None O Incomplete O Complete	Code ____ Specify _____	O Fibrolamellar O Clear cell O Sarcomatoid O Sclerosing O Mixed HCC/ cholangiocarcinoma	
9.	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O No O Yes	O None O Incomplete O Complete*	O No O Yes: ___-___-_____ (*mm-dd-yyyy*)	O Well O Moderate O Poor O Not applicable	O None O Incomplete O Complete	Code ____ Specify _____	O Fibrolamellar O Clear cell O Sarcomatoid O Sclerosing O Mixed HCC/ cholangiocarcinoma	

PI

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Local Pathology Microscopic Analysis Form

If this is a revised or corrected form, please √box. ☐

Nodule # (Record #) [1]	Pathology: Nodule ID — Highest-# Segment [2]	Pathology: Nodule ID — Running # [3]	HCC present? [4]	Necrosis *Continue to next column* [5]	If complete necrosis, is a biopsy available? [6] *(Continue to the comments column and report any remaining nodules)*	Differentiation grade [8]	Fibrous pseudocapsule [9]	Histology [10] *Specify HCC-specific variants in next column* [11]	HCC Specific Variant [12]	Comments [13]
10.	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O No O Yes	O None O Incomplete O Complete*	O No O Yes: ___-___-_____ (*mm-dd-yyyy*) [7]	O Well O Moderate O Poor O Not applicable	O None O Incomplete O Complete	Code ____ Specify _____	O Fibrolamellar O Clear cell O Sarcomatoid O Sclerosing O Mixed HCC/ cholangiocarcinoma	
11.	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O No O Yes	O None O Incomplete O Complete*	O No O Yes: ___-___-_____ (*mm-dd-yyyy*)	O Well O Moderate O Poor O Not applicable	O None O Incomplete O Complete	Code ____ Specify _____	O Fibrolamellar O Clear cell O Sarcomatoid O Sclerosing O Mixed HCC/ cholangiocarcinoma	
12.	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O No O Yes	O None O Incomplete O Complete*	O No O Yes: ___-___-_____ (*mm-dd-yyyy*)	O Well O Moderate O Poor O Not applicable	O None O Incomplete O Complete	Code ____ Specify _____	O Fibrolamellar O Clear cell O Sarcomatoid O Sclerosing O Mixed HCC/ cholangiocarcinoma	

PI

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

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Participant Initials _____ **Case No.** _____

Local Pathology Microscopic Analysis Form

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Nodule # (Record #) [1]	Pathology: Nodule ID — Highest-# Segment [2]	Pathology: Nodule ID — Running # [3]	HCC present? [4]	Necrosis *Continue to next column* [5]	If complete necrosis, is a biopsy available? [6] *(Continue to the comments column and report any remaining nodules)*	Differentiation grade [8]	Fibrous pseudocapsule [9]	Histology [10] *Specify HCC-specific variants in next column* [11]	HCC Specific Variant [12]	Comments [13]
13.	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O No O Yes	O None O Incomplete O Complete*	O No O Yes: ___-___-_____ (*mm-dd-yyyy*) [7]	O Well O Moderate O Poor O Not applicable	O None O Incomplete O Complete	O 1 HCC NOS O 2 HCC specific variant O 3 Regenerative or low grade dysplastic nodule O 4 High grade dysplastic nodule O 5 Necrotic tissue only O 88 Other, specify _____ Code ____ Specify _____	O Fibrolamellar O Clear cell O Sarcomatoid O Sclerosing O Mixed HCC/ cholangiocarcinoma	
14.	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O No O Yes	O None O Incomplete O Complete*	O No O Yes: ___-___-_____ (*mm-dd-yyyy*)	O Well O Moderate O Poor O Not applicable	O None O Incomplete O Complete	Code ____ Specify _____	O Fibrolamellar O Clear cell O Sarcomatoid O Sclerosing O Mixed HCC/ cholangiocarcinoma	
15.	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b		O No O Yes	O None O Incomplete O Complete*	O No O Yes: ___-___-_____ (*mm-dd-yyyy*)	O Well O Moderate O Poor O Not applicable	O None O Incomplete O Complete	Code ____ Specify _____	O Fibrolamellar O Clear cell O Sarcomatoid O Sclerosing O Mixed HCC/ cholangiocarcinoma	

PL

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

Local Pathology Form

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ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Instructions: The MR and CT interpretation forms must be completed and submitted to the local site pathologist prior to pathologic examination. ACRIN can also provide this data to the pathologist, once the form has been electronically entered into our database. Please continue to record the result of the interpretation on the PA (macroscopic), PI (microscopic) evaluation and PS (pathology summary) forms.

1. Date of accession: _____-_____-_____ *(mm-dd-yyyy)* [1]

2. Liver weight _____ [2] O kg O grams O pounds [3]

3. Were the participant's images from both modalities (CT and MRI) available for review at the time of the radiology pathology correlation? [4]

- O No (Complete Q3a)
- O Yes (Complete Q3b and Q3c)

3a. Specify modality not available: [5]

- O CT (Complete Q3c)
- O MRI (Complete Q3b)
- O Both

3b. Date of CT imaging: _____-_____-_____ *(mm-dd-yyyy)* [14]

3c. Date of MR imaging: _____-_____-_____ *(mm-dd-yyyy)* [15]

4. Were the results of the reader interpretation forms (CT and MRI) available at the time of the radiology-pathology correlation? [6]

- O No (Complete Q4a)
- O Yes (Continue to Q5)

4a. Specify form type not available: [7]

- O CT
- O MRI
- O Both

5. Was a radiologist present to assist with the radiology-pathology correlation? [8]

- O No (Continue to Q6)
- O Yes (Complete Q5a)

5a. Provide the Reader ID(s) of the study radiologist(s) present at the radiology correlation:

Reader ID 1: _____ [9]

Reader ID 2: _____ [10]

☐ Radiologist present not a study reader [11]

Initials of Radiologist (not study reader): _____ [12]

6. Plane of macroscopic liver sectioning: [13]

- O Frontal (analogous to coronal imaging plane)
- O Sagittal / parasagittal
- O Horizontal (analogous to axial imaging plane)

Details on the naming convention for lesion/nodule identification are on the next page.

PL

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

Local Pathology Form

If this is a revised or corrected form, please √box. ☐

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Naming Convention for Nodule Identification

Part 1: Highest-Number Segment:

- If a nodule cannot be unequivocally assigned to just one specific segment, identify the nodule by the involved segment with the HIGHEST Arabic numeral (NOT to be confused with the segment with the GREATEST tumor burden).
  - **Example**: A nodule seen involving segments 6, 7, and 8 would have **8** assigned for the Nodule ID: Highest-# Segment and the additional involved segments 6 and 7 would be marked in the column for **Additional Involved Segment(s).**
  - If a nodule appears in segments 4a and 4b, then **4b** would be assigned for the Nodule ID: Highest-Number Segment, and the additional involved segment # 4a would be marked in the column for **Additional Involved Segment(s).**

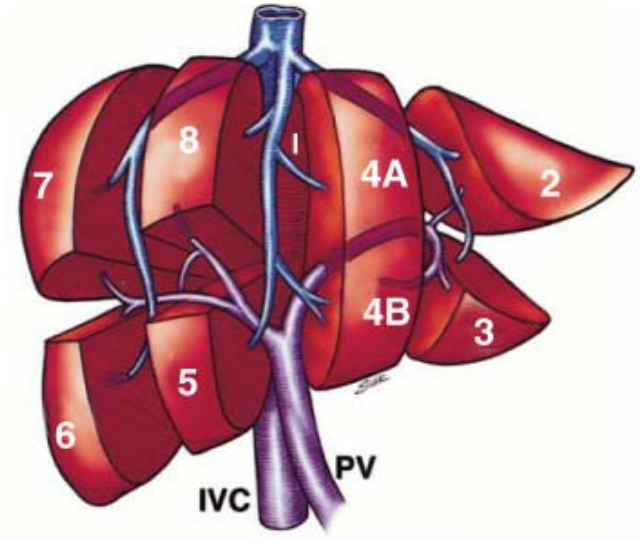
Part 2: Running Number:

- In the event of multiple nodules within the same segment, number them in ascending order from most superior/anterior to most inferior/posterior.
  - **Example:** Two nodules found in segment 6. Running #1 will be assigned to the lesion that is most superior/anterior in location.
    - 1st lesion in segment 6 most anterior/superior: Lesion ID

Highest-# Segment	Running #
6	1

    - 2nd lesion in segment 6: Lesion ID

Highest-# Segment	Running #
6	2



Please Continue to the Local Pathology: Macroscopic Analysis (PA) Form.

PR

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

Protocol Variation Form

If this is a revised or corrected form, please √ box. ☐

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

1. Check the Protocol Event Being Reported: *(Select only one)* [1]

- O 1 Inclusion/exclusion criteria not met at time of registration
- O 2 Imaging-related deviation (Complete 1b)
- O 3 Study activity performed without participant consent
- O 5 Visit or follow-up procedures not performed per protocol
- O 6 Case enrolled under expired IRB approval / FWA
- O 7 Ablative therapy performed prior to baseline imaging
- O 8 Explant pathology digital photographs not taken/unavailable/lost
- O 9 Explant pathology digital photographs not performed per protocol
- O 10 Explant not available
- O 11 Local interpretation forms not completed prior to pathology correlation
- O 12 Local reader contamination
- O 13 Non ACRIN qualified scanner used for study participant
- O 88 Other, specify _____ [2]

1b. Image Related Deviation: *(Select only one)* [3]

- O 1 Scan not performed according to protocol specific guidelines
- O 2 Images lost/unavailable
- O 3 Baseline standard of care imaging not performed within specified timeframe
- O 4 Baseline complementary imaging not performed within 30 days after enrollment
- O 5 Complementary imaging (MRI or CT) not performed within 7 days of standard of care imaging
- O 6 Serial imaging not performed according to UNOS 90 day updates
- O 7 Imaging performed prior to 28 days post-ablation requirement
- O 8 Imaging performed after 60 days post-ablation requirement
- O 9 Complementary scan not performed
- O 88 Other, specify _____ [4]

2. Date the protocol deviation occurred: ____ - ____ - **20**____ (mm-dd-yyyy) [5]

3. Date the protocol deviation was discovered: ____ - ____ - **20**____ (mm-dd-yyyy) [6]

4. Describe the protocol variation:

_____ [7]

_____ [8]

5. What was done to rectify the situation and/or prevent future occurrence:

_____ [9]

_____ [10]

6. At what time point did this study deviation occur? [11]

O Baseline	O 6th UNOS update (540 day)
O 1st UNOS update (90 day)	O 7th UNOS update (630 day)
O 2nd UNOS update (180 day)	O 8th UNOS update (720 day)
O 3rd UNOS update (270 day)	O 9th UNOS update (810 day)
O 4th UNOS update (360 day)	O Post ablation (28-60 days post ablation)
O 5th UNOS update (450 day)	O Post-transplant

6a. Provide the visit / follow-up study procedure(s) this PR corresponds to *(Check all that apply)*

- ☐ Alpha Fetoprotein levels [12]
- ☐ Pregnancy test [13]
- ☐ eGFR levels [14]
- ☐ MRI imaging [15]
- ☐ CT imaging [16]
- ☐ Other, [17] specify _____ [18]

_____ [19]
Initials of person responsible for data (RA, study staff)

_____ - _____ - _____ *(mm-dd-yyyy)* [20]
Date form completed

Signature of person completing this form _____ *(for external use only)*

PS

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplantation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Local Pathology Summary Form

If this is a revised or corrected form, please √ box. ☐

Table 1: Summary of Sampled Nodules	
Number of non HCCs [1]	
Number of HCCs [2]	

1. Was there any evidence of macrovascular invasion by macroscopic evaluation? [3]

O No
O Yes

2. Was there any evidence of angiolymphatic invasion by microscopic evaluation? [4]

O No
O Yes

Comments: _____

_____ [5, 6]

_____ [7]
Initials of person completing the form

_____-_____-_____ [8]
Date form completed *(mm-dd-yyyy)*

R1

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

MRI Local Interpretation Form

If this is a revised or corrected form, please √ box. ☐

Instructions: the form is completed after each serial imaging visit (90 day intervals) by the site radiologist reading the exam. For assistance in completing Q1 UNOS listing update, please contact your site's designated transplant coordinator / research staff. The MRI Local Interpretation form is completed by the radiologist following the review and documentation of the treated and untreated lesions on the appropriate forms. Continue to report lesions on the MRI Untreated Lesion Interpretation, the MRI Treated Lesion Interpretation and the MRI Reader Overall Assessment forms.

1. UNOS listing update (timepoint) [1]

☐ **SCAN NOT COMPLETED** [16]

- O 1st UNOS update (90 day)
- O 2nd UNOS update (180 day)
- O 3rd UNOS update (270 day)
- O 4th UNOS update (360 day)
- O 5th UNOS update (450 day)
- O 6th UNOS update (540 day)
- O 7th UNOS update (630 day)
- O 8th UNOS update (720 day)
- O 9th UNOS update (810 day)
- O Post Ablation Imaging (protocol requirement additional imaging: not used for UNOS update)

2. Date of imaging: _____-_____-_____ *(mm-dd-yyyy)* [2]

3. Date of interpretation: _____-_____-_____ *(mm-dd-yyyy)* [3]

4. Reader ID: |_|_|_|_|_|_|_|_| [4]

5. Has the participant undergone ablation of one or more lesions? [5]

- O No (continue to R2)
- O Yes (complete Q5a and Q5b)

5a. Specify the type of ablation

- ☐ Transarterial chemoembolization [TACE] [6]
- ☐ Cryoablation [7]
- ☐ Radiofrequency ablation [8]
- ☐ Radioembolization [9]
- ☐ Unknown [13]
- ☐ Other [14] _____ [15]

5b. Specify the location *(mark all that apply)*

- ☐ Right lobe [10]
- ☐ Left lobe [11]
- ☐ Not applicable [12]

Important: Please refer to the protocol appendix VII: Guidance for Radiologists

R2

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

MRI UNTREATED Lesion Interpretation Form

If this is a revised or corrected form, please √ box. ☐

ACRIN Study 6690
PLACE LABEL HERE

Institution _____ Institution No. _____

Participant Initials _____ Case No. _____

Instructions: The form is completed by the site radiologist reading the exam. Lesions identified in comparison with recent MR imaging (within 90-180 days) prior to the current image visit being evaluated. Complete one table per **UNTREATED** class 4 or 5 liver lesion identified. **Record all class 5 lesions, and maximum of (5) class 4 lesions. If more than 5 class 4 lesions are present, record the largest class 4 lesions.** When assigning lesion ID to a lesion that cannot be unequivocally assigned to just one specific segment, identify the lesion by the involved segment with the HIGHEST Arabic numeral (NOT to be confused with the segment with the GREATEST tumor burden). For example, a lesion seen involving segments 6, 7, and 8 then **8** would be assigned for the Lesion ID: Highest-# Segment and the additional involved segments 6 and 7 would be marked in the column for **Additional Involved Segment(s).**

7th UNOS Update (630 day) **Untreated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No untreated lesions identified** [54] Reader ID: _____ (Site use only)

Lesion # (record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)	
[1] **1**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3]	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**T1 Pre-contrast: SI** [14]	O hypointense O isointense O hyperintense
				Late Arterial Phase: SI [15]	**A.** O hypointense O isointense O hyperintense
				[16]	**B.** O homogenous O heterogeneous
				[17]	**C. Enhancement relative to pre-contrast?** O No O Yes
				Portal Venous Phase: SI [18]	**A.** O hypointense O isointense O hyperintense
				[19]	**B.** O homogenous O heterogeneous
				[20]	**C. Enhancement relative to pre-contrast?** O No O Yes
				Delayed / Equilibrum Phase: SI [21]	**A.** O hypointense O isointense O hyperintense
				[22]	**B.** O homogenous O heterogeneous
				[23]	**C. Enhancement relative to pre-contrast?** O No O Yes
				[24]	**D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ___.___ cm	[26] Long Axis ___.___ cm	[27]	[28]	[29] ___.___ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ___.___ cm	[34] Long Axis ___.___ cm	[35] ___.___ cm	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]		Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]		Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	
	O No O Yes		_____ %		O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable). If reporting is complete, continue to the R3 form.

R2

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

MRI UNTREATED Lesion Interpretation Form

If this is a revised or corrected form, please √box. ☐

7th UNOS Update (630 day) **Untreated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No untreated lesions identified** [54] Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)
[1] **2**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 2 O 3 O 4a O 4b O 5 O 6 O 7 O 8 **Running #** [3] ☐☐☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**T1 Pre-contrast: SI** [14] O hypointense O isointense O hyperintense **Late Arterial Phase: SI** [15] **A.** O hypointense O isointense O hyperintense [16] **B.** O homogenous O heterogeneous [17] **C. Enhancement relative to pre-contrast?** O No O Yes **Portal Venous Phase: SI** [18] **A.** O hypointense O isointense O hyperintense [19] **B.** O homogenous O heterogeneous [20] **C. Enhancement relative to pre-contrast?** O No O Yes **Delayed / Equilibrum Phase: SI** [21] **A.** O hypointense O isointense O hyperintense [22] **B.** O homogenous O heterogeneous [23] **C. Enhancement relative to pre-contrast?** O No O Yes [24] **D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]		Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]		Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	
	O No O Yes		_____ %		O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to the R3 form.

R2

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

MRI UNTREATED Lesion Interpretation Form

If this is a revised or corrected form, please √box. ☐

7th UNOS Update (630 day) **Untreated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No untreated lesions identified** [54] Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)
[1] **3**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐☐☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**T1 Pre-contrast: SI** [14] O hypointense O isointense O hyperintense **Late Arterial Phase: SI** [15] **A.** O hypointense O isointense O hyperintense [16] **B.** O homogenous O heterogeneous [17] **C. Enhancement relative to pre-contrast?** O No O Yes **Portal Venous Phase: SI** [18] **A.** O hypointense O isointense O hyperintense [19] **B.** O homogenous O heterogeneous [20] **C. Enhancement relative to pre-contrast?** O No O Yes **Delayed / Equilibrum Phase: SI** [21] **A.** O hypointense O isointense O hyperintense [22] **B.** O homogenous O heterogeneous [23] **C. Enhancement relative to pre-contrast?** O No O Yes [24] **D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]		Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]		Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	
	O No O Yes		_____ %		O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to the R3 form.

