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

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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 $\sqrt{\text{box}}$.

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.

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Pa	rt 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)
5.	Participant's initials (last, first) (L, F)
6.	Verifying physician (Site PI) _[6]
8.	Date of birth (mm-dd-yyyy)
9.	Ethnicity [9] O 1 Hispanic or Latino O 3 Not reported O 2 Not Hispanic or Latino 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 3 Other O 2 Canada 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 Other O 5 Medicaid and Medicare O 1 Private Insurance O 6 Military or Veteran's Administration O 2 Medicare O 7 Self Pay O 3 Medicare and Private Insurance O 8 No means of payment O 4 Medicaid 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)
17.	Date of registration (mm-dd-yyyy) _[17] Race (check all that apply) □ =1 No, ⊠ =2 Yes
	19. ☐ American Indian or Alaskan Native [19] 23. ☐ White [23]
	20. Asian [20] 24. Unknown [24]
	21. Black or African American [21] 25. Not reported [67]
(22. Native Hawaiian or other Pacific Islander [22]



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

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ACRIN Study 6690 PLACE LABEL HERE

Institution No.

	Participant Initials Case No.
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Part	t 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	t 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

Institution _



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

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ACRIN Study 6690 PLACE LABEL HERE

Institution No._

If this	is a rev	vised or corrected form, please √box. Participant Initials Case No							
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 sui	table 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.	the M	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]							
		1 No O 2 Yes							
	35a.	Serum creatinine level: mg/dL [45]							
	35b.	Date of collection: (mm-dd-yyyy) [46]							
	35c.	Site calculated eGFR: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$							
		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 M	the participant have renal insufficiency at the time of enrollment, as determined by eGFR 30 to 60 mL/min/1.73 m² by IDRD model based on a serum creatinine level obtained within 28 days prior to enrollment? 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)							

Institution _



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ACRIN Study 6690 PLACE LABEL HERE

Institution No.

If this is a revised or corrected form, please $\sqrt{\text{box.}}$	Participant Initials Case No
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	ontrast media (iodinated or extracellular gadolinium that does severe allergic reactions to one or more allergens as defined o determine eligibility)
 37a. If yes, is the participant <u>unwilling</u> to undergo pre-treat guidance? [51] O 1 No (ELIGIBLE) O 2 Yes (INELIGIBLE) 	ment as defined by the institution's policy and/or ACR
38. Is the participant unable to give informed consent? [52] O 1 No O 2 Yes	
 Is the participant unable to comply with breathing or other in diagnostic quality CT or MRI studies (OPTN Class 0)? [53] O 1 No O 2 Yes 	maging related instructions resulting in inability to obtain
40. Is the participant pregnant? [54] O 1 No O 2 Yes O 98 Not applicable (Comple	ete Q40a)
40a. If not applicable, provide reason: O 1 Male O 2 Post menopausal O 3 Surgically sterile O 88 Other, specify	[56]
11. Does the participant's lesion(s) not meet OPTN Class 5 imag O 1 No O 2 Yes	ing criteria for HCC, even if they have biopsy-proven HCC? [68]
Part IV. EDRN Sub-trial:	
12. Has the participant agreed to participate in the EDRN sub-tria O 1 No O 2 Yes	al? _[66]
Comments:	
	[57]
nitials of person who determined eligibility	Date form completed (mm-dd-yyyy)
Initials of person completing the form	
Signature of person completing form	(for external use only)

Institution _

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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

Date of Listing Form

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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.

study. No serial or post-ablation imaging may be completed until waitlisting submiss confirmation of waitlisting.	sion has been finalized with UNOS UNet and ACRIN has received
Did the patient qualify for HCC-exception points upon further as	sessment?[1]
O No (Complete DS End of Study form) O Yes (pr	oceed to Q2)
2. Original application date of waitlisting with UNOS for HCC-excep	tion points:(mm-dd-yyyy)[2]
Comments:	
Comments.	
	[3][4
Initials of person completing the form	Date form completed (mm-dd-yyyy)



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

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ACRIN Study	Case #
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Institution	Institution No
Participant Initials	Case No

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.

E coordinator for any questions.							
AE Description							
Grade	Attribution [5]	Expectedness	Serious AE?	Expedited Report Submitted	Action Taken (mark ⊠ all that apply)	Outcome	Date of AE Onset and Resolution (mm-dd-yyyy); mark X 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]
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 O Yes O Yes Investigator's initials							
Inv	Investigator's signature (for external use only)						

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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		Diagnosis of Hepatocellular Car	rcino	ma and Liver Transplant Allocatio	Inst	titution	Instit	ution No		
		n Form revised or corrected form, pleas	se √	box.	Par	ticipant Initials	Case	No		
		•				therapy by the designated research rongly encouraged, although not ma			oordina	itor, etc) with the
1.		S listing update (Timepoint): [1]					(l	100 d 1000 managara (a 044 ala		0
	п аріа	tion takes place between two time 1st UNOS update (90 day)	poin	s, select the latter time point. for 3rd UNOS update (270 day)	examp O	ole, if treatment occurs between 1st 5th UNOS update (450 day)	t ana	7 th UNOS update (630 day)	_	2nd UNOS. 9 th UNOS update (810 day)
	0	2 nd UNOS update (180 day)	0	4th UNOS update (360 day)	0	6th UNOS update (540 day)	0	8 th UNOS update (720 day)		5 Sives apadie (610 day)