R2

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

MRI UNTREATED Lesion Interpretation Form

If this is a revised or corrected form, please √box. ☐

7th UNOS Update (630 day) **Untreated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No untreated lesions identified** [54] Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)
[1] **4**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐☐☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**T1 Pre-contrast: SI** [14] O hypointense O isointense O hyperintense **Late Arterial Phase: SI** [15] **A.** O hypointense O isointense O hyperintense [16] **B.** O homogenous O heterogeneous [17] **C. Enhancement relative to pre-contrast?** O No O Yes **Portal Venous Phase: SI** [18] **A.** O hypointense O isointense O hyperintense [19] **B.** O homogenous O heterogeneous [20] **C. Enhancement relative to pre-contrast?** O No O Yes **Delayed / Equilibrum Phase: SI** [21] **A.** O hypointense O isointense O hyperintense [22] **B.** O homogenous O heterogeneous [23] **C. Enhancement relative to pre-contrast?** O No O Yes [24] **D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45]	O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]	
Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)	**Longest diameter in cranio-caudal direction** (Using PRIOR Imaging)	**Contrast phase used for prior imaging measurements**
[33] Short Axis ☐☐.☐ cm; [34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	O No O Yes	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	_____ %	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable).
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Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

MRI UNTREATED Lesion Interpretation Form

If this is a revised or corrected form, please √box. ☐

7th UNOS Update (630 day) **Untreated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No untreated lesions identified** [54] Reader ID: ☐☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)
[1] **5**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 2 O 3 O 4a O 4b O 5 O 6 O 7 O 8 **Running #** [3] ☐☐☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**T1 Pre-contrast: SI** [14] O hypointense O isointense O hyperintense **Late Arterial Phase: SI** [15] [16] [17] **A.** O hypointense O isointense O hyperintense **B.** O homogenous O heterogeneous **C. Enhancement relative to pre-contrast?** O No O Yes **Portal Venous Phase: SI** [18] [19] [20] **A.** O hypointense O isointense O hyperintense **B.** O homogenous O heterogeneous **C. Enhancement relative to pre-contrast?** O No O Yes **Delayed / Equilibrum Phase: SI** [21] [22] [23] [24] **A.** O hypointense O isointense O hyperintense **B.** O homogenous O heterogeneous **C. Enhancement relative to pre-contrast?** O No O Yes **D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45]	O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]	
Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)	**Longest diameter in cranio-caudal direction** (Using PRIOR Imaging)	**Contrast phase used for prior imaging measurements**
[33] Short Axis ☐☐.☐ cm; [34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	O No O Yes	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	____ %	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

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ACRIN Study 6690

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Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

MRI UNTREATED Lesion Interpretation Form

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7th UNOS Update (630 day) **Untreated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No untreated lesions identified** [54] Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)
[1] **6**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐☐☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**T1 Pre-contrast: SI** [14]: O hypointense O isointense O hyperintense **Late Arterial Phase: SI** [15]: **A.** O hypointense O isointense O hyperintense; [16]: **B.** O homogenous O heterogeneous; [17]: **C. Enhancement relative to pre-contrast?** O No O Yes **Portal Venous Phase: SI** [18]: **A.** O hypointense O isointense O hyperintense; [19]: **B.** O homogenous O heterogeneous; [20]: **C. Enhancement relative to pre-contrast?** O No O Yes **Delayed / Equilibrum Phase: SI** [21]: **A.** O hypointense O isointense O hyperintense; [22]: **B.** O homogenous O heterogeneous; [23]: **C. Enhancement relative to pre-contrast?** O No O Yes; [24]: **D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]		Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]		Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	
	O No O Yes		_____ %		O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

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MRI UNTREATED Lesion Interpretation Form

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7th UNOS Update (630 day) **Untreated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No untreated lesions identified** [54] Reader ID: _____ (Site use only)

Lesion # (record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)	
[1]	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**T1 Pre-contrast: SI** [14]	O hypointense O isointense O hyperintense
7	**Running #** [3]			**Late Arterial Phase: SI** [15] [16] [17]	**A.** O hypointense O isointense O hyperintense **B.** O homogenous O heterogeneous **C. Enhancement relative to pre-contrast?** O No O Yes
				Portal Venous Phase: SI [18] [19] [20]	**A.** O hypointense O isointense O hyperintense **B.** O homogenous O heterogeneous **C. Enhancement relative to pre-contrast?** O No O Yes
				Delayed / Equilibrum Phase: SI [21] [22] [23] [24]	**A.** O hypointense O isointense O hyperintense **B.** O homogenous O heterogeneous **C. Enhancement relative to pre-contrast?** O No O Yes **D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ___.___ cm	[26] Long Axis ___.___ cm	[27]	[28]	[29] ___.___ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ___.___ cm	[34] Long Axis ___.___ cm	[35] ___.___ cm	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]
O No O Yes	_____ %	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable).
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MRI UNTREATED Lesion Interpretation Form

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7th UNOS Update (630 day) **Untreated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No untreated lesions identified** [54] Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)
[1] **8**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**T1 Pre-contrast: SI** [14] O hypointense O isointense O hyperintense **Late Arterial Phase: SI** [15] **A.** O hypointense O isointense O hyperintense [16] **B.** O homogenous O heterogeneous [17] **C. Enhancement relative to pre-contrast?** O No O Yes **Portal Venous Phase: SI** [18] **A.** O hypointense O isointense O hyperintense [19] **B.** O homogenous O heterogeneous [20] **C. Enhancement relative to pre-contrast?** O No O Yes **Delayed / Equilibrum Phase: SI** [21] **A.** O hypointense O isointense O hyperintense [22] **B.** O homogenous O heterogeneous [23] **C. Enhancement relative to pre-contrast?** O No O Yes **D. Pseudocapsule?** O No O Yes [24]

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	O well defined [30] O moderately defined O poorly defined	O late arterial [31] O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45]	O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]	
Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)	**Longest diameter in cranio-caudal direction** (Using PRIOR Imaging)	**Contrast phase used for prior imaging measurements**
Short Axis ☐☐.☐ cm [33] Long Axis ☐☐.☐ cm [34]	☐☐.☐ cm [35]	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	O No O Yes	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	____ %	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

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ACRIN Study 6690
PLACE LABEL HERE

Institution _____ Institution No. _____

Participant Initials _____ Case No. _____

MRI UNTREATED Lesion Interpretation Form

If this is a revised or corrected form, please √ box. ☐

Instructions: The form is completed by the site radiologist reading the exam. Lesions identified in comparison with recent MR imaging (within 90-180 days) prior to the current image visit being evaluated. Complete one table per **UNTREATED** class 4 or 5 liver lesion identified. **Record all class 5 lesions, and maximum of (5) class 4 lesions. If more than 5 class 4 lesions are present, record the largest class 4 lesions.** When assigning lesion ID to a lesion that cannot be unequivocally assigned to just one specific segment, identify the lesion by the involved segment with the HIGHEST Arabic numeral (NOT to be confused with the segment with the GREATEST tumor burden). For example, a lesion seen involving segments 6, 7, and 8 then **8** would be assigned for the Lesion ID: Highest-# Segment and the additional involved segments 6 and 7 would be marked in the column for **Additional Involved Segment(s).**

8th UNOS Update (720 day) **Untreated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No untreated lesions identified** [54] Reader ID: ____ (Site use only)

Lesion # (record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)	
[1] **1**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3]	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**T1 Pre-contrast: SI** [14]	O hypointense O isointense O hyperintense
				Late Arterial Phase: SI [15]	**A.** O hypointense O isointense O hyperintense
				[16]	**B.** O homogenous O heterogeneous
				[17]	**C. Enhancement relative to pre-contrast?** O No O Yes
				Portal Venous Phase: SI [18]	**A.** O hypointense O isointense O hyperintense
				[19]	**B.** O homogenous O heterogeneous
				[20]	**C. Enhancement relative to pre-contrast?** O No O Yes
				Delayed / Equilibrum Phase: SI [21]	**A.** O hypointense O isointense O hyperintense
				[22]	**B.** O homogenous O heterogeneous
				[23]	**C. Enhancement relative to pre-contrast?** O No O Yes
				[24]	**D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ___.___ cm	[26] Long Axis ___.___ cm	[27]	[28]	[29] ___.___ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ___.___ cm	[34] Long Axis ___.___ cm	[35] ___.___ cm	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]		Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]		Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	
	O No O Yes		____ %		O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable). If reporting is complete, continue to the R3 form.

R2

ACRIN 6690

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Participant Initials _____ **Case No.** _____

MRI UNTREATED Lesion Interpretation Form

If this is a revised or corrected form, please √box. ☐

8th UNOS Update (720 day) **Untreated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No untreated lesions identified** [54] Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)	
[1] **2**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐☐☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**T1 Pre-contrast: SI** [14]	O hypointense O isointense O hyperintense
				Late Arterial Phase: SI [15]	**A.** O hypointense O isointense O hyperintense
				[16]	**B.** O homogenous O heterogeneous
				[17]	**C. Enhancement relative to pre-contrast?** O No O Yes
				Portal Venous Phase: SI [18]	**A.** O hypointense O isointense O hyperintense
				[19]	**B.** O homogenous O heterogeneous
				[20]	**C. Enhancement relative to pre-contrast?** O No O Yes
				Delayed / Equilibrum Phase: SI [21]	**A.** O hypointense O isointense O hyperintense
				[22]	**B.** O homogenous O heterogeneous
				[23]	**C. Enhancement relative to pre-contrast?** O No O Yes
				[24]	**D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]		Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]		Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	
	O No O Yes		_____ %		O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

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MRI UNTREATED Lesion Interpretation Form

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8th UNOS Update (720 day) **Untreated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No untreated lesions identified** [54] Reader ID: _____ (Site use only)

Lesion # (record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)
[1] **3**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] _____	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**T1 Pre-contrast: SI** [14]: O hypointense O isointense O hyperintense **Late Arterial Phase: SI** [15] **A.** O hypointense O isointense O hyperintense; [16] **B.** O homogenous O heterogeneous; [17] **C. Enhancement relative to pre-contrast?** O No O Yes **Portal Venous Phase: SI** [18] **A.** O hypointense O isointense O hyperintense; [19] **B.** O homogenous O heterogeneous; [20] **C. Enhancement relative to pre-contrast?** O No O Yes **Delayed / Equilibrum Phase: SI** [21] **A.** O hypointense O isointense O hyperintense; [22] **B.** O homogenous O heterogeneous; [23] **C. Enhancement relative to pre-contrast?** O No O Yes; [24] **D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ___.___ cm	[26] Long Axis ___.___ cm	[27]	[28]	[29] ___.___ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

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Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ___.___ cm	[34] Long Axis ___.___ cm	[35] ___.___ cm	[36] O late arterial O portal venous O delayed / equilibrium

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O No O Yes	_____ %	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

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8th UNOS Update (720 day) **Untreated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No untreated lesions identified** [54] Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)	
[1] **4**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**T1 Pre-contrast: SI** [14]	O hypointense O isointense O hyperintense
	Running # [3] ☐			**Late Arterial Phase: SI** [15] [16] [17]	**A.** O hypointense O isointense O hyperintense **B.** O homogenous O heterogeneous **C. Enhancement relative to pre-contrast?** O No O Yes
				Portal Venous Phase: SI [18] [19] [20]	**A.** O hypointense O isointense O hyperintense **B.** O homogenous O heterogeneous **C. Enhancement relative to pre-contrast?** O No O Yes
				Delayed / Equilibrum Phase: SI [21] [22] [23] [24]	**A.** O hypointense O isointense O hyperintense **B.** O homogenous O heterogeneous **C. Enhancement relative to pre-contrast?** O No O Yes **D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45]	O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]	
Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)	**Longest diameter in cranio-caudal direction** (Using PRIOR Imaging)	**Contrast phase used for prior imaging measurements**
[33] Short Axis ☐☐.☐ cm; [34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	O No O Yes	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	_____ %	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

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MRI UNTREATED Lesion Interpretation Form

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8th UNOS Update (720 day) **Untreated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No untreated lesions identified** [54] Reader ID: ☐☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)
[1] **5**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐☐☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**T1 Pre-contrast: SI** [14] O hypointense O isointense O hyperintense **Late Arterial Phase: SI** [15] **A.** O hypointense O isointense O hyperintense [16] **B.** O homogenous O heterogeneous [17] **C. Enhancement relative to pre-contrast?** O No O Yes **Portal Venous Phase: SI** [18] **A.** O hypointense O isointense O hyperintense [19] **B.** O homogenous O heterogeneous [20] **C. Enhancement relative to pre-contrast?** O No O Yes **Delayed / Equilibrum Phase: SI** [21] **A.** O hypointense O isointense O hyperintense [22] **B.** O homogenous O heterogeneous [23] **C. Enhancement relative to pre-contrast?** O No O Yes [24] **D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45]	O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]	
Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)	**Longest diameter in cranio-caudal direction** (Using PRIOR Imaging)	**Contrast phase used for prior imaging measurements**
[33] Short Axis ☐☐.☐ cm; [34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	O No O Yes	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	____ %	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

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MRI UNTREATED Lesion Interpretation Form

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8th UNOS Update (720 day) **Untreated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No untreated lesions identified** [54] Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)
[1] **6**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐☐☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**T1 Pre-contrast: SI** [14]: O hypointense O isointense O hyperintense **Late Arterial Phase: SI** [15] [16] [17]: **A.** O hypointense O isointense O hyperintense; **B.** O homogenous O heterogeneous; **C. Enhancement relative to pre-contrast?** O No O Yes **Portal Venous Phase: SI** [18] [19] [20]: **A.** O hypointense O isointense O hyperintense; **B.** O homogenous O heterogeneous; **C. Enhancement relative to pre-contrast?** O No O Yes **Delayed / Equilibrum Phase: SI** [21] [22] [23] [24]: **A.** O hypointense O isointense O hyperintense; **B.** O homogenous O heterogeneous; **C. Enhancement relative to pre-contrast?** O No O Yes; **D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]
O No O Yes	_____ %	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

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Lesion # (record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)	
[1]	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**T1 Pre-contrast: SI** [14]	O hypointense O isointense O hyperintense
7	**Running #** [3] ☐			**Late Arterial Phase: SI** [15] [16] [17]	**A.** O hypointense O isointense O hyperintense **B.** O homogenous O heterogeneous **C. Enhancement relative to pre-contrast?** O No O Yes
				Portal Venous Phase: SI [18] [19] [20]	**A.** O hypointense O isointense O hyperintense **B.** O homogenous O heterogeneous **C. Enhancement relative to pre-contrast?** O No O Yes
				Delayed / Equilibrum Phase: SI [21] [22] [23] [24]	**A.** O hypointense O isointense O hyperintense **B.** O homogenous O heterogeneous **C. Enhancement relative to pre-contrast?** O No O Yes **D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
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Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium

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	O No O Yes		_____ %		O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

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MRI UNTREATED Lesion Interpretation Form

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8th UNOS Update (720 day) **Untreated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No untreated lesions identified** [54] Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)
[1] **8**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**T1 Pre-contrast: SI** [14] O hypointense O isointense O hyperintense **Late Arterial Phase: SI** [15] **A.** O hypointense O isointense O hyperintense; [16] **B.** O homogenous O heterogeneous; [17] **C. Enhancement relative to pre-contrast?** O No O Yes **Portal Venous Phase: SI** [18] **A.** O hypointense O isointense O hyperintense; [19] **B.** O homogenous O heterogeneous; [20] **C. Enhancement relative to pre-contrast?** O No O Yes **Delayed / Equilibrum Phase: SI** [21] **A.** O hypointense O isointense O hyperintense; [22] **B.** O homogenous O heterogeneous; [23] **C. Enhancement relative to pre-contrast?** O No O Yes; [24] **D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45]	O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]	
Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)	**Longest diameter in cranio-caudal direction** (Using PRIOR Imaging)	**Contrast phase used for prior imaging measurements**
[33] Short Axis ☐☐.☐ cm; [34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	O No O Yes	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	____ %	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

Continue to the R3 form

R2

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690
PLACE LABEL HERE

Institution _____ Institution No. _____

Participant Initials _____ Case No. _____

MRI UNTREATED Lesion Interpretation Form

If this is a revised or corrected form, please ✓ box. ☐

Instructions: The form is completed by the site radiologist reading the exam. Lesions identified in comparison with recent MR imaging (within 90-180 days) prior to the current image visit being evaluated. Complete one table per **UNTREATED** class 4 or 5 liver lesion identified. **Record all class 5 lesions, and maximum of (5) class 4 lesions. If more than 5 class 4 lesions are present, record the largest class 4 lesions.** When assigning lesion ID to a lesion that cannot be unequivocally assigned to just one specific segment, identify the lesion by the involved segment with the HIGHEST Arabic numeral (NOT to be confused with the segment with the GREATEST tumor burden). For example, a lesion seen involving segments 6, 7, and 8 then **8** would be assigned for the Lesion ID: Highest-# Segment and the additional involved segments 6 and 7 would be marked in the column for **Additional Involved Segment(s).**

9th UNOS Update (810 day) **Untreated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No untreated lesions identified** [54] Reader ID: _____ (Site use only)

Lesion # (record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)	
[1] **1**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**T1 Pre-contrast: SI** [14]	O hypointense O isointense O hyperintense
				Late Arterial Phase: SI [15]	**A.** O hypointense O isointense O hyperintense
				[16]	**B.** O homogenous O heterogeneous
				[17]	**C. Enhancement relative to pre-contrast?** O No O Yes
				Portal Venous Phase: SI [18]	**A.** O hypointense O isointense O hyperintense
				[19]	**B.** O homogenous O heterogeneous
				[20]	**C. Enhancement relative to pre-contrast?** O No O Yes
	Running # [3] _____			**Delayed / Equilibrum Phase: SI** [21]	**A.** O hypointense O isointense O hyperintense
				[22]	**B.** O homogenous O heterogeneous
				[23]	**C. Enhancement relative to pre-contrast?** O No O Yes
				[24]	**D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ___.___ cm	[26] Long Axis ___.___ cm	[27]	[28]	[29] ___.___ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON

☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ___.___ cm	[34] Long Axis ___.___ cm	[35] ___.___ cm	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]		Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]		Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	
	O No O Yes		_____ %		O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable). If reporting is complete, continue to the R3 form.

R2

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

MRI UNTREATED Lesion Interpretation Form

If this is a revised or corrected form, please √box. ☐

9th UNOS Update (810 day) **Untreated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No untreated lesions identified** [54] Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)
[1] **2**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 2 O 3 O 4a O 4b O 5 O 6 O 7 O 8 **Running #** [3] ☐☐☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**T1 Pre-contrast: SI** [14] O hypointense O isointense O hyperintense **Late Arterial Phase: SI** [15] **A.** O hypointense O isointense O hyperintense [16] **B.** O homogenous O heterogeneous [17] **C. Enhancement relative to pre-contrast?** O No O Yes **Portal Venous Phase: SI** [18] **A.** O hypointense O isointense O hyperintense [19] **B.** O homogenous O heterogeneous [20] **C. Enhancement relative to pre-contrast?** O No O Yes **Delayed / Equilibrum Phase: SI** [21] **A.** O hypointense O isointense O hyperintense [22] **B.** O homogenous O heterogeneous [23] **C. Enhancement relative to pre-contrast?** O No O Yes [24] **D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]		Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]		Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	
	O No O Yes		_____ %		O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable).
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R2

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A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

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Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

MRI UNTREATED Lesion Interpretation Form

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9th UNOS Update (810 day) **Untreated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No untreated lesions identified** [54] Reader ID: _____ (Site use only)

Lesion # (record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)
[1] **3**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] _____	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**T1 Pre-contrast: SI** [14] O hypointense O isointense O hyperintense **Late Arterial Phase: SI** [15] **A.** O hypointense O isointense O hyperintense [16] **B.** O homogenous O heterogeneous [17] **C. Enhancement relative to pre-contrast?** O No O Yes **Portal Venous Phase: SI** [18] **A.** O hypointense O isointense O hyperintense [19] **B.** O homogenous O heterogeneous [20] **C. Enhancement relative to pre-contrast?** O No O Yes **Delayed / Equilibrum Phase: SI** [21] **A.** O hypointense O isointense O hyperintense [22] **B.** O homogenous O heterogeneous [23] **C. Enhancement relative to pre-contrast?** O No O Yes [24] **D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ___.___ cm	[26] Long Axis ___.___ cm	[27]	[28]	[29] ___.___ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ___.___ cm	[34] Long Axis ___.___ cm	[35] ___.___ cm	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]
O No O Yes	_____ %	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable).
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R2

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

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Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

MRI UNTREATED Lesion Interpretation Form

If this is a revised or corrected form, please √box. ☐

9th UNOS Update (810 day) **Untreated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No untreated lesions identified** [54] Reader ID: ☐☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)
[1] **4**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐☐☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**T1 Pre-contrast: SI** [14] O hypointense O isointense O hyperintense **Late Arterial Phase: SI** [15] **A.** O hypointense O isointense O hyperintense [16] **B.** O homogenous O heterogeneous [17] **C. Enhancement relative to pre-contrast?** O No O Yes **Portal Venous Phase: SI** [18] **A.** O hypointense O isointense O hyperintense [19] **B.** O homogenous O heterogeneous [20] **C. Enhancement relative to pre-contrast?** O No O Yes **Delayed / Equilibrum Phase: SI** [21] **A.** O hypointense O isointense O hyperintense [22] **B.** O homogenous O heterogeneous [23] **C. Enhancement relative to pre-contrast?** O No O Yes [24] **D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45]	O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]	
Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)	**Longest diameter in cranio-caudal direction** (Using PRIOR Imaging)	**Contrast phase used for prior imaging measurements**
[33] Short Axis ☐☐.☐ cm; [34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	O No O Yes	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	_____ %	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to the R3 form.

R2

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A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

MRI UNTREATED Lesion Interpretation Form

If this is a revised or corrected form, please √box. ☐

9th UNOS Update (810 day) **Untreated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No untreated lesions identified** [54] Reader ID: ☐☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)
[1] **5**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 2 O 3 O 4a O 4b O 5 O 6 O 7 O 8 **Running #** [3] ☐☐☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**T1 Pre-contrast: SI** [14] O hypointense O isointense O hyperintense **Late Arterial Phase: SI** [15] **A.** O hypointense O isointense O hyperintense [16] **B.** O homogenous O heterogeneous [17] **C. Enhancement relative to pre-contrast?** O No O Yes **Portal Venous Phase: SI** [18] **A.** O hypointense O isointense O hyperintense [19] **B.** O homogenous O heterogeneous [20] **C. Enhancement relative to pre-contrast?** O No O Yes **Delayed / Equilibrum Phase: SI** [21] **A.** O hypointense O isointense O hyperintense [22] **B.** O homogenous O heterogeneous [23] **C. Enhancement relative to pre-contrast?** O No O Yes [24] **D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45]	O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	O No O Yes	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	_____ %	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to the R3 form.

R2

ACRIN 6690

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Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

MRI UNTREATED Lesion Interpretation Form

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9th UNOS Update (810 day) **Untreated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No untreated lesions identified** [54] Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)	
[1]	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**T1 Pre-contrast: SI** [14]	O hypointense O isointense O hyperintense
6	**Running #** [3] ☐			**Late Arterial Phase: SI** [15] [16] [17]	**A.** O hypointense O isointense O hyperintense **B.** O homogenous O heterogeneous **C. Enhancement relative to pre-contrast?** O No O Yes
				Portal Venous Phase: SI [18] [19] [20]	**A.** O hypointense O isointense O hyperintense **B.** O homogenous O heterogeneous **C. Enhancement relative to pre-contrast?** O No O Yes
				Delayed / Equilibrum Phase: SI [21] [22] [23] [24]	**A.** O hypointense O isointense O hyperintense **B.** O homogenous O heterogeneous **C. Enhancement relative to pre-contrast?** O No O Yes **D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]		Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]		Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	
	O No O Yes		_____ %		O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to the R3 form.

R2

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

MRI UNTREATED Lesion Interpretation Form

If this is a revised or corrected form, please √box. ☐

9th UNOS Update (810 day) **Untreated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No untreated lesions identified** [54] Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)
[1] **7**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐☐☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**T1 Pre-contrast: SI** [14] O hypointense O isointense O hyperintense **Late Arterial Phase: SI** [15] **A.** O hypointense O isointense O hyperintense [16] **B.** O homogenous O heterogeneous [17] **C. Enhancement relative to pre-contrast?** O No O Yes **Portal Venous Phase: SI** [18] **A.** O hypointense O isointense O hyperintense [19] **B.** O homogenous O heterogeneous [20] **C. Enhancement relative to pre-contrast?** O No O Yes **Delayed / Equilibrum Phase: SI** [21] **A.** O hypointense O isointense O hyperintense [22] **B.** O homogenous O heterogeneous [23] **C. Enhancement relative to pre-contrast?** O No O Yes [24] **D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45]	O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	O No O Yes	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	____ %	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to the R3 form.

R2

ACRIN 6690

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ACRIN Study 6690

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Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

MRI UNTREATED Lesion Interpretation Form

If this is a revised or corrected form, please √box. ☐

9th UNOS Update (810 day) **Untreated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No untreated lesions identified** [54] Reader ID: ☐☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)
[1] **8**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐☐☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**T1 Pre-contrast: SI** [14] O hypointense O isointense O hyperintense **Late Arterial Phase: SI** [15] **A.** O hypointense O isointense O hyperintense [16] **B.** O homogenous O heterogeneous [17] **C. Enhancement relative to pre-contrast?** O No O Yes **Portal Venous Phase: SI** [18] **A.** O hypointense O isointense O hyperintense [19] **B.** O homogenous O heterogeneous [20] **C. Enhancement relative to pre-contrast?** O No O Yes **Delayed / Equilibrum Phase: SI** [21] **A.** O hypointense O isointense O hyperintense [22] **B.** O homogenous O heterogeneous [23] **C. Enhancement relative to pre-contrast?** O No O Yes [24] **D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45]	O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]	
Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)	**Longest diameter in cranio-caudal direction** (Using PRIOR Imaging)	**Contrast phase used for prior imaging measurements**
[33] Short Axis ☐☐.☐ cm; [34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	O No O Yes	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	____ %	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

Continue to the R3 form

R3

ACRIN 6690

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ACRIN Study 6690
PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

MRI TREATED Lesion Interpretation Form

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Instructions: The form is completed by the site radiologist reading the exam. Lesions identified in comparison with recent MRI imaging (within 90-180 days) prior to the current image visit being evaluated. Complete one table per **TREATED** class 4 or 5 liver lesion identified. **Record all class 5 lesions, and maximum of (5) class 4 lesions.** When assigning lesion ID to a lesion that cannot be unequivocally assigned to just one specific segment, identify the lesion by the involved segment with the HIGHEST Arabic numeral (NOT to be confused with the segment with the GREATEST tumor burden). For example, a lesion seen involving segments 6, 7, and 8 then **8** would be assigned for the Lesion ID: Highest-# Segment and the additional involved segments 6 and 7 would be marked in the column for **Additional Involved Segment(s).**

TREATED LESION TABLE ☐ NO TREATED LESIONS IDENTIFIED [54]

Reader ID: ☐☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #) [1]	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4 = No HCC) (Class 5T = Yes HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)	
1	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 5T	**T1 Pre-contrast: SI** [14]	O hypointense O isointense O hyperintense
				Late Arterial Phase: SI [15]	**A.** O hypointense O isointense O hyperintense
				[16]	**B.** O homogenous O heterogeneous
				[17]	**C. Enhancement relative to pre-contrast?** O No O Yes
				Portal Venous Phase: SI [18]	**A.** O hypointense O isointense O hyperintense
				[19]	**B.** O homogenous O heterogeneous
				[20]	**C. Enhancement relative to pre-contrast?** O No O Yes
				Delayed Phase: SI [21]	**A.** O hypointense O isointense O hyperintense
				[22]	**B.** O homogenous O heterogeneous
				[23]	**C. Enhancement relative to pre-contrast?** O No O Yes
				[24]	**D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
Short Axis ☐☐.☐ cm [25]	Long Axis ☐☐.☐ cm [26]	[27]	[28]	☐☐.☐ cm [29]	O well defined O moderately defined O poorly defined [30]	O late arterial O portal venous O delayed [31]

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
Short Axis ☐☐.☐ cm [33]	Long Axis ☐☐.☐ cm [34]	☐☐.☐ cm [35]	O late arterial O portal venous O delayed [36]

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Specific type of ablation (mark all that apply)	Considering all information available, is HCC present? [37]	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	
☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52] _____ [53]	O No O Yes	_____ %	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ T2 [41] ☐ DWI [42] ☐ Other, [43] _____ [44]	

Continue to report the next lesion on the next page (as applicable). If reporting is complete, continue to R4 form.

R3

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

MRI TREATED Lesion Interpretation Form

If this is a revised or corrected form, please √ box. ☐

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

TREATED LESION TABLE

Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #) [1]	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4 = No HCC) (Class 5T = Yes HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)
2	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	O Class 4 O Class 5T	**T1 Pre-contrast: SI** [14] O hypointense O isointense O hyperintense **Late Arterial Phase: SI** [15] **A.** O hypointense O isointense O hyperintense; [16] **B.** O homogenous O heterogeneous; [17] **C. Enhancement relative to pre-contrast?** O No O Yes **Portal Venous Phase: SI** [18] **A.** O hypointense O isointense O hyperintense; [19] **B.** O homogenous O heterogeneous; [20] **C. Enhancement relative to pre-contrast?** O No O Yes **Delayed Phase: SI** [21] **A.** O hypointense O isointense O hyperintense; [22] **B.** O homogenous O heterogeneous; [23] **C. Enhancement relative to pre-contrast?** O No O Yes; [24] **D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
Short Axis ☐☐.☐ cm [25]	Long Axis ☐☐.☐ cm [26]	[27]	[28]	☐☐.☐ cm [29]	O well defined O moderately defined O poorly defined [30]	O late arterial O portal venous O delayed [31]

PRIOR IMAGING COMPARISON

☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
Short Axis ☐☐.☐ cm [33]	Long Axis ☐☐.☐ cm [34]	☐☐.☐ cm [35]	O late arterial O portal venous O delayed [36]

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Specific type of ablation (mark all that apply)	Considering all information available, is HCC present? [37]	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]
☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52] _____ [53]	O No O Yes	_____ %	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ T2 [41] ☐ DWI [42] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable).
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MRI TREATED Lesion Interpretation Form

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TREATED LESION TABLE

Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #) [1]	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4 = No HCC) (Class 5 = Yes HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)
3	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	O Class 4 O Class 5T	**T1 Pre-contrast: SI** [14] O hypointense O isointense O hyperintense **Late Arterial Phase: SI** [15] **A.** O hypointense O isointense O hyperintense; [16] **B.** O homogenous O heterogeneous; [17] **C. Enhancement relative to pre-contrast?** O No O Yes **Portal Venous Phase: SI** [18] **A.** O hypointense O isointense O hyperintense; [19] **B.** O homogenous O heterogeneous; [20] **C. Enhancement relative to pre-contrast?** O No O Yes **Delayed Phase: SI** [21] **A.** O hypointense O isointense O hyperintense; [22] **B.** O homogenous O heterogeneous; [23] **C. Enhancement relative to pre-contrast?** O No O Yes; [24] **D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
Short Axis ☐☐.☐ cm [25]	Long Axis ☐☐.☐ cm [26]	[27]	[28]	☐☐.☐ cm [29]	O well defined O moderately defined O poorly defined [30]	O late arterial O portal venous O delayed [31]

PRIOR IMAGING COMPARISON

☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
Short Axis ☐☐.☐ cm [33]	Long Axis ☐☐.☐ cm [34]	☐☐.☐ cm [35]	O late arterial O portal venous O delayed [36]

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Specific type of ablation (mark all that apply)	Considering all information available, is HCC present? [37]	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]
☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52] _____ [53]	O No O Yes	_____ %	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ T2 [41] ☐ DWI [42] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable).
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R3

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ACRIN Study 6690

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MRI TREATED Lesion Interpretation Form

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TREATED LESION TABLE

Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #) [1]	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4 = No HCC) (Class 5T = Yes HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)
4	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	O Class 4 O Class 5T	**T1 Pre-contrast: SI** [14] O hypointense O isointense O hyperintense **Late Arterial Phase: SI** [15] **A.** O hypointense O isointense O hyperintense; [16] **B.** O homogenous O heterogeneous; [17] **C. Enhancement relative to pre-contrast?** O No O Yes **Portal Venous Phase: SI** [18] **A.** O hypointense O isointense O hyperintense; [19] **B.** O homogenous O heterogeneous; [20] **C. Enhancement relative to pre-contrast?** O No O Yes **Delayed Phase: SI** [21] **A.** O hypointense O isointense O hyperintense; [22] **B.** O homogenous O heterogeneous; [23] **C. Enhancement relative to pre-contrast?** O No O Yes; [24] **D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
Short Axis ☐☐.☐ cm [25]	Long Axis ☐☐.☐ cm [26]	[27]	[28]	☐☐.☐ cm [29]	O well defined O moderately defined O poorly defined [30]	O late arterial O portal venous O delayed [31]

PRIOR IMAGING COMPARISON

☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
Short Axis ☐☐.☐ cm [33]	Long Axis ☐☐.☐ cm [34]	☐☐.☐ cm [35]	O late arterial O portal venous O delayed [36]

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Specific type of ablation (mark all that apply)	Considering all information available, is HCC present? [37]	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]
☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52] _____ [53]	O No O Yes	_____ %	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ T2 [41] ☐ DWI [42] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable).
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ACRIN Study 6690

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MRI TREATED Lesion Interpretation Form

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TREATED LESION TABLE

Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #) [1]	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4 = No HCC) (Class 5T = Yes HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)
5	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	O Class 4 O Class 5T	**T1 Pre-contrast: SI** [14] O hypointense O isointense O hyperintense **Late Arterial Phase: SI** [15] **A.** O hypointense O isointense O hyperintense; [16] **B.** O homogenous O heterogeneous; [17] **C. Enhancement relative to pre-contrast?** O No O Yes **Portal Venous Phase: SI** [18] **A.** O hypointense O isointense O hyperintense; [19] **B.** O homogenous O heterogeneous; [20] **C. Enhancement relative to pre-contrast?** O No O Yes **Delayed Phase: SI** [21] **A.** O hypointense O isointense O hyperintense; [22] **B.** O homogenous O heterogeneous; [23] **C. Enhancement relative to pre-contrast?** O No O Yes; [24] **D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
Short Axis ☐☐.☐ cm [25]	Long Axis ☐☐.☐ cm [26]	[27]	[28]	☐☐.☐ cm [29]	O well defined O moderately defined O poorly defined [30]	O late arterial O portal venous O delayed [31]

PRIOR IMAGING COMPARISON

☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
Short Axis ☐☐.☐ cm [33]	Long Axis ☐☐.☐ cm [34]	☐☐.☐ cm [35]	O late arterial O portal venous O delayed [36]

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Specific type of ablation (mark all that apply)	Considering all information available, is HCC present? [37]	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]
☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52] _____ [53]	O No O Yes	_____ %	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ T2 [41] ☐ DWI [42] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to R4 form.

R3

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

MRI TREATED Lesion Interpretation Form

If this is a revised or corrected form, please √ box. ☐

TREATED LESION TABLE

Reader ID: ☐☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #) [1]	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4 = No HCC) (Class 5T = Yes HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)
6	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	O Class 4 O Class 5T	**T1 Pre-contrast: SI** [14] O hypointense O isointense O hyperintense **Late Arterial Phase: SI** [15] **A.** O hypointense O isointense O hyperintense; [16] **B.** O homogenous O heterogeneous; [17] **C. Enhancement relative to pre-contrast?** O No O Yes **Portal Venous Phase: SI** [18] **A.** O hypointense O isointense O hyperintense; [19] **B.** O homogenous O heterogeneous; [20] **C. Enhancement relative to pre-contrast?** O No O Yes **Delayed Phase: SI** [21] **A.** O hypointense O isointense O hyperintense; [22] **B.** O homogenous O heterogeneous; [23] **C. Enhancement relative to pre-contrast?** O No O Yes; [24] **D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
Short Axis ☐☐.☐ cm [25]	Long Axis ☐☐.☐ cm [26]	[27]	[28]	☐☐.☐ cm [29]	O well defined O moderately defined O poorly defined [30]	O late arterial O portal venous O delayed [31]

PRIOR IMAGING COMPARISON

☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
Short Axis ☐☐.☐ cm [33]	Long Axis ☐☐.☐ cm [34]	☐☐.☐ cm [35]	O late arterial O portal venous O delayed [36]

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Specific type of ablation (mark all that apply)	Considering all information available, is HCC present? [37]	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]
☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52] _____ [53]	O No O Yes	_____ %	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ T2 [41] ☐ DWI [42] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to R4 form.

R3

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

MRI TREATED Lesion Interpretation Form

If this is a revised or corrected form, please √ box. ☐

TREATED LESION TABLE

Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #) [1]	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4 = No HCC) (Class 5T = Yes HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)
7	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	O Class 4 O Class 5T	**T1 Pre-contrast: SI** [14] O hypointense O isointense O hyperintense **Late Arterial Phase: SI** [15] **A.** O hypointense O isointense O hyperintense; [16] **B.** O homogenous O heterogeneous; [17] **C. Enhancement relative to pre-contrast?** O No O Yes **Portal Venous Phase: SI** [18] **A.** O hypointense O isointense O hyperintense; [19] **B.** O homogenous O heterogeneous; [20] **C. Enhancement relative to pre-contrast?** O No O Yes **Delayed Phase: SI** [21] **A.** O hypointense O isointense O hyperintense; [22] **B.** O homogenous O heterogeneous; [23] **C. Enhancement relative to pre-contrast?** O No O Yes; [24] **D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
Short Axis ☐☐.☐ cm [25]	Long Axis ☐☐.☐ cm [26]	[27]	[28]	☐☐.☐ cm [29]	O well defined O moderately defined O poorly defined [30]	O late arterial O portal venous O delayed [31]

PRIOR IMAGING COMPARISON

☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
Short Axis ☐☐.☐ cm [33]	Long Axis ☐☐.☐ cm [34]	☐☐.☐ cm [35]	O late arterial O portal venous O delayed [36]

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Specific type of ablation (mark all that apply)	Considering all information available, is HCC present? [37]	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]
☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52] _____ [53]	O No O Yes	_____ %	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ T2 [41] ☐ DWI [42] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to R4 form.

R3

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

MRI TREATED Lesion Interpretation Form

If this is a revised or corrected form, please √ box. ☐

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ Institution No. _____

Participant Initials _____ Case No. _____

TREATED LESION TABLE

Reader ID: ☐☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #) [1]	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4 = No HCC) (Class 5T = Yes HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)
8	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	O Class 4 O Class 5T	**T1 Pre-contrast: SI** [14] O hypointense O isointense O hyperintense **Late Arterial Phase: SI** [15] **A.** O hypointense O isointense O hyperintense [16] **B.** O homogenous O heterogeneous [17] **C. Enhancement relative to pre-contrast?** O No O Yes **Portal Venous Phase: SI** [18] **A.** O hypointense O isointense O hyperintense [19] **B.** O homogenous O heterogeneous [20] **C. Enhancement relative to pre-contrast?** O No O Yes **Delayed Phase: SI** [21] **A.** O hypointense O isointense O hyperintense [22] **B.** O homogenous O heterogeneous [23] **C. Enhancement relative to pre-contrast?** O No O Yes [24] **D. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
Short Axis ☐☐.☐ cm [25]	Long Axis ☐☐.☐ cm [26]	[27]	[28]	☐☐.☐ cm [29]	O well defined O moderately defined O poorly defined [30]	O late arterial O portal venous O delayed [31]

PRIOR IMAGING COMPARISON

☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
Short Axis ☐☐.☐ cm [33]	Long Axis ☐☐.☐ cm [34]	☐☐.☐ cm [35]	O late arterial O portal venous O delayed [36]

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Specific type of ablation (mark all that apply)	Considering all information available, is HCC present? [37]	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]
☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52] _____ [53]	O No O Yes	_____ %	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ T2 [41] ☐ DWI [42] ☐ Other, [43] _____ [44]

Continue to the R4 form

R4

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

MRI Local Overall Interpretation Form

If this is a revised or corrected form, please √box. ☐

Instructions: The form is completed by the radiologist following the interpretation and documentation of the treated and untreated lesions on the appropriate forms. The initial and date field at the bottom of the form applies to this form and the radiologist's completion of the MRI Local Interpretation, MRI Untreated Lesion Interpretation and MRI Treated Lesion Interpretation forms.

7th UNOS Update (630 day)

Summary of Reported Lesions		
Number of Class 4/4g lesions	[1]	
Number of Class 5A/5A-g lesions [T1 HCCs]	[2]	
Number of Class 5B/5B-g lesions [T2 HCCs]	[3]	
Number of Class 5T lesions	[4]	

1. **Were there additional Class 4 lesions that were not reported?** [5] *[Protocol only requires the reporting of up to 5 (five) Class 4 lesions]*
   - O No
   - O Yes

2. **Was there any imaging evidence of macrovascular invasion by tumor?** [6]
   - O No
   - O Yes

3. **Is the participant within Milan criteria?** [7]
   - O No
   - O Yes

   3a. If outside Milan criteria will the patient be allowed to stay on the HCC-exception list? [12]
   - O No
   - O Yes

Comments: _____

_____ [8, 9]

_____ [10]
Initials of person completing the form

_____-_____-_____ [11]
Date form completed *(mm-dd-yyyy)*

R4

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

MRI Local Overall Interpretation Form

If this is a revised or corrected form, please √ box. ☐

Instructions: The form is completed by the radiologist following the interpretation and documentation of the treated and untreated lesions on the appropriate forms. The initial and date field at the bottom of the form applies to this form and the radiologist's completion of the MRI Local Interpretation, MRI Untreated Lesion Interpretation and MRI Treated Lesion Interpretation forms.

8th UNOS Update (720 day)

Summary of Reported Lesions		
Number of Class 4/4g lesions	[1]	
Number of Class 5A/5A-g lesions [T1 HCCs]	[2]	
Number of Class 5B/5B-g lesions [T2 HCCs]	[3]	
Number of Class 5T lesions	[4]	

1. **Were there additional Class 4 lesions that were not reported?** [5] *[Protocol only requires the reporting of up to 5 (five) Class 4 lesions]*
   - O No
   - O Yes

2. **Was there any imaging evidence of macrovascular invasion by tumor?** [6]
   - O No
   - O Yes

3. **Is the participant within Milan criteria?** [7]
   - O No
   - O Yes

   3a. **If outside Milan criteria will the patient be allowed to stay on the HCC-exception list?** [12]
   - O No
   - O Yes

Comments: _____

_____ [8, 9]

_____ [10]
Initials of person completing the form

_____-_____-_____ [11]
Date form completed *(mm-dd-yyyy)*

R4

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

MRI Local Overall Interpretation Form

If this is a revised or corrected form, please √box. ☐

Instructions: The form is completed by the radiologist following the interpretation and documentation of the treated and untreated lesions on the appropriate forms. The initial and date field at the bottom of the form applies to this form and the radiologist's completion of the MRI Local Interpretation, MRI Untreated Lesion Interpretation and MRI Treated Lesion Interpretation forms.

9th UNOS Update (810 day)

Summary of Reported Lesions		
Number of Class 4/4g lesions	[1]	
Number of Class 5A/5A-g lesions [T1 HCCs]	[2]	
Number of Class 5B/5B-g lesions [T2 HCCs]	[3]	
Number of Class 5T lesions	[4]	

1. **Were there additional Class 4 lesions that were not reported?** [5] *[Protocol only requires the reporting of up to 5 (five) Class 4 lesions]*
   - O No
   - O Yes

2. **Was there any imaging evidence of macrovascular invasion by tumor?** [6]
   - O No
   - O Yes

3. **Is the participant within Milan criteria?** [7]
   - O No
   - O Yes

   3a. **If outside Milan criteria will the patient be allowed to stay on the HCC-exception list?** [12]
   - O No
   - O Yes

Comments: _____

_____ [8, 9]

_____ [10]
Initials of person completing the form

_____-_____-_____ [11]
Date form completed *(mm-dd-yyyy)*

RS

ACRIN 6690 - EDRN End of Study

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

1. Provide reason for study disposition: [1]

- O 1 Protocol defined follow-up completed
- O 2 EDRN sub-trial terminated by sponsor
- O 3 Patient refused follow up/withdrew from the EDRN Sub-trial
- O 4 Adverse Event / Side Effects / Complications
- O 5 Death
  - Date of death: _____[2]/_____[3]/_____[4] *(mm/dd/yyyy)*
  - Cause of death: _____[5]
- O 6 Lost to follow-up
- O 88 Other (specify reason below)
  - Specify reason: _____ [6]

2. Date of disposition: _____/_____/_____ *(mm/dd/yyyy)*[7]

3. Did the investigator review and sign off on the participant's disposition? [8]

- O 1 No
- O 2 Yes

COMMENTS: _____

_____

_____ [9, 10]

_____ [11]
Initials of person completing the form

_____ - _____ - _____ [12]
Date form completed (mm-dd-yyyy)

S1

ACRIN 6690 - Eovist Sub-trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

E-MRI Local Interpretation Form

If this is a revised or corrected form, please √box. ☐

Instructions: the form is completed after each serial imaging visit (90 day intervals) by the site radiologist reading the exam. For assistance in completing Q1 UNOS listing update, please contact your site's designated transplant coordinator / research staff. The E-MRI Local Interpretation form is completed by the radiologist following the review and documentation of the treated and untreated lesions on the appropriate forms. Continue to report lesions on the E-MRI Untreated Lesion Interpretation, the E-MRI Treated Lesion Interpretation and the E-MRI Reader Overall Assessment forms.

1. UNOS listing update (timepoint) [1]

- O 1st UNOS update (90 day)
- O 2nd UNOS update (180 day)
- O 3rd UNOS update (270 day)
- O 4th UNOS update (360 day)
- O 5th UNOS update (450 day)
- O 6th UNOS update (540 day)
- O 7th UNOS update (630) day
- O 8th UNOS update (720) day
- O 9th UNOS update (810) day
- O Post Ablation Imaging (protocol requirement additional imaging: not used for UNOS update)

☐ **SCAN NOT COMPLETED** [16]

2. Date of imaging: _____-_____-_____ *(mm-dd-yyyy)* [2]

3. Date of interpretation: _____-_____-_____ *(mm-dd-yyyy)* [3]

4. Reader ID: |_|_|_|_|_|_|_|_| [4]

5. Has the participant undergone ablation of one or more lesions? [5]

- O No (continue to S2)
- O Yes (complete Q5a and Q5b)

5a. Specify the type of ablation

- ☐ Transarterial chemoembolization [TACE] [6]
- ☐ Cryoablation [7]
- ☐ Radiofrequency ablation [8]
- ☐ Radioembolization [9]
- ☐ Unknown [13]
- ☐ Other [14] _____ [15]

5b. Specify the location *(mark all that apply)*

- ☐ Right lobe [10]
- ☐ Left lobe [11]
- ☐ Not applicable [12]

Important: Please refer to the protocol appendix IX: Guidance for Radiologists: Eovist Sub-trial Only

S2

ACRIN 6690 - Eovist Sub-Trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

E-MRI UNTREATED Lesion Interpretation Form

If this is a revised or corrected form, please √box. ☐

ACRIN Study 6690
PLACE LABEL HERE

Institution _____ Institution No. _____

Participant Initials _____ Case No. _____

Instructions: The form is completed by the site radiologist reading the exam. Lesions identified in comparison with recent MR imaging (within 90-180 days) prior to the current image visit being evaluated. Complete one table per **UNTREATED** class 4 or 5 liver lesion identified. **Record all class 5 lesions, and maximum of (5) class 4 lesions. If more than 5 class 4 lesions are present, record the largest class 4 lesions.** When assigning lesion ID to a lesion that cannot be unequivocally assigned to just one specific segment, identify the lesion by the involved segment with the HIGHEST Arabic numeral (NOT to be confused with the segment with the GREATEST tumor burden). For example, a lesion seen involving segments 6, 7, and 8 then **8** would be assigned for the Lesion ID: Highest-# Segment and the additional involved segments 6 and 7 would be marked in the column for **Additional Involved Segment(s).**

UNTREATED LESION TABLE ☐ **SCAN NOT COMPLETED** [55] ☐ **NO UNTREATED LESIONS IDENTIFIED** [54] Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #)	E-MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class E4 = Not an HCC) (Class E5A/E5A-g = T1 Stage HCC) (Class E5B/E5B-g = T2 Stage HCC)
[1] **1**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 2 O 3 O 4a O 4b O 5 O 6 O 7 O 8 **Running #** [3] ☐☐☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class E4 O Class E5A O Class E5A-g O Class E5B O Class E5B-g

Lesion Signal Features (SI = Signal Intensity compared to liver background)

T1 Pre-contrast: SI	[14]	O hypointense O isointense O hyperintense
Late Arterial Phase: SI	[15]	**A.** O hypointense O isointense O hyperintense
	[16]	**B.** O homogenous O heterogeneous
	[17]	**C. Enhancement relative to pre-contrast?** O No O Yes
Portal Venous Phase: SI	[18]	**A.** O hypointense O isointense O hyperintense
	[19]	**B.** O homogenous O heterogeneous
	[20]	**C. Enhancement relative to pre-contrast?** O No O Yes
Delayed/ Equilibrium Phase: SI	[21]	**A.** O hypointense O isointense O hyperintense
	[22]	**B.** O homogenous O heterogeneous
	[23]	**C. Enhancement relative to pre-contrast?** O No O Yes
	[24]	**D. Pseudocapsule?** O No O Yes
Hepatobiliary Phase: SI	[57]	**A.** O hypointense O isointense O hyperintense
	[58]	**B.** O homogenous O heterogeneous
	[59]	**C. Enhancement relative to pre-contrast?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed/equilibrium O hepatobiliary

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium O hepatobiliary

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	O No O Yes	**Probability of presence of HCC (Scale of 0-100%):** 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	____ %	**Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging?** [39]	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable). If reporting is complete, continue to the S3 form.

S2

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

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Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

E-MRI UNTREATED Lesion Interpretation Form

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UNTREATED LESION TABLE

Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #)	E-MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class E4 = Not an HCC) (Class E5A/E5A-g = T1 Stage HCC) (Class E5B/E5B-g = T2 Stage HCC)
[1]	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class E4 O Class E5A O Class E5A-g O Class E5B O Class E5B-g
2	**Running #** [3] ☐☐☐		

Lesion Signal Features (SI = Signal Intensity compared to liver background)		
T1 Pre-contrast: SI	[14]	O hypointense O isointense O hyperintense
Late Arterial Phase: SI	[15]	**A.** O hypointense O isointense O hyperintense
	[16]	**B.** O homogenous O heterogeneous
	[17]	**C. Enhancement relative to pre-contrast?** O No O Yes
Portal Venous Phase: SI	[18]	**A.** O hypointense O isointense O hyperintense
	[19]	**B.** O homogenous O heterogeneous
	[20]	**C. Enhancement relative to pre-contrast?** O No O Yes
Delayed/ Equilibrium Phase: SI	[21]	**A.** O hypointense O isointense O hyperintense
	[22]	**B.** O homogenous O heterogeneous
	[23]	**C. Enhancement relative to pre-contrast?** O No O Yes
	[24]	**D. Pseudocapsule?** O No O Yes
Hepatobiliary Phase: SI	[57]	**A.** O hypointense O isointense O hyperintense
	[58]	**B.** O homogenous O heterogeneous
	[59]	**C. Enhancement relative to pre-contrast?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O delayed/equilibrium O portal venous O hepatobiliary

PRIOR IMAGING COMPARISON

☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium O hepatobiliary

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]
O No O Yes	_____ %	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

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S2

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A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

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Participant Initials _____ **Case No.** _____

E-MRI UNTREATED Lesion Interpretation Form

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Reader ID: ☐☐☐☐☐☐☐ (Site use only)

UNTREATED LESION TABLE

Lesion # (record #)	E-MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class E4 = Not an HCC) (Class E5A/E5A-g = T1 Stage HCC) (Class E5B/E5B-g = T2 Stage HCC)
[1] **3**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 2 O 3 O 4a O 4b O 5 O 6 O 7 O 8 **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class E4 O Class E5A O Class E5A-g O Class E5B O Class E5B-g

Lesion Signal Features (SI = Signal Intensity compared to liver background)

T1 Pre-contrast: SI	[14]	O hypointense O isointense O hyperintense
Late Arterial Phase: SI	[15]	**A.** O hypointense O isointense O hyperintense
	[16]	**B.** O homogenous O heterogeneous
	[17]	**C. Enhancement relative to pre-contrast?** O No O Yes
Portal Venous Phase: SI	[18]	**A.** O hypointense O isointense O hyperintense
	[19]	**B.** O homogenous O heterogeneous
	[20]	**C. Enhancement relative to pre-contrast?** O No O Yes
Delayed/ Equilibrium Phase: SI	[21]	**A.** O hypointense O isointense O hyperintense
	[22]	**B.** O homogenous O heterogeneous
	[23]	**C. Enhancement relative to pre-contrast?** O No O Yes
	[24]	**D. Pseudocapsule?** O No O Yes
Hepatobiliary Phase: SI	[57]	**A.** O hypointense O isointense O hyperintense
	[58]	**B.** O homogenous O heterogeneous
	[59]	**C. Enhancement relative to pre-contrast?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed/equilibrium O hepatobiliary

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O delayed / equilibrium O portal venous O hepatobiliary

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]
O No O Yes	_____ %	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

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ACRIN Study 6690

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Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

E-MRI UNTREATED Lesion Interpretation Form

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UNTREATED LESION TABLE

Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #)	E-MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class E4 = Not an HCC) (Class E5A/E5A-g = T1 Stage HCC) (Class E5B/E5B-g = T2 Stage HCC)
[1] **4**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class E4 O Class E5A O Class E5A-g O Class E5B O Class E5B-g

Lesion Signal Features (SI = Signal Intensity compared to liver background)		
T1 Pre-contrast: SI	[14]	O hypointense O isointense O hyperintense
Late Arterial Phase: SI	[15]	**A.** O hypointense O isointense O hyperintense
	[16]	**B.** O homogenous O heterogeneous
	[17]	**C. Enhancement relative to pre-contrast?** O No O Yes
Portal Venous Phase: SI	[18]	**A.** O hypointense O isointense O hyperintense
	[19]	**B.** O homogenous O heterogeneous
	[20]	**C. Enhancement relative to pre-contrast?** O No O Yes
Delayed/ Equilibrium Phase: SI	[21]	**A.** O hypointense O isointense O hyperintense
	[22]	**B.** O homogenous O heterogeneous
	[23]	**C. Enhancement relative to pre-contrast?** O No O Yes
	[24]	**D. Pseudocapsule?** O No O Yes
Hepatobiliary Phase: SI	[57]	**A.** O hypointense O isointense O hyperintense
	[58]	**B.** O homogenous O heterogeneous
	[59]	**C. Enhancement relative to pre-contrast?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed/equilibrium O hepatobiliary

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45]	O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium O hepatobiliary

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	O No O Yes	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	_____ %	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable).
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A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

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Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

E-MRI UNTREATED Lesion Interpretation Form

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UNTREATED LESION TABLE

Lesion # (record #)	E-MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class E4 = Not an HCC) (Class E5A/E5A-g = T1 Stage HCC) (Class E5B/E5B-g = T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)
[1] **5**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐☐☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class E4 O Class E5A O Class E5A-g O Class E5B O Class E5B-g	**T1 Pre-contrast: SI** [14] O hypointense O isointense O hyperintense **Late Arterial Phase: SI** [15] **A.** O hypointense O isointense O hyperintense; [16] **B.** O homogenous O heterogeneous; [17] **C. Enhancement relative to pre-contrast?** O No O Yes **Portal Venous Phase: SI** [18] **A.** O hypointense O isointense O hyperintense; [19] **B.** O homogenous O heterogeneous; [20] **C. Enhancement relative to pre-contrast?** O No O Yes **Delayed/ Equilibrium Phase: SI** [21] **A.** O hypointense O isointense O hyperintense; [22] **B.** O homogenous O heterogeneous; [23] **C. Enhancement relative to pre-contrast?** O No O Yes; [24] **D. Pseudocapsule?** O No O Yes **Hepatobiliary Phase: SI** [57] **A.** O hypointense O isointense O hyperintense; [58] **B.** O homogenous O heterogeneous; [59] **C. Enhancement relative to pre-contrast?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O delayed/equilibrium O portal venous O hepatobiliary

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium O hepatobiliary

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]
O No O Yes	_____ %	O No O Yes (Mark all that apply) ☐T1 Chemical Shift Imaging [40] ☐DWI [42] ☐T2 [41] ☐Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable).
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Participant Initials _____ **Case No.** _____

E-MRI UNTREATED Lesion Interpretation Form

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UNTREATED LESION TABLE

Lesion # (record #)	E-MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class E4 = Not an HCC) (Class E5A/E5A-g = T1 Stage HCC) (Class E5B/E5B-g = T2 Stage HCC)
[1]	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class E4 O Class E5A O Class E5A-g O Class E5B O Class E5B-g
6	**Running #** [3] ☐☐☐		

Lesion Signal Features (SI = Signal Intensity compared to liver background)		
T1 Pre-contrast: SI	[14]	O hypointense O isointense O hyperintense
Late Arterial Phase: SI	[15]	**A.** O hypointense O isointense O hyperintense
	[16]	**B.** O homogenous O heterogeneous
	[17]	**C. Enhancement relative to pre-contrast?** O No O Yes
Portal Venous Phase: SI	[18]	**A.** O hypointense O isointense O hyperintense
	[19]	**B.** O homogenous O heterogeneous
	[20]	**C. Enhancement relative to pre-contrast?** O No O Yes
Delayed/ Equilibrium Phase: SI	[21]	**A.** O hypointense O isointense O hyperintense
	[22]	**B.** O homogenous O heterogeneous
	[23]	**C. Enhancement relative to pre-contrast?** O No O Yes
	[24]	**D. Pseudocapsule?** O No O Yes
Hepatobiliary Phase: SI	[57]	**A.** O hypointense O isointense O hyperintense
	[58]	**B.** O homogenous O heterogeneous
	[59]	**C. Enhancement relative to pre-contrast?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O delayed/equilibrium O portal venous O hepatobiliary

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium O hepatobiliary

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Considering all information available, is HCC present? [37]	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]
O No O Yes	_____ %	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

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UNTREATED LESION TABLE

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Lesion # (record #)	E-MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class E4 = Not an HCC) (Class E5A/E5A-g = T1 Stage HCC) (Class E5B/E5B-g = T2 Stage HCC)
[1] **7**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class E4 O Class E5A O Class E5A-g O Class E5B O Class E5B-g

Lesion Signal Features (SI = Signal Intensity compared to liver background)		
T1 Pre-contrast: SI	[14]	O hypointense O isointense O hyperintense
Late Arterial Phase: SI	[15]	**A.** O hypointense O isointense O hyperintense
	[16]	**B.** O homogenous O heterogeneous
	[17]	**C. Enhancement relative to pre-contrast?** O No O Yes
Portal Venous Phase: SI	[18]	**A.** O hypointense O isointense O hyperintense
	[19]	**B.** O homogenous O heterogeneous
	[20]	**C. Enhancement relative to pre-contrast?** O No O Yes
Delayed/ Equilibrium Phase: SI	[21]	**A.** O hypointense O isointense O hyperintense
	[22]	**B.** O homogenous O heterogeneous
	[23]	**C. Enhancement relative to pre-contrast?** O No O Yes
	[24]	**D. Pseudocapsule?** O No O Yes
Hepatobiliary Phase: SI	[57]	**A.** O hypointense O isointense O hyperintense
	[58]	**B.** O homogenous O heterogeneous
	[59]	**C. Enhancement relative to pre-contrast?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed/equilibrium O hepatobiliary

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45]	O No O Yes: Provide date of prior imaging ____-____-____ (mm-dd-yyyy) [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium O hepatobiliary

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	O No O Yes	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	_____ %	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to the S3 form.

S2

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

E-MRI UNTREATED Lesion Interpretation Form

If this is a revised or corrected form, please √box. ☐

UNTREATED LESION TABLE

Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #)	E-MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class E4 = Not an HCC) (Class E5A/E5A-g = T1 Stage HCC) (Class E5B/E5B-g = T2 Stage HCC)
[1] **8**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class E4 O Class E5A O Class E5A-g O Class E5B O Class E5B-g

Lesion Signal Features (SI = Signal Intensity compared to liver background)		
T1 Pre-contrast: SI	[14]	O hypointense O isointense O hyperintense
Late Arterial Phase: SI	[15]	**A.** O hypointense O isointense O hyperintense
	[16]	**B.** O homogenous O heterogeneous
	[17]	**C. Enhancement relative to pre-contrast?** O No O Yes
Portal Venous Phase: SI	[18]	**A.** O hypointense O isointense O hyperintense
	[19]	**B.** O homogenous O heterogeneous
	[20]	**C. Enhancement relative to pre-contrast?** O No O Yes
Delayed/ Equilibrium Phase: SI	[21]	**A.** O hypointense O isointense O hyperintense
	[22]	**B.** O homogenous O heterogeneous
	[23]	**C. Enhancement relative to pre-contrast?** O No O Yes
	[24]	**D. Pseudocapsule?** O No O Yes
Hepatobiliary Phase: SI	[57]	**A.** O hypointense O isointense O hyperintense
	[58]	**B.** O homogenous O heterogeneous
	[59]	**C. Enhancement relative to pre-contrast?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O delayed/equilibrium O portal venous O hepatobiliary

PRIOR IMAGING COMPARISON

☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium O hepatobiliary

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]
O No O Yes	_____ %	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ DWI [42] ☐ T2 [41] ☐ Other, [43] _____ [44]

Continue to the S3 form

S3

ACRIN 6690 - Eovist Sub-trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690
PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

E-MRI TREATED Lesion Interpretation Form

If this is a revised or corrected form, please √box. ☐

Instructions: The form is completed by the site radiologist reading the exam. Lesions identified in comparison with recent E-MRI imaging (within 90-180 days) prior to the current image visit being evaluated. Complete one table per **TREATED** class 4 or 5 liver lesion identified. **Record all class 5 lesions, and maximum of (5) class 4 lesions.** When assigning lesion ID to a lesion that cannot be unequivocally assigned to just one specific segment, identify the lesion by the involved segment with the HIGHEST Arabic numeral (NOT to be confused with the segment with the GREATEST tumor burden). For example, a lesion seen involving segments 6, 7, and 8 then **8** would be assigned for the Lesion ID: Highest-# Segment and the additional involved segments 6 and 7 would be marked in the column for **Additional Involved Segment(s).**

1st UNOS Update (90 day) **Treated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No treated lesions identified** [54] Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #) [1]	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (E4 = No HCC) (E5T = Yes HCC)
1	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O E4 O E5T

Lesion Signal Features (SI = Signal Intensity compared to liver background)

T1 Pre-contrast: SI [14]	O hypointense	O isointense	O hyperintense	
Late Arterial Phase: SI	[15] **A.** O hypointense	O isointense	O hyperintense	
	[16] **B.** O homogenous	O heterogeneous		
	[17] **C. Enhancement relative to pre-contrast?**	O No	O Yes	
Portal Venous Phase: SI	[18] **A.** O hypointense	O isointense	O hyperintense	
	[19] **B.** O homogenous	O heterogeneous		
	[20] **C. Enhancement relative to pre-contrast?**	O No	O Yes	
Delayed/ Equilibrium Phase: SI	[21] **A.** O hypointense	O isointense	O hyperintense	
	[22] **B.** O homogenous	O heterogeneous		
	[23] **C. Enhancement relative to pre-contrast?**	O No	O Yes	
	[24] **D. Pseudocapsule?**	O No	O Yes	
Hepatobiliary Phase: SI	[57] **A.** O hypointense	O isointense	O hyperintense	
	[58] **B.** O homogenous	O heterogeneous		
	[59] **C. Enhancement relative to pre-contrast?**	O No	O Yes	

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	O well defined O moderately defined O poorly defined [30]	[31] O late arterial O portal venous O delayed/equilibrium O hepatobiliary

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium O hepatobiliary

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Specific type of ablation (mark all that apply)	Considering all information available, is HCC present? [37]	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]
☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52] _____ [53]	O No O Yes	_____ %	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ T2 [41] ☐ DWI [42] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable). If reporting is complete, continue to S4 form.

S3

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

E-MRI TREATED Lesion Interpretation Form

If this is a revised or corrected form, please √box. ☐

ACRIN Study 6690
PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

1st UNOS Update (90 day) **Treated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No treated lesions identified** [54] Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #) [1]	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (E4 = No HCC) (E5T = Yes HCC)
2	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐☐☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O E4 O E5T

Lesion Signal Features
(SI = Signal Intensity compared to liver background)

T1 Pre-contrast: SI	[14]	O hypointense O isointense O hyperintense
Late Arterial Phase: SI	[15]	**A.** O hypointense O isointense O hyperintense
	[16]	**B.** O homogenous O heterogeneous
	[17]	**C. Enhancement relative to pre-contrast?** O No O Yes
Portal Venous Phase: SI	[18]	**A.** O hypointense O isointense O hyperintense
	[19]	**B.** O homogenous O heterogeneous
	[20]	**C. Enhancement relative to pre-contrast?** O No O Yes
Delayed/ Equilibrium Phase: SI	[21]	**A.** O hypointense O isointense O hyperintense
	[22]	**B.** O homogenous O heterogeneous
	[23]	**C. Enhancement relative to pre-contrast?** O No O Yes
	[24]	**D. Pseudocapsule?** O No O Yes
Hepatobiliary Phase: SI	[57]	**A.** O hypointense O isointense O hyperintense
	[58]	**B.** O homogenous O heterogeneous
	[59]	**C. Enhancement relative to pre-contrast?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
Short Axis ☐☐.☐ cm [25]	Long Axis ☐☐.☐ cm [26]	[27]	[28]	☐☐.☐ cm [29]	O well defined O moderately defined O poorly defined [30]	[31] O late arterial O portal venous O delayed/equilibrium O hepatobiliary

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45]	O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
Short Axis ☐☐.☐ cm [33]	Long Axis ☐☐.☐ cm [34]	☐☐.☐ cm [35]	O late arterial O portal venous O delayed / equilibrium O hepatobiliary [36]

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Specific type of ablation (mark all that apply)	Considering all information available, is HCC present? [37]	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]
☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52] _____ [53]	O No O Yes	_____ %	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ T2 [41] ☐ DWI [42] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to R4 form.

S3

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

E-MRI TREATED Lesion Interpretation Form

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ACRIN Study 6690
PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

1st UNOS Update (90 day) **Treated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No treated lesions identified** [54] Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #) [1]	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (E4 = No HCC) (E5T = Yes HCC)
3	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 2 O 3 O 4a O 4b O 5 O 6 O 7 O 8	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O E4 O E5T
	Running # [3] ☐☐☐		

Lesion Signal Features
(SI = Signal Intensity compared to liver background)

T1 Pre-contrast: SI	[14]	O hypointense O isointense O hyperintense
Late Arterial Phase: SI	[15]	**A.** O hypointense O isointense O hyperintense
	[16]	**B.** O homogenous O heterogeneous
	[17]	**C. Enhancement relative to pre-contrast?** O No O Yes
Portal Venous Phase: SI	[18]	**A.** O hypointense O isointense O hyperintense
	[19]	**B.** O homogenous O heterogeneous
	[20]	**C. Enhancement relative to pre-contrast?** O No O Yes
Delayed/ Equilibrium Phase: SI	[21]	**A.** O hypointense O isointense O hyperintense
	[22]	**B.** O homogenous O heterogeneous
	[23]	**C. Enhancement relative to pre-contrast?** O No O Yes
	[24]	**D. Pseudocapsule?** O No O Yes
Hepatobiliary Phase: SI	[57]	**A.** O hypointense O isointense O hyperintense
	[58]	**B.** O homogenous O heterogeneous
	[59]	**C. Enhancement relative to pre-contrast?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
Short Axis ☐☐.☐ cm [25]	Long Axis ☐☐.☐ cm [26]	[27]	[28]	☐☐.☐ cm [29]	O well defined O moderately defined O poorly defined [30]	[31] O late arterial O portal venous O delayed/equilibrium O hepatobiliary

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
Short Axis ☐☐.☐ cm [33]	Long Axis ☐☐.☐ cm [34]	☐☐.☐ cm [35]	O late arterial O portal venous O delayed / equilibrium O hepatobiliary [36]

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Specific type of ablation (mark all that apply)	Considering all information available, is HCC present? [37]	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [39]
☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52] _____ [53]	O No O Yes	_____ %	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ T2 [41] ☐ DWI [42] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to R4 form.

S3

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

E-MRI TREATED Lesion Interpretation Form

If this is a revised or corrected form, please √box. ☐

ACRIN Study 6690
PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

1st UNOS Update (90 day) **Treated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No treated lesions identified** [54] Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #) [1]	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (E4 = No HCC) (E5T = Yes HCC)
4	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 2 O 3 O 4a O 4b O 5 O 6 O 7 O 8	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O E4 O E5T
	Running # [3] ☐☐☐		

Lesion Signal Features
(SI = Signal Intensity compared to liver background)

T1 Pre-contrast: SI	[14]	O hypointense O isointense O hyperintense
Late Arterial Phase: SI	[15]	**A.** O hypointense O isointense O hyperintense
	[16]	**B.** O homogenous O heterogeneous
	[17]	**C. Enhancement relative to pre-contrast?** O No O Yes
Portal Venous Phase: SI	[18]	**A.** O hypointense O isointense O hyperintense
	[19]	**B.** O homogenous O heterogeneous
	[20]	**C. Enhancement relative to pre-contrast?** O No O Yes
Delayed/ Equilibrium Phase: SI	[21]	**A.** O hypointense O isointense O hyperintense
	[22]	**B.** O homogenous O heterogeneous
	[23]	**C. Enhancement relative to pre-contrast?** O No O Yes
	[24]	**D. Pseudocapsule?** O No O Yes
Hepatobiliary Phase: SI	[57]	**A.** O hypointense O isointense O hyperintense
	[58]	**B.** O homogenous O heterogeneous
	[59]	**C. Enhancement relative to pre-contrast?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
Short Axis ☐☐.☐ cm [25]	Long Axis ☐☐.☐ cm [26]	[27]	[28]	☐☐.☐ cm [29]	O well defined O moderately defined O poorly defined [30]	[31] O late arterial O portal venous O delayed/equilibrium O hepatobiliary

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
Short Axis ☐☐.☐ cm [33]	Long Axis ☐☐.☐ cm [34]	☐☐.☐ cm [35]	O late arterial O portal venous O delayed / equilibrium O hepatobiliary [36]

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Specific type of ablation (mark all that apply)	☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52] _____ [53]	**Considering all information available, is HCC present?** [37]	O No O Yes	**Probability of presence of HCC (Scale of 0-100%):** 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	_____ %	**Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging?** [39]	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ T2 [41] ☐ DWI [42] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to R4 form.

S3

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

E-MRI TREATED Lesion Interpretation Form

If this is a revised or corrected form, please √box. ☐

ACRIN Study 6690
PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

1st UNOS Update (90 day) **Treated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No treated lesions identified** [54] Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #) [1]	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (E4 = No HCC) (E5T = Yes HCC)
5	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐☐☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O E4 O E5T

Lesion Signal Features
(SI = Signal Intensity compared to liver background)

T1 Pre-contrast: SI	[14]	O hypointense O isointense O hyperintense
Late Arterial Phase: SI	[15]	**A.** O hypointense O isointense O hyperintense
	[16]	**B.** O homogenous O heterogeneous
	[17]	**C. Enhancement relative to pre-contrast?** O No O Yes
Portal Venous Phase: SI	[18]	**A.** O hypointense O isointense O hyperintense
	[19]	**B.** O homogenous O heterogeneous
	[20]	**C. Enhancement relative to pre-contrast?** O No O Yes
Delayed/ Equilibrium Phase: SI	[21]	**A.** O hypointense O isointense O hyperintense
	[22]	**B.** O homogenous O heterogeneous
	[23]	**C. Enhancement relative to pre-contrast?** O No O Yes
	[24]	**D. Pseudocapsule?** O No O Yes
Hepatobiliary Phase: SI	[57]	**A.** O hypointense O isointense O hyperintense
	[58]	**B.** O homogenous O heterogeneous
	[59]	**C. Enhancement relative to pre-contrast?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
Short Axis [25] ☐☐.☐ cm	Long Axis [26] ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	O well defined O moderately defined O poorly defined [30]	[31] O late arterial O portal venous O delayed/equilibrium O hepatobiliary

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45]	O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
Short Axis [33] ☐☐.☐ cm	Long Axis [34] ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium O hepatobiliary

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Specific type of ablation (mark all that apply)	☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52] _____ [53]	**Considering all information available, is HCC present?** [37]	O No O Yes	**Probability of presence of HCC (Scale of 0-100%):** 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	_____ %	**Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging?** [39]	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ T2 [41] ☐ DWI [42] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to R4 form.

S3

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690
PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

E-MRI TREATED Lesion Interpretation Form

If this is a revised or corrected form, please ✓ box. ☐

1st UNOS Update (90 day) **Treated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No treated lesions identified** [54] Reader ID: _____ (Site use only)

Lesion # (record #) [1]	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (E4 = No HCC) (E5T = Yes HCC)
6	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 2 O 3 O 4a O 4b O 5 O 6 O 7 O 8	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O E4 O E5T
	Running # [3] ☐☐☐		

Lesion Signal Features
(SI = Signal Intensity compared to liver background)

T1 Pre-contrast: SI	[14]	O hypointense O isointense O hyperintense
Late Arterial Phase: SI	[15]	**A.** O hypointense O isointense O hyperintense
	[16]	**B.** O homogenous O heterogeneous
	[17]	**C. Enhancement relative to pre-contrast?** O No O Yes
Portal Venous Phase: SI	[18]	**A.** O hypointense O isointense O hyperintense
	[19]	**B.** O homogenous O heterogeneous
	[20]	**C. Enhancement relative to pre-contrast?** O No O Yes
Delayed/ Equilibrium Phase: SI	[21]	**A.** O hypointense O isointense O hyperintense
	[22]	**B.** O homogenous O heterogeneous
	[23]	**C. Enhancement relative to pre-contrast?** O No O Yes
	[24]	**D. Pseudocapsule?** O No O Yes
Hepatobiliary Phase: SI	[57]	**A.** O hypointense O isointense O hyperintense
	[58]	**B.** O homogenous O heterogeneous
	[59]	**C. Enhancement relative to pre-contrast?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
Short Axis ☐☐.☐ cm [25]	Long Axis ☐☐.☐ cm [26]	[27]	[28]	☐☐.☐ cm [29]	O well defined O moderately defined O poorly defined [30]	[31] O late arterial O portal venous O delayed/equilibrium O hepatobiliary

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
Short Axis ☐☐.☐ cm [33]	Long Axis ☐☐.☐ cm [34]	☐☐.☐ cm [35]	O late arterial O portal venous O delayed / equilibrium O hepatobiliary [36]

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Specific type of ablation (mark all that apply)	☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52] _____ [53]	**Considering all information available, is HCC present?** [37]	O No O Yes	**Probability of presence of HCC (Scale of 0-100%):** 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	_____ %	**Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging?** [39]	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ T2 [41] ☐ DWI [42] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to R4 form.

S3

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

E-MRI TREATED Lesion Interpretation Form

If this is a revised or corrected form, please √box. ☐

ACRIN Study 6690
PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

1st UNOS Update (90 day) **Treated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No treated lesions identified** [54] Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #) [1]	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (E4 = No HCC) (E5T = Yes HCC)
7	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐☐☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O E4 O E5T

Lesion Signal Features (SI = Signal Intensity compared to liver background)

T1 Pre-contrast: SI	[14]	O hypointense O isointense O hyperintense
Late Arterial Phase: SI	[15]	**A.** O hypointense O isointense O hyperintense
	[16]	**B.** O homogenous O heterogeneous
	[17]	**C. Enhancement relative to pre-contrast?** O No O Yes
Portal Venous Phase: SI	[18]	**A.** O hypointense O isointense O hyperintense
	[19]	**B.** O homogenous O heterogeneous
	[20]	**C. Enhancement relative to pre-contrast?** O No O Yes
Delayed/ Equilibrium Phase: SI	[21]	**A.** O hypointense O isointense O hyperintense
	[22]	**B.** O homogenous O heterogeneous
	[23]	**C. Enhancement relative to pre-contrast?** O No O Yes
	[24]	**D. Pseudocapsule?** O No O Yes
Hepatobiliary Phase: SI	[57]	**A.** O hypointense O isointense O hyperintense
	[58]	**B.** O homogenous O heterogeneous
	[59]	**C. Enhancement relative to pre-contrast?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
Short Axis ☐☐.☐ cm [25]	Long Axis ☐☐.☐ cm [26]	[27]	[28]	☐☐.☐ cm [29]	O well defined O moderately defined O poorly defined [30]	[31] O late arterial O portal venous O delayed/equilibrium O hepatobiliary

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
Short Axis ☐☐.☐ cm [33]	Long Axis ☐☐.☐ cm [34]	☐☐.☐ cm [35]	O late arterial O portal venous O delayed / equilibrium O hepatobiliary [36]

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Specific type of ablation (mark all that apply)	☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52] _____ [53]	**Considering all information available, is HCC present?** [37]	O No O Yes	**Probability of presence of HCC (Scale of 0-100%):** 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	_____ %	**Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging?** [39]	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ T2 [41] ☐ DWI [42] ☐ Other, [43] _____ [44]

Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to R4 form.

S3

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

E-MRI TREATED Lesion Interpretation Form

If this is a revised or corrected form, please √box. ☐

ACRIN Study 6690
PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

1st UNOS Update (90 day) **Treated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No treated lesions identified** [54] Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #) [1]	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (E4 = No HCC) (E5T = Yes HCC)
8	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O E4 O E5T

Lesion Signal Features
(SI = Signal Intensity compared to liver background)

T1 Pre-contrast: SI	[14]	O hypointense O isointense O hyperintense
Late Arterial Phase: SI	[15]	**A.** O hypointense O isointense O hyperintense
	[16]	**B.** O homogenous O heterogeneous
	[17]	**C. Enhancement relative to pre-contrast?** O No O Yes
Portal Venous Phase: SI	[18]	**A.** O hypointense O isointense O hyperintense
	[19]	**B.** O homogenous O heterogeneous
	[20]	**C. Enhancement relative to pre-contrast?** O No O Yes
Delayed/ Equilibrium Phase: SI	[21]	**A.** O hypointense O isointense O hyperintense
	[22]	**B.** O homogenous O heterogeneous
	[23]	**C. Enhancement relative to pre-contrast?** O No O Yes
	[24]	**D. Pseudocapsule?** O No O Yes
Hepatobiliary Phase: SI	[57]	**A.** O hypointense O isointense O hyperintense
	[58]	**B.** O homogenous O heterogeneous
	[59]	**C. Enhancement relative to pre-contrast?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
Short Axis ☐☐.☐ cm [25]	Long Axis ☐☐.☐ cm [26]	[27]	[28]	☐☐.☐ cm [29]	O well defined O moderately defined O poorly defined [30]	[31] O late arterial O portal venous O delayed/equilibrium O hepatobiliary

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
Short Axis ☐☐.☐ cm [33]	Long Axis ☐☐.☐ cm [34]	☐☐.☐ cm [35]	O late arterial O portal venous O delayed / equilibrium O hepatobiliary [36]

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Specific type of ablation (mark all that apply)	☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52] _____ [53]	**Considering all information available, is HCC present?** [37]	O No O Yes	**Probability of presence of HCC (Scale of 0-100%):** 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	_____ %	**Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging?** [39]	O No O Yes (Mark all that apply) ☐ T1 Chemical Shift Imaging [40] ☐ T2 [41] ☐ DWI [42] ☐ Other, [43] _____ [44]

Continue to the R4 form

S4

ACRIN 6690 - Eovist Sub-Trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplantation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

E-MRI Local Overall Interpretation Form

If this is a revised or corrected form, please √ box. ☐

Instructions: The form is completed by the radiologist following the interpretation and documentation of the treated and untreated lesions on the appropriate forms. The initial and date field at the bottom of the form applies to this form and the radiologist's completion of the MRI Local Interpretation, MRI Untreated Lesion Interpretation and MRI Treated Lesion Interpretation forms.

Summary of Reported Lesions		
Number of Class E4 lesions	[1]	
Number of Class E5A/E5A-g lesions [T1 HCCs]	[2]	
Number of Class E5B/E5B-g lesions [T2 HCCs]	[3]	
Number of Class E5T lesions	[4]	

1. Were there additional Class E4 lesions that were not reported? [5] *[Protocol only requires the reporting of up to 5 (five) Class E4 lesions]*

O No
O Yes

2. Was there any imaging evidence of macrovascular invasion by tumor? [6]

O No
O Yes

3. Is the participant within Milan criteria? [7]

O No *(complete 3a)*
O Yes

3a. If outside Milan criteria will the patient be allowed to stay on the HCC-exception list? [12]

O No
O Yes

Comments: _____

_____ [8,9]

_____ [10]
Initials of person completing the form

_____-_____-_____ [11]
Date form completed *(mm-dd-yyyy)*

S4

ACRIN 6690 - Eovist Sub-Trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplantation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

E-MRI Local Overall Interpretation Form

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Instructions: The form is completed by the radiologist following the interpretation and documentation of the treated and untreated lesions on the appropriate forms. The initial and date field at the bottom of the form applies to this form and the radiologist's completion of the MRI Local Interpretation, MRI Untreated Lesion Interpretation and MRI Treated Lesion Interpretation forms.

1st UNOS Update (90 day)

Summary of Reported Lesions		
Number of Class E4 lesions	[1]	
Number of Class E5A/E5A-g lesions [T1 HCCs]	[2]	
Number of Class E5B/E5B-g lesions [T2 HCCs]	[3]	
Number of Class E5T lesions	[4]	

1. Were there additional Class E4 lesions that were not reported? [5] *[Protocol only requires the reporting of up to 5 (five) Class E4 lesions]*

O No
O Yes

2. Was there any imaging evidence of macrovascular invasion by tumor? [6]

O No
O Yes

3. Is the participant within Milan criteria? [7]

O No *(complete 3a)*
O Yes

3a. If outside Milan criteria will the patient be allowed to stay on the HCC-exception list? [12]

O No
O Yes

Comments: _____

_____ [8,9]

_____ [10]
Initials of person completing the form

_____-_____-_____ [11]
Date form completed *(mm-dd-yyyy)*

S4

ACRIN 6690 - Eovist Sub-Trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplantation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

E-MRI Local Overall Interpretation Form

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Instructions: The form is completed by the radiologist following the interpretation and documentation of the treated and untreated lesions on the appropriate forms. The initial and date field at the bottom of the form applies to this form and the radiologist's completion of the MRI Local Interpretation, MRI Untreated Lesion Interpretation and MRI Treated Lesion Interpretation forms.

2nd UNOS Update (180 day)

Summary of Reported Lesions		
Number of Class E4 lesions	[1]	
Number of Class E5A/E5A-g lesions [T1 HCCs]	[2]	
Number of Class E5B/E5B-g lesions [T2 HCCs]	[3]	
Number of Class E5T lesions	[4]	

1. Were there additional Class E4 lesions that were not reported? [5] *[Protocol only requires the reporting of up to 5 (five) Class E4 lesions]*

O No
O Yes

2. Was there any imaging evidence of macrovascular invasion by tumor? [6]

O No
O Yes

3. Is the participant within Milan criteria? [7]

O No *(complete 3a)*
O Yes

3a. If outside Milan criteria will the patient be allowed to stay on the HCC-exception list? [12]

O No
O Yes

Comments: _____

_____ [8,9]

_____ [10]
Initials of person completing the form

_____-_____-_____ [11]
Date form completed *(mm-dd-yyyy)*

S4

ACRIN 6690 - Eovist Sub-Trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplantation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

E-MRI Local Overall Interpretation Form

If this is a revised or corrected form, please √box. ☐

Instructions: The form is completed by the radiologist following the interpretation and documentation of the treated and untreated lesions on the appropriate forms. The initial and date field at the bottom of the form applies to this form and the radiologist's completion of the MRI Local Interpretation, MRI Untreated Lesion Interpretation and MRI Treated Lesion Interpretation forms.

3rd UNOS Update (270 day)

Summary of Reported Lesions		
Number of Class E4 lesions	[1]	
Number of Class E5A/E5A-g lesions [T1 HCCs]	[2]	
Number of Class E5B/E5B-g lesions [T2 HCCs]	[3]	
Number of Class E5T lesions	[4]	

1. Were there additional Class E4 lesions that were not reported? [5] *[Protocol only requires the reporting of up to 5 (five) Class E4 lesions]*

O No
O Yes

2. Was there any imaging evidence of macrovascular invasion by tumor? [6]

O No
O Yes

3. Is the participant within Milan criteria? [7]

O No *(complete 3a)*
O Yes

3a. If outside Milan criteria will the patient be allowed to stay on the HCC-exception list? [12]

O No
O Yes

Comments: _____

_____ [8,9]

_____ [10]
Initials of person completing the form

_____-_____-_____ [11]
Date form completed *(mm-dd-yyyy)*

S4

ACRIN 6690 - Eovist Sub-Trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplantation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

E-MRI Local Overall Interpretation Form

If this is a revised or corrected form, please √box. ☐

Instructions: The form is completed by the radiologist following the interpretation and documentation of the treated and untreated lesions on the appropriate forms. The initial and date field at the bottom of the form applies to this form and the radiologist's completion of the MRI Local Interpretation, MRI Untreated Lesion Interpretation and MRI Treated Lesion Interpretation forms.

4th UNOS Update (360 day)

Summary of Reported Lesions		
Number of Class E4 lesions	[1]	
Number of Class E5A/E5A-g lesions [T1 HCCs]	[2]	
Number of Class E5B/E5B-g lesions [T2 HCCs]	[3]	
Number of Class E5T lesions	[4]	

1. Were there additional Class E4 lesions that were not reported? [5] *[Protocol only requires the reporting of up to 5 (five) Class E4 lesions]*

O No
O Yes

2. Was there any imaging evidence of macrovascular invasion by tumor? [6]

O No
O Yes

3. Is the participant within Milan criteria? [7]

O No *(complete 3a)*
O Yes

3a. If outside Milan criteria will the patient be allowed to stay on the HCC-exception list? [12]

O No
O Yes

Comments: _____

_____ [8,9]

_____ [10]
Initials of person completing the form

_____-_____-_____ [11]
Date form completed *(mm-dd-yyyy)*

S4

ACRIN 6690 - Eovist Sub-Trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplantation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

E-MRI Local Overall Interpretation Form

If this is a revised or corrected form, please √box. ☐

Instructions: The form is completed by the radiologist following the interpretation and documentation of the treated and untreated lesions on the appropriate forms. The initial and date field at the bottom of the form applies to this form and the radiologist's completion of the MRI Local Interpretation, MRI Untreated Lesion Interpretation and MRI Treated Lesion Interpretation forms.

5th UNOS Update (450 day)

Summary of Reported Lesions		
Number of Class E4 lesions	[1]	
Number of Class E5A/E5A-g lesions [T1 HCCs]	[2]	
Number of Class E5B/E5B-g lesions [T2 HCCs]	[3]	
Number of Class E5T lesions	[4]	

1. Were there additional Class E4 lesions that were not reported? [5] *[Protocol only requires the reporting of up to 5 (five) Class E4 lesions]*

O No
O Yes

2. Was there any imaging evidence of macrovascular invasion by tumor? [6]

O No
O Yes

3. Is the participant within Milan criteria? [7]

O No *(complete 3a)*
O Yes

3a. If outside Milan criteria will the patient be allowed to stay on the HCC-exception list? [12]

O No
O Yes

Comments: _____

_____ [8,9]

_____ [10]
Initials of person completing the form

_____-_____-_____ [11]
Date form completed *(mm-dd-yyyy)*

S4

ACRIN 6690 - Eovist Sub-Trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplantation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

E-MRI Local Overall Interpretation Form

If this is a revised or corrected form, please √box. ☐

Instructions: The form is completed by the radiologist following the interpretation and documentation of the treated and untreated lesions on the appropriate forms. The initial and date field at the bottom of the form applies to this form and the radiologist's completion of the MRI Local Interpretation, MRI Untreated Lesion Interpretation and MRI Treated Lesion Interpretation forms.

6th UNOS Update (540 day)

Summary of Reported Lesions		
Number of Class E4 lesions	[1]	
Number of Class E5A/E5A-g lesions [T1 HCCs]	[2]	
Number of Class E5B/E5B-g lesions [T2 HCCs]	[3]	
Number of Class E5T lesions	[4]	

1. Were there additional Class E4 lesions that were not reported? [5] *[Protocol only requires the reporting of up to 5 (five) Class E4 lesions]*

O No
O Yes

2. Was there any imaging evidence of macrovascular invasion by tumor? [6]

O No
O Yes

3. Is the participant within Milan criteria? [7]

O No *(complete 3a)*
O Yes

3a. If outside Milan criteria will the patient be allowed to stay on the HCC-exception list? [12]

O No
O Yes

Comments: _____

_____ [8,9]

_____ [10]
Initials of person completing the form

_____-_____-_____ [11]
Date form completed *(mm-dd-yyyy)*

S4

ACRIN 6690 - Eovist Sub-Trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplantation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

E-MRI Local Overall Interpretation Form

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Instructions: The form is completed by the radiologist following the interpretation and documentation of the treated and untreated lesions on the appropriate forms. The initial and date field at the bottom of the form applies to this form and the radiologist's completion of the MRI Local Interpretation, MRI Untreated Lesion Interpretation and MRI Treated Lesion Interpretation forms.

7th UNOS Update (630 day)

Summary of Reported Lesions		
Number of Class E4 lesions	[1]	
Number of Class E5A/E5A-g lesions [T1 HCCs]	[2]	
Number of Class E5B/E5B-g lesions [T2 HCCs]	[3]	
Number of Class E5T lesions	[4]	

1. Were there additional Class E4 lesions that were not reported? [5] *[Protocol only requires the reporting of up to 5 (five) Class E4 lesions]*

O No
O Yes

2. Was there any imaging evidence of macrovascular invasion by tumor? [6]

O No
O Yes

3. Is the participant within Milan criteria? [7]

O No *(complete 3a)*
O Yes

3a. If outside Milan criteria will the patient be allowed to stay on the HCC-exception list? [12]

O No
O Yes

Comments: _____

_____ [8,9]

_____ [10]
Initials of person completing the form

_____-_____-_____ [11]
Date form completed *(mm-dd-yyyy)*

S4

ACRIN 6690 - Eovist Sub-Trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplantation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

E-MRI Local Overall Interpretation Form

If this is a revised or corrected form, please √box. ☐

Instructions: The form is completed by the radiologist following the interpretation and documentation of the treated and untreated lesions on the appropriate forms. The initial and date field at the bottom of the form applies to this form and the radiologist's completion of the MRI Local Interpretation, MRI Untreated Lesion Interpretation and MRI Treated Lesion Interpretation forms.

8th UNOS Update (720 day)

Summary of Reported Lesions		
Number of Class E4 lesions	[1]	
Number of Class E5A/E5A-g lesions [T1 HCCs]	[2]	
Number of Class E5B/E5B-g lesions [T2 HCCs]	[3]	
Number of Class E5T lesions	[4]	

1. Were there additional Class E4 lesions that were not reported? [5] *[Protocol only requires the reporting of up to 5 (five) Class E4 lesions]*

O No
O Yes

2. Was there any imaging evidence of macrovascular invasion by tumor? [6]

O No
O Yes

3. Is the participant within Milan criteria? [7]

O No *(complete 3a)*
O Yes

3a. If outside Milan criteria will the patient be allowed to stay on the HCC-exception list? [12]

O No
O Yes

Comments: _____

_____ [8,9]

_____ [10]
Initials of person completing the form

_____-_____-_____ [11]
Date form completed *(mm-dd-yyyy)*

S4

ACRIN 6690 - Eovist Sub-Trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplantation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

E-MRI Local Overall Interpretation Form

If this is a revised or corrected form, please √box. ☐

Instructions: The form is completed by the radiologist following the interpretation and documentation of the treated and untreated lesions on the appropriate forms. The initial and date field at the bottom of the form applies to this form and the radiologist's completion of the MRI Local Interpretation, MRI Untreated Lesion Interpretation and MRI Treated Lesion Interpretation forms.

9th UNOS Update (810 day)

Summary of Reported Lesions		
Number of Class E4 lesions	[1]	
Number of Class E5A/E5A-g lesions [T1 HCCs]	[2]	
Number of Class E5B/E5B-g lesions [T2 HCCs]	[3]	
Number of Class E5T lesions	[4]	

1. Were there additional Class E4 lesions that were not reported? [5] *[Protocol only requires the reporting of up to 5 (five) Class E4 lesions]*

O No
O Yes

2. Was there any imaging evidence of macrovascular invasion by tumor? [6]

O No
O Yes

3. Is the participant within Milan criteria? [7]

O No *(complete 3a)*
O Yes

3a. If outside Milan criteria will the patient be allowed to stay on the HCC-exception list? [12]

O No
O Yes

Comments: _____

_____ [8,9]

_____ [10]
Initials of person completing the form

_____-_____-_____ [11]
Date form completed *(mm-dd-yyyy)*

S4

ACRIN 6690 - Eovist Sub-Trial

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplantation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

E-MRI Local Overall Interpretation Form

If this is a revised or corrected form, please √box. ☐

Instructions: The form is completed by the radiologist following the interpretation and documentation of the treated and untreated lesions on the appropriate forms. The initial and date field at the bottom of the form applies to this form and the radiologist's completion of the MRI Local Interpretation, MRI Untreated Lesion Interpretation and MRI Treated Lesion Interpretation forms.

Post Ablation Imaging (28-60 days)

Summary of Reported Lesions		
Number of Class E4 lesions	[1]	
Number of Class E5A/E5A-g lesions [T1 HCCs]	[2]	
Number of Class E5B/E5B-g lesions [T2 HCCs]	[3]	
Number of Class E5T lesions	[4]	

1. Were there additional Class E4 lesions that were not reported? [5] *[Protocol only requires the reporting of up to 5 (five) Class E4 lesions]*

O No
O Yes

2. Was there any imaging evidence of macrovascular invasion by tumor? [6]

O No
O Yes

3. Is the participant within Milan criteria? [7]

O No *(complete 3a)*
O Yes

3a. If outside Milan criteria will the patient be allowed to stay on the HCC-exception list? [12]

O No
O Yes

Comments: _____

_____ [8,9]

_____ [10]
Initials of person completing the form

_____-_____-_____ [11]
Date form completed *(mm-dd-yyyy)*

T1

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

CT Local Interpretation Form

If this is a revised or corrected form, please √ box. ☐

Instructions: the form is completed after each serial imaging visit (90 day intervals) by the site radiologist reading the exam. For assistance in completing Q1 UNOS listing update, please contact your site's designated transplant coordinator / research staff. The CT Local Interpretation form is completed by the radiologist following the review and documentation of the treated and untreated lesions on the appropriate forms. Continue to report lesions on the CT Untreated Lesion Interpretation, the CT Treated Lesion Interpretation and the CT Reader Overall Assessment forms.

1. UNOS listing update (timepoint) [1]

- O 1st UNOS update (90 day)
- O 2nd UNOS update (180 day)
- O 3rd UNOS update (270 day)
- O 4th UNOS update (360 day)
- O 5th UNOS update (450 day)
- O 6th UNOS update (540 day)
- O 7th UNOS update (630 day)
- O 8th UNOS update (720 day)
- O 9th UNOS update (810 day)
- O Post Ablation Imaging (protocol requirement additional imaging: not used for UNOS update)

☐ **SCAN NOT COMPLETED** [16]

2. Date of imaging: _____-_____-_____ *(mm-dd-yyyy)* [2]

3. Date of interpretation: _____-_____-_____ *(mm-dd-yyyy)* [3]

4. Reader ID: |_|_|_|_|_|_|_|_| [4]

5. Has the participant undergone ablation of one or more lesions? [5]

- O No (continue to T2)
- O Yes (complete Q5a and Q5b)

5a. Specify the type of ablation

- ☐ Transarterial chemoembolization [TACE] [6]
- ☐ Cryoablation [7]
- ☐ Radiofrequency ablation [8]
- ☐ Radioembolization [9]
- ☐ Unknown [13]
- ☐ Other [14] _____ [15]

5b. Specify the location *(mark all that apply)*

- ☐ Right lobe [10]
- ☐ Left lobe [11]
- ☐ Not applicable [12]

Important: Please refer to the protocol appendix VII: Guidance for Radiologists

T2

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690
PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

CT UNTREATED Lesion Interpretation Form

If this is a revised or corrected form, please √ box. ☐

Instructions: The form is completed by the site radiologist reading the exam. Lesions identified in comparison with recent CT imaging (within 90-180 days) prior to the current image visit being evaluated. Complete one table per **UNTREATED** class 4 or 5 liver lesion identified. **Record all class 5 lesions, and maximum of (5) class 4 lesions. If more than 5 class 4 lesions are present, record the largest class 4 lesions.** When assigning lesion ID to a lesion that cannot be unequivocally assigned to just one specific segment, identify the lesion by the involved segment with the HIGHEST Arabic numeral (NOT to be confused with the segment with the GREATEST tumor burden). For example, a lesion seen involving segments 6, 7, and 8 then **8** would be assigned for the Lesion ID: Highest-# Segment and the additional involved segments 6 and 7 would be marked in the column for **Additional Involved Segment(s).**

UNTREATED LESION TABLE

☐ **SCAN NOT COMPLETED** [55] ☐ **NO UNTREATED LESIONS IDENTIFIED** [54]

Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #)	CT Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Attenuation Features (Compared to liver background)
[1] **1**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐☐☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**Pre-contrast (Optional)** [14]: O hypoattenuating O isoattenuating O hyperattenuating O not performed **Late Arterial Phase** [15][16]: **A.** O hypoattenuating O isoattenuating O hyperattenuating **B.** O homogenous O heterogeneous **Portal Venous Phase** [18][19]: **A.** O hypoattenuating O isoattenuating O hyperattenuating **B.** O homogenous O heterogeneous **Delayed / Equilibrium Phase** [21][22][24]: **A.** O hypoattenuating O isoattenuating O hyperattenuating **B.** O homogenous O heterogeneous **C. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
Short Axis ☐☐.☐ cm [25]	Long Axis ☐☐.☐ cm [26]	[27]	[28]	☐☐.☐ cm [29]	O well defined [30] O moderately defined O poorly defined	O late arterial [31] O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
Short Axis ☐☐.☐ cm [33]	Long Axis ☐☐.☐ cm [34]	☐☐.☐ cm [35]	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	Probability of presence of HCC (Scale of 0-100%): [38] 0% (HCC definitely NOT present) — 100% (HCC definitely present):	Is this particular assessment (presence of HCC) based on anything other than this dynamic post-contrast imaging? [39]
O No O Yes	_____ %	O No O Yes, specify: _____ [44]

Continue to report the next lesion on the next page (as applicable). If reporting is complete, continue to the T3 form.

T2

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

CT UNTREATED Lesion Interpretation Form

If this is a revised or corrected form, please √ box. ☐

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

UNTREATED LESION TABLE

Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #)	CT Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Attenuation Features (Compared to liver background)	
[1]	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**Pre-contrast (Optional)** [14]	O hypoattenuating O isoattenuating O hyperattenuating O not performed
2	**Running #** [3]			**Late Arterial Phase** [15] [16]	**A.** O hypoattenuating O isoattenuating O hyperattenuating **B.** O homogenous O heterogeneous
				Portal Venous Phase [18] [19]	**A.** O hypoattenuating O isoattenuating O hyperattenuating **B.** O homogenous O heterogeneous
				Delayed / Equilibrium Phase [21] [22] [24]	**A.** O hypoattenuating O isoattenuating O hyperattenuating **B.** O homogenous O heterogeneous **C. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45]	O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]	
Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)	**Longest diameter in cranio-caudal direction** (Using PRIOR Imaging)	**Contrast phase used for prior imaging measurements**
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	O No O Yes	Probability of presence of HCC (Scale of 0-100%): [38] 0% (HCC definitely NOT present) — 100% (HCC definitely present):	_____ %	Is this particular assessment (presence of HCC) based on anything other than this dynamic post-contrast imaging? [39]	O No O Yes, specify: _____ [44]

Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to the T3 form.

T2

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

CT UNTREATED Lesion Interpretation Form

If this is a revised or corrected form, please √ box. ☐

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

UNTREATED LESION TABLE

Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #)	CT Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Attenuation Features (Compared to liver background)
[1] **3**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**Pre-contrast (Optional)** [14]: O hypoattenuating O isoattenuating O hyperattenuating O not performed **Late Arterial Phase** [15] **A.** O hypoattenuating O isoattenuating O hyperattenuating; [16] **B.** O homogenous O heterogeneous **Portal Venous Phase** [18] **A.** O hypoattenuating O isoattenuating O hyperattenuating; [19] **B.** O homogenous O heterogeneous **Delayed / Equilibrium Phase** [21] **A.** O hypoattenuating O isoattenuating O hyperattenuating; [22] **B.** O homogenous O heterogeneous; [24] **C. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45]	O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]	
Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)	**Longest diameter in cranio-caudal direction** (Using PRIOR Imaging)	**Contrast phase used for prior imaging measurements**
[33] Short Axis ☐☐.☐ cm; [34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	Probability of presence of HCC (Scale of 0-100%): [38] 0% (HCC definitely NOT present) — 100% (HCC definitely present):	Is this particular assessment (presence of HCC) based on anything other than this dynamic post-contrast imaging? [39]
O No O Yes	_____ %	O No O Yes, specify: _____ [44]

Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to the T3 form.

T2

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

CT UNTREATED Lesion Interpretation Form

If this is a revised or corrected form, please √ box. ☐

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Reader ID: ☐☐☐☐☐☐☐ (Site use only)

UNTREATED LESION TABLE

Lesion # (record #)	CT Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Attenuation Features (Compared to liver background)
[1] **4**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**Pre-contrast (Optional)** [14] O hypoattenuating O isoattenuating O hyperattenuating O not performed **Late Arterial Phase** [15] **A.** O hypoattenuating O isoattenuating O hyperattenuating [16] **B.** O homogenous O heterogeneous **Portal Venous Phase** [18] **A.** O hypoattenuating O isoattenuating O hyperattenuating [19] **B.** O homogenous O heterogeneous **Delayed / Equilibrium Phase** [21] **A.** O hypoattenuating O isoattenuating O hyperattenuating [22] **B.** O homogenous O heterogeneous [24] **C. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45]	O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	O No O Yes	Probability of presence of HCC (Scale of 0-100%): [38] 0% (HCC definitely NOT present) — 100% (HCC definitely present):	_____ %	Is this particular assessment (presence of HCC) based on anything other than this dynamic post-contrast imaging? [39]	O No O Yes, specify: _____ [44]

Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to the T3 form.

T2

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

CT UNTREATED Lesion Interpretation Form

If this is a revised or corrected form, please √ box. ☐

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

UNTREATED LESION TABLE

Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #)	CT Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Attenuation Features (Compared to liver background)
[1] **5**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**Pre-contrast (Optional)** [14] O hypoattenuating O isoattenuating O hyperattenuating O not performed **Late Arterial Phase** [15] **A.** O hypoattenuating O isoattenuating O hyperattenuating [16] **B.** O homogenous O heterogeneous **Portal Venous Phase** [18] **A.** O hypoattenuating O isoattenuating O hyperattenuating [19] **B.** O homogenous O heterogeneous **Delayed / Equilibrium Phase** [21] **A.** O hypoattenuating O isoattenuating O hyperattenuating [22] **B.** O homogenous O heterogeneous [24] **C. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]		Probability of presence of HCC (Scale of 0-100%): [38] 0% (HCC definitely NOT present) — 100% (HCC definitely present):		Is this particular assessment (presence of HCC) based on anything other than this dynamic post-contrast imaging? [39]	
	O No O Yes		_____ %		O No O Yes, specify: _____ [44]

Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to the T3 form.

T2

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

CT UNTREATED Lesion Interpretation Form

If this is a revised or corrected form, please √ box. ☐

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

UNTREATED LESION TABLE

Reader ID: ☐☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #)	CT Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Attenuation Features (Compared to liver background)
[1]	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**Pre-contrast (Optional)** [14] O hypoattenuating O isoattenuating O hyperattenuating O not performed
6	**Running #** [3] ☐			**Late Arterial Phase** [15] **A.** O hypoattenuating O isoattenuating O hyperattenuating [16] **B.** O homogenous O heterogeneous
				Portal Venous Phase [18] **A.** O hypoattenuating O isoattenuating O hyperattenuating [19] **B.** O homogenous O heterogeneous
				Delayed / Equilibrium Phase [21] **A.** O hypoattenuating O isoattenuating O hyperattenuating [22] **B.** O homogenous O heterogeneous [24] **C. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]		Probability of presence of HCC (Scale of 0-100%): [38] 0% (HCC definitely NOT present) — 100% (HCC definitely present):		Is this particular assessment (presence of HCC) based on anything other than this dynamic post-contrast imaging? [39]	
	O No O Yes		_____ %		O No O Yes, specify: _____ [44]

Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to the T3 form.

T2

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

CT UNTREATED Lesion Interpretation Form

If this is a revised or corrected form, please √ box. ☐

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

UNTREATED LESION TABLE

Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #)	CT Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Attenuation Features (Compared to liver background)
[1] **7**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**Pre-contrast (Optional)** [14] O hypoattenuating O isoattenuating O hyperattenuating O not performed **Late Arterial Phase** [15] **A.** O hypoattenuating O isoattenuating O hyperattenuating [16] **B.** O homogenous O heterogeneous **Portal Venous Phase** [18] **A.** O hypoattenuating O isoattenuating O hyperattenuating [19] **B.** O homogenous O heterogeneous **Delayed / Equilibrium Phase** [21] **A.** O hypoattenuating O isoattenuating O hyperattenuating [22] **B.** O homogenous O heterogeneous [24] **C. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]		Probability of presence of HCC (Scale of 0-100%): [38] 0% (HCC definitely NOT present) — 100% (HCC definitely present):		Is this particular assessment (presence of HCC) based on anything other than this dynamic post-contrast imaging? [39]	
	O No O Yes		_____ %		O No O Yes, specify: _____ [44]

Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to the T3 form.

T2

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

CT UNTREATED Lesion Interpretation Form

If this is a revised or corrected form, please √ box. ☐

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ Institution No. _____

Participant Initials _____ Case No. _____

UNTREATED LESION TABLE

Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #)	CT Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)	Lesion Attenuation Features (Compared to liver background)
[1] **8**	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐☐☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B O Class 5B-g	**Pre-contrast (Optional)** [14]: O hypoattenuating O isoattenuating O hyperattenuating O not performed **Late Arterial Phase** [15][16]: **A.** O hypoattenuating O isoattenuating O hyperattenuating **B.** O homogenous O heterogeneous **Portal Venous Phase** [18][19]: **A.** O hypoattenuating O isoattenuating O hyperattenuating **B.** O homogenous O heterogeneous **Delayed / Equilibrium Phase** [21][22][24]: **A.** O hypoattenuating O isoattenuating O hyperattenuating **B.** O homogenous O heterogeneous **C. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
[25] Short Axis ☐☐.☐ cm	[26] Long Axis ☐☐.☐ cm	[27]	[28]	[29] ☐☐.☐ cm	[30] O well defined O moderately defined O poorly defined	[31] O late arterial O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45]	O No O Yes: Provide date of prior imaging ____-____-____ (mm-dd-yyyy) [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
[33] Short Axis ☐☐.☐ cm	[34] Long Axis ☐☐.☐ cm	[35] ☐☐.☐ cm	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Considering all information available, is HCC present? [37]	O No O Yes	Probability of presence of HCC (Scale of 0-100%): [38] 0% (HCC definitely NOT present) — 100% (HCC definitely present):	_____ %	Is this particular assessment (presence of HCC) based on anything other than this dynamic post-contrast imaging? [39]	O No O Yes, specify: _____ [44]

Continue to the T3 form

T3

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

CT TREATED Lesion Interpretation Form

If this is a revised or corrected form, please ✓ box. ☐

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Institution _____ Institution No. _____

Participant Initials _____ Case No. _____

Instructions: The form is completed by the site radiologist reading the exam. Lesions identified in comparison with recent MRI imaging (within 90-180 days) prior to the current image visit being evaluated. Complete one table per **TREATED** class 4 or 5 liver lesion identified. **Record all class 5 lesions, and maximum of (5) class 4 lesions.** When assigning lesion ID to a lesion that cannot be unequivocally assigned to just one specific segment, identify the lesion by the involved segment with the HIGHEST Arabic numeral (NOT to be confused with the segment with the GREATEST tumor burden). For example, a lesion seen involving segments 6, 7, and 8 then **8** would be assigned for the Lesion ID: Highest-# Segment and the additional involved segments 6 and 7 would be marked in the column for **Additional Involved Segment(s).**

1st UNOS Update (90 day)

Treated Lesion Table ☐ **Scan Not Completed** [55] ☐ **No Treated Lesions Identified** [54]

Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #) [1]	CT Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4 = No HCC) (Class 5T = Yes HCC)	Lesion Attenuation Features (Compared to liver background)	
1	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 2 O 3 O 4a O 4b O 5 O 6 O 7 O 8 **Running #** [3] ☐☐☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 5T	**Pre-contrast (Optional)** [14]	O hypoattenuating O isoattenuating O hyperattenuating O not performed
				Late Arterial Phase [15] [16]	**A.** O hypoattenuating O isoattenuating O hyperattenuating **B.** O homogenous O heterogeneous
				Portal Venous Phase [18] [19]	**A.** O hypoattenuating O isoattenuating O hyperattenuating **B.** O homogenous O heterogeneous
				Delayed / Equilibrium Phase [21] [22] [24]	**A.** O hypoattenuating O isoattenuating O hyperattenuating **B.** O homogenous O heterogeneous **C. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
Short Axis ☐☐.☐ cm [25]	Long Axis ☐☐.☐ cm [26]	[27]	[28]	☐☐.☐ cm [29]	O well defined O moderately defined O poorly defined [30]	O late arterial O portal venous O delayed / equilibrium [31]

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
Short Axis ☐☐.☐ cm [33]	Long Axis ☐☐.☐ cm [34]	☐☐.☐ cm [35]	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Specific type of ablation (mark all that apply)	Considering all information available, is HCC present? [37]	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	Is this particular assessment (presence of HCC) based on anything other than this dynamic post-contrast imaging? [39]
☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52] _____ [53]	O No O Yes	_____ %	O No O Yes, specify _____ [44]

Continue to report the next lesion on the next page (as applicable). If reporting is complete, continue to T4 form.

T3

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

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Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

CT TREATED Lesion Interpretation Form

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1st UNOS Update (90 day) **Treated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No Treated Lesions Identified** [54] Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #) [1]	CT Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4 = No HCC) (Class 5T = Yes HCC)	Lesion Attenuation Features (Compared to liver background)	
2	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐☐☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 5T	**Pre-contrast (Optional)** [14]	O hypoattenuating O isoattenuating O hyperattenuating O not performed
				Late Arterial Phase [15] [16]	**A.** O hypoattenuating O isoattenuating O hyperattenuating **B.** O homogenous O heterogeneous
				Portal Venous Phase [18] [19]	**A.** O hypoattenuating O isoattenuating O hyperattenuating **B.** O homogenous O heterogeneous
				Delayed / Equilibrium Phase [21] [22] [24]	**A.** O hypoattenuating O isoattenuating O hyperattenuating **B.** O homogenous O heterogeneous **C. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
Short Axis ☐☐.☐ cm [25]	Long Axis ☐☐.☐ cm [26]	[27]	[28]	☐☐.☐ cm [29]	O well defined [30] O moderately defined O poorly defined	O late arterial [31] O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45]	O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]	
Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)	**Longest diameter in cranio-caudal direction** (Using PRIOR Imaging)	**Contrast phase used for prior imaging measurements**
Short Axis ☐☐.☐ cm [33] Long Axis ☐☐.☐ cm [34]	☐☐.☐ cm [35]	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Specific type of ablation (mark all that apply)	Considering all information available, is HCC present? [37]	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	Is this particular assessment (presence of HCC) based on anything other than this dynamic post-contrast imaging? [39]
☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52] _____ [53]	O No O Yes	_____ %	O No O Yes, specify _____ [44]

Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to T4 form.

T3

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

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Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

CT TREATED Lesion Interpretation Form

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1st UNOS Update (90 day) **Treated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No Treated Lesions Identified** [54] Reader ID: ☐☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #) [1]	CT Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4 = No HCC) (Class 5T = Yes HCC)	Lesion Attenuation Features (Compared to liver background)	
3	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐☐☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 5T	**Pre-contrast (Optional)** [14]	O hypoattenuating O isoattenuating O hyperattenuating O not performed
				Late Arterial Phase [15] [16]	**A.** O hypoattenuating O isoattenuating O hyperattenuating **B.** O homogenous O heterogeneous
				Portal Venous Phase [18] [19]	**A.** O hypoattenuating O isoattenuating O hyperattenuating **B.** O homogenous O heterogeneous
				Delayed / Equilibrium Phase [21] [22] [24]	**A.** O hypoattenuating O isoattenuating O hyperattenuating **B.** O homogenous O heterogeneous **C. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
Short Axis ☐☐.☐ cm [25]	Long Axis ☐☐.☐ cm [26]	[27]	[28]	☐☐.☐ cm [29]	O well defined O moderately defined O poorly defined [30]	O late arterial O portal venous O delayed / equilibrium [31]

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45]	O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]	
Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)	**Longest diameter in cranio-caudal direction** (Using PRIOR Imaging)	**Contrast phase used for prior imaging measurements**
Short Axis ☐☐.☐ cm [33] Long Axis ☐☐.☐ cm [34]	☐☐.☐ cm [35]	O late arterial O portal venous O delayed / equilibrium [36]

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Specific type of ablation (mark all that apply)	Considering all information available, is HCC present? [37]	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	Is this particular assessment (presence of HCC) based on anything other than this dynamic post-contrast imaging? [39]
☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52] _____ [53]	O No O Yes	_____ %	O No O Yes, specify _____ [44]

Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to T4 form.

T3

ACRIN 6690

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CT TREATED Lesion Interpretation Form

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1st UNOS Update (90 day) **Treated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No Treated Lesions Identified** [54] Reader ID: ☐☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #) [1]	CT Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4 = No HCC) (Class 5T = Yes HCC)	Lesion Attenuation Features (Compared to liver background)	
4	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 5T	**Pre-contrast (Optional)** [14]	O hypoattenuating O isoattenuating O hyperattenuating O not performed
	Running # [3] ☐☐☐			**Late Arterial Phase** [15] [16]	**A.** O hypoattenuating O isoattenuating O hyperattenuating **B.** O homogenous O heterogeneous
				Portal Venous Phase [18] [19]	**A.** O hypoattenuating O isoattenuating O hyperattenuating **B.** O homogenous O heterogeneous
				Delayed / Equilibrium Phase [21] [22] [24]	**A.** O hypoattenuating O isoattenuating O hyperattenuating **B.** O homogenous O heterogeneous **C. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
Short Axis ☐☐.☐ cm [25]	Long Axis ☐☐.☐ cm [26]	[27]	[28]	☐☐.☐ cm [29]	O well defined O moderately defined O poorly defined [30]	O late arterial O portal venous O delayed / equilibrium [31]

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
Short Axis ☐☐.☐ cm [33]	Long Axis ☐☐.☐ cm [34]	☐☐.☐ cm [35]	O late arterial O portal venous O delayed / equilibrium [36]

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Specific type of ablation (mark all that apply)	Considering all information available, is HCC present? [37]	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	Is this particular assessment (presence of HCC) based on anything other than this dynamic post-contrast imaging? [39]
☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52] _____ [53]	O No O Yes	_____ %	O No O Yes, specify _____ [44]

Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to T4 form.

T3

ACRIN 6690

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CT TREATED Lesion Interpretation Form

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1st UNOS Update (90 day) **Treated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No Treated Lesions Identified** [54] Reader ID: ☐☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #) [1]	CT Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4 = No HCC) (Class 5T = Yes HCC)	Lesion Attenuation Features (Compared to liver background)	
5	**Highest-# Segment:** [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b **Running #** [3] ☐☐☐	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	[13] O Class 4 O Class 5T	**Pre-contrast (Optional)** [14]	O hypoattenuating O isoattenuating O hyperattenuating O not performed
				Late Arterial Phase [15] [16]	**A.** O hypoattenuating O isoattenuating O hyperattenuating **B.** O homogenous O heterogeneous
				Portal Venous Phase [18] [19]	**A.** O hypoattenuating O isoattenuating O hyperattenuating **B.** O homogenous O heterogeneous
				Delayed / Equilibrium Phase [21] [22] [24]	**A.** O hypoattenuating O isoattenuating O hyperattenuating **B.** O homogenous O heterogeneous **C. Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
Short Axis ☐☐.☐ cm [25]	Long Axis ☐☐.☐ cm [26]	[27]	[28]	☐☐.☐ cm [29]	O well defined [30] O moderately defined O poorly defined	O late arterial [31] O portal venous O delayed / equilibrium

PRIOR IMAGING COMPARISON ☐ Not available [32]

Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45]	O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]	
Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)	**Longest diameter in cranio-caudal direction** (Using PRIOR Imaging)	**Contrast phase used for prior imaging measurements**
Short Axis ☐☐.☐ cm [33] Long Axis ☐☐.☐ cm [34]	☐☐.☐ cm [35]	[36] O late arterial O portal venous O delayed / equilibrium

DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Specific type of ablation (mark all that apply)	Considering all information available, is HCC present? [37]	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	Is this particular assessment (presence of HCC) based on anything other than this dynamic post-contrast imaging? [39]
☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52] _____ [53]	O No O Yes	_____ %	O No O Yes, specify _____ [44]

Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to T4 form.

T3

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

CT TREATED Lesion Interpretation Form

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1st UNOS Update (90 day) **Treated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No Treated Lesions Identified** [54] Reader ID: ☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #) [1]	CT Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4 = No HCC) (Class 5T = Yes HCC)	Lesion Attenuation Features (Compared to liver background)	
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Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
Short Axis ☐☐.☐ cm [25]	Long Axis ☐☐.☐ cm [26]	[27]	[28]	☐☐.☐ cm [29]	O well defined O moderately defined O poorly defined [30]	O late arterial O portal venous O delayed / equilibrium [31]

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Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to T4 form.

T3

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CT TREATED Lesion Interpretation Form

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1st UNOS Update (90 day) **Treated Lesion Table** ☐ **Scan Not Completed** [55] ☐ **No Treated Lesions Identified** [54] Reader ID: ☐☐☐☐☐☐☐☐ (Site use only)

Lesion # (record #) [1]	CT Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4 = No HCC) (Class 5T = Yes HCC)	Lesion Attenuation Features (Compared to liver background)
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Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
		Image #	Series #			
Short Axis ☐☐.☐ cm [25]	Long Axis ☐☐.☐ cm [26]	[27]	[28]	☐☐.☐ cm [29]	O well defined O moderately defined O poorly defined [30]	O late arterial O portal venous O delayed / equilibrium [31]

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Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison? [45] O No O Yes: Provide date of prior imaging ____-____-____ *(mm-dd-yyyy)* [46]

Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)	Contrast phase used for prior imaging measurements
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☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52] _____ [53]	O No O Yes	_____ %	O No O Yes, specify _____ [44]

Continue to report the next lesion on the next page (as applicable).
If reporting is complete, continue to T4 form.

T3

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CT TREATED Lesion Interpretation Form

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Lesion # (record #) [1]	CT Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of Lesion (Class 4 = No HCC) (Class 5T = Yes HCC)	Lesion Attenuation Features (Compared to liver background)	
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				Late Arterial Phase [15] [16]	A. O hypoattenuating O isoattenuating O hyperattenuating B. O homogenous O heterogeneous
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				Delayed / Equilibrium Phase [21] [22] [24]	A. O hypoattenuating O isoattenuating O hyperattenuating B. O homogenous O heterogeneous C. **Pseudocapsule?** O No O Yes

Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)		Axial Measurements		Longest diameter in cranio-caudal direction (Using CURRENT Imaging)	Lesion definition	Contrast phase used for measurements
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PRIOR IMAGING COMPARISON ☐ Not available [32]

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DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)

Specific type of ablation (mark all that apply)	Considering all information available, is HCC present? [37]	Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]	Is this particular assessment (presence of HCC) based on anything other than this dynamic post-contrast imaging? [39]
☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52] _____ [53]	O No O Yes	_____ %	O No O Yes, specify _____ [44]

Continue to the T4 form

T4

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

CT Local Overall Interpretation Form

If this is a revised or corrected form, please √box. ☐

Instructions: The form is completed by the radiologist following the interpretation and documentation of the treated and untreated lesions on the appropriate forms. The initial and date field at the bottom of the form applies to this form and the radiologist's completion of the CT Local Interpretation, CT Untreated Lesion Interpretation and CT Treated Lesion Interpretation forms.

Summary of Reported Lesions		
Number of Class 4/4g lesions	[1]	
Number of Class 5A/5A-g lesions [T1 HCCs]	[2]	
Number of Class 5B/5B-g lesions [T2 HCCs]	[3]	
Number of Class 5T lesions	[4]	

1. **Were there additional Class 4 lesions that were not reported?** [5] *[Protocol only requires the reporting of up to 5 (five) Class 4 lesions]*
   - O No
   - O Yes

2. **Was there any imaging evidence of macrovascular invasion by tumor?** [6]
   - O No
   - O Yes

3. **Is the participant within Milan criteria?** [7]
   - O No
   - O Yes

   3a. If outside Milan criteria will the patient be allowed to stay on the HCC-exception list? [12]
   - O No
   - O Yes

Comments: _____

_____ [8, 9]

_____ [10]
Initials of person completing the form

_____-_____-_____ [11]
Date form completed *(mm-dd-yyyy)*

TF

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Transplant Form

If this is a revised or corrected form, please √ box. ☐

Instructions: The form is completed following transplantation by the designated research staff (i.e. transplant coordinator, imaging technologist, research associate, etc.) with the appropriate source documents. In the event that the participant is no longer on the study and does not undergo liver transplantation please complete question 1 and initial and date form.

1. Did the participant undergo liver transplantation? [1]

- O No (initial and date form)
- O Yes (continue to Q2)

2. Date of liver transplantation: _____ - _____ - _____ *(mm-dd-yyyy)* [2]

3. Source of transplant liver: [3]

- O Deceased donor
- O Living donor adult

COMMENTS: _____

_____

_____

_____ [4, 5]

_____ [6]
Initials of person completing the form

_____ - _____ - _____ [7]
Date form completed (mm-dd-yyyy)

VF

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

Serial Imaging Visit Form

If this is a revised or corrected form, please √ box. ☐

ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Instructions: The form is completed at each serial imaging session (90 day intervals) by the designated research staff (i.e. transplant coordinator, imaging technologist, research associate, etc.) with the appropriate source documents. Each transplant center considers either CT or MR as their "first choice" to diagnose HCC de-novo or update a given patient's HCC-exception MELD points on the liver transplant waitlist every 90-days. This imaging modality/exam is considered the standard of care (SOC) imaging for the purposes of this trial. The term "complementary imaging" is used in this trial protocol for the "other" modality (MR or CT), which will be considered the protocol-required research scan.

Part I. UNOS Listing

1. UNOS Listing Update (Timepoint): [1]

- O 1st UNOS update (90) day
- O 2nd UNOS update (180) day
- O 3rd UNOS update (270) day
- O 4th UNOS update (360) day
- O 5th UNOS update (450) day
- O 6th UNOS update (540) day
- O 7th UNOS update (630) day
- O 8th UNOS update (720) day
- O 9th UNOS update (810) day

2. What imaging was used for the UNOS update: [2]

- O CT **Date of CT imaging:** _____-_____-_____ *(mm-dd-yyyy)* [3]
- O MRI **Date of MR imaging:** _____-_____-_____ *(mm-dd-yyyy)* [4]
- O Not completed

2a. Reason imaging for UNOS listing update was not completed: [5]

- O Scheduling problems
- O Went to transplant
- O Removed from waitlist
- O Contraindication to contrast agent
- O Medical reason
- O Unknown
- O Participant withdrew consent
- O Participant death
- O Participant refusal
- O Adverse event (Refer to the protocol for AE reporting requirements)
- O Other, specify _____ [6]

Part II. Study-Related Complementary Imaging

3. Which study-related complementary imaging* was performed: [7]

** Complementary imaging is the study-related imaging scan and not the institution's standard of care imaging*

- O CT **Date of CT imaging:** _____-_____-_____ *(mm-dd-yyyy)* [8]
- O MRI **Date of MR imaging:** _____-_____-_____ *(mm-dd-yyyy)* [9]
- O Not completed (Complete a protocol deviation form)

3a. Reason complementary imaging was not completed: [10]

- O Scheduling problems
- O Went to transplant
- O Removed from waitlist
- O Contraindication to contrast agent
- O Medical reason
- O Unknown
- O Participant withdrew consent
- O Participant death
- O Participant refusal
- O Adverse event (Refer to the protocol for AE reporting requirements)
- O Other, specify _____ [11]

VF

ACRIN 6690

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation

Serial Imaging Visit Form

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ACRIN Study 6690

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Part III. Post-Ablation Imaging

4. Did the participant undergo local ablative therapy since the last update? [12]

NOTE: Biopsy of the ablative area prior to ablation is strongly encouraged, although not mandated.

- O No (*Continue to Q5*)
- O Yes (*Complete Q4a*) *(Complete ablation form)*

4a. Has post ablation imaging been performed 28-60 days after completion of ablative therapy? [13]

- O No *(Continue to Q5) (Complete protocol variation form)*
- O Yes *(Complete Q4b)*

4b. If yes, will the imaging also be used to update the UNOS HCC exception MELD points? [14]

- O No (MR and CT interpretation forms will need to be completed for the UNOS update and the post ablation requirement.)
- O Yes

Part IV. Required Values

5. Weight: [15] ___.___ O kg O lb [16]

5a. Date weighed: ____-____-_____ *(mm-dd-yyyy)* [17]

6. Is the participant currently receiving sorafenib (or other comparable anti-angiogenic therapy)? [18]

- O No
- O Yes

7. Participants current HCC MELD score: _____ [19]

The Metabolic MELD and Child-Pugh Score will be calculated during web entry using the values recorded in the tables below. The form completion guidelines will specify the formulas used.

Required Laboratory Test	Result Available?	Date Performed	Result	Unit
[24] Asparate aminotransferase (AST)	O No, specify: _____ [25] O Yes	____-____-_____ *(mm-dd-yyyy)* [26]	[27]	units/L
[28] Alanine aminotransferase (ALT)	O No, specify: _____ [29] O Yes	____-____-_____ *(mm-dd-yyyy)* [30]	[31]	units/L
[32] Alkaline phosphate (alkphos)	O No, specify: _____ [33] O Yes	____-____-_____ *(mm-dd-yyyy)* [34]	[35]	units/L
[36] Serum alpha fetoprotein (AFP)	O No, specify: _____ [37] O Yes	____-____-_____ *(mm-dd-yyyy)* [38]	[39]	ng/mL
[40] Serum creatinine	O No, specify: _____ [41] O Yes	____-____-_____ *(mm-dd-yyyy)* [42]	[43]	mg/dL
[44] Total bilirubin	O No, specify: _____ [45] O Yes	____-____-_____ *(mm-dd-yyyy)* [46]	[47]	mg/dL
[48] Serum albumin	O No, specify: _____ [49] O Yes	____-____-_____ *(mm-dd-yyyy)* [50]	[51]	g/dL
[52] Internal normalized ratio (INR)	O No, specify: _____ [53] O Yes	____-____-_____ *(mm-dd-yyyy)* [54]	[55]	

Part IV. Required Values *(continued)*

Please assess the following items:	
Ascites [56]	O None O Mild O Severe
Hepatic encephalopathy [57]	O None O Grade I-II (or suppressed with medication) O Grade III-IV (or refractory)

Metabolic MELD Score *(calculated during web entry)*	**Child-Pugh Score** *(calculated during web entry)*
[58]	[59]

Estimated Glomerular Filtration Rate (eGFR)

(site calculated value using MDRD formula, refer to form completion instructions)

NOTE: only select the check box below when a specific eGRF value is not provided and the value is listed as ≥ 60 mL/min/1.73 m²

[60]

_____ mL/min/1.73 m²

☐ eGRF is ≥ 60 mL/min/1.73 m² [65]

COMMENTS: _____

_____

_____

_____ [61-62]

_____ [63]

Initials of person completing the form

_____ - _____ - _____ [64]

Date form completed (mm-dd-yyyy)

ACRIN Internal Form Design Tracking (FDT)

Data Management Representative (DM)
6690

Forms Designer (FD)
M2

Study Number 6690

Form Type Abimbola S

	DM	FD
Received by: (initials)		
Date Received:		
Forwarded to: (initials)		
Forward Date:		

Comments:

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Comments:

	DM	FD
Received by: (initials)	9	2012
Date Received:	08/05/2010	08/16/2010
Forwarded to: (initials)	KL	CW
Forward Date:	08/16/2010	08/18/2010

Comments: UPDATED FORM ID
add element 8 next to scan not completed check box

	DM	FD
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Date Received:		
Forwarded to: (initials)		
Forward Date:		

Comments:

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Comments:

Study Number ____________ **Form Type** ____________

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Comments: ______________________________

ACRIN Internal Form Design Tracking (FDT)

Data Management Representative (DM)
6690

Forms Designer (FD)
M2

Study Number 6690

Form Type Abimbola S

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Comments:

	DM	FD
Received by: (initials)		
Date Received:		
Forwarded to: (initials)		
Forward Date:		

Comments:

	DM	FD
Received by: (initials)	9	2012
Date Received:	08/05/2010	08/16/2010
Forwarded to: (initials)	KL	CW
Forward Date:	08/16/2010	08/18/2010

Comments: UPDATED FORM ID
add element 8 next to scan not completed check box

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Study Number ____________ **Form Type** ____________

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