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

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

If all planned local ablative therapy has NOT been completed, provide the reason: $_{[3]}$

Scheduling problems O Contraindication to contrast agent O Participant withdrew consent

- Went to transplant 0 Medical reason Removed from waitlist O Unknown
 - Participant death O Participant refusal
- Adverse event (Refer to the protocol for AE reporting requirements)
- O Other, specify: ___

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]		
Radiofrequency ablation [8]		[9]		[10]
☐ Transarterial chemoembolization [TACE] [11]	O Left lobe [12] O Right lobe O Both		[13]	[14]
Radioembolization (Y90Rx) [15]	O Left lobe [16] O Right lobe O Both		[17]	[18]
Other, [19] specify	O Left lobe O Right lobe O Both O NA	[22]	[23]	[24]

[4]

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Ab	lation	Form
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ACRIN Study 6690 PLACE LABEL HERE

	Institution	Institution No
Ablation Form	Participant Initials	Case No
f this is a revised or corrected form, please $\sqrt{\text{box.}}$		
8. 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] nitials of person completing the form	Date fo	orm completed (mm-dd-yyyy)

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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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ACRIN Study 6690 PLACE LABEL HERE

Institution	Institution No
Participant Initials	Case No

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.

(#	C1 Lesion		M Lesio		ABLATIONINFORMATION		BIOPSYINFORMATION	ı
Lesion # (record	[5] CT Segment # CT Running # MR Segment #		MR Running	Type of Ablation (Mark all that apply)	Biopsy of newly ablated lesion? O 1 No O 2 Yes O 3 Unknown O 4 Not available O 5 Indeterminate result [8]	Date of Biopsy (mm-dd-yyyy)	Result of biopsy O 1 HCC O 2 Non-HCC [10]	
1.					 □ Cryoablation □ Radiofrequency ablation □ Transarterial chemoembolization [TACE] □ Radioembolization □ Other, specify:			
2.					 □ Cryoablation □ Radiofrequency ablation □ Transarterial chemoembolization [TACE] □ Radioembolization □ Other, specify:			
3.					 □ Cryoablation □ Radiofrequency ablation □ Transarterial chemoembolization [TACE] □ Radioembolization □ Other, specify:			
4.					 □ Cryoablation □ Radiofrequency ablation □ Transarterial chemoembolization [TACE] □ Radioembolization □ Other, specify:			

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

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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

Biopsy Form

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ACRIN Study 6690 PLACE LABEL HERE

Institution	Institution No
Participant Initials	Case No

(#	C1 Lesion			RI on ID	ABLATION INFORMATION		BIOPSYINFORMATION	1
Lesion # (record	# tuewent #	© CT Running #	MR Segment #	MR Running #	Type of Ablation (Mark all that apply)	Biopsy of newly ablated lesion? O 1 No O 2 Yes O 3 Unknown O 4 Not available O 5 Indeterminate result [8]	Date of Biopsy (mm-dd-yyyy)	Result of biopsy O 1 HCC O 2 Non-HCC
5.					□ Cryoablation □ Radiofrequency ablation □ Transarterial chemoembolization [TACE] □ Radioembolization □ Other, specify:			
6.					□ Cryoablation □ Radiofrequency ablation □ Transarterial chemoembolization [TACE] □ Radioembolization □ Other, specify:			
7.					□ Cryoablation □ Radiofrequency ablation □ Transarterial chemoembolization [TACE] □ Radioembolization □ Other, specify:			
8.					□ Cryoablation □ Radiofrequency ablation □ Transarterial chemoembolization [TACE] □ Radioembolization □ Other, specify:			

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

Blood Collection Form

	PLACE LABEL HERE				
Institution _	Institution No.				

ACRIN Study 6690

	/	Participant Initials	Case No.
If this	s is a revised or corrected form, please $\sqrt{\text{box.}}$		
1.	Timepoint [1] O Baseline O 1st UNOS update (90 day) O 2nd UNOS update (180 day) O 3rd UNOS update (270 day) O 6th UNOS update (540 day) O 6th UNOS update (540 day)	O 7 th UNOS update (630 day) O 8 th UNOS update (720 day)	
	O 3rd UNOS update (270 day) O 6th UNOS update (540 day) O Post Ablation (prior to post ablative surgery) O Post Transplant (3 months after transplant)	O 9th UNOS update (810 day)	
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 M	RI acquisition?(Sign and date for	m) _[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:		
	O Yes [6]		
4.	Date blood collected(mm-dd-yyyyy)		
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:		
	O Yes [13]		
8.	Was Plasma frozen within 1 hour of abstraction? _[14]		
	O No, Specify:		
9.	Date Plasma was placed into freezer	(<i>mm-dd-yyyy</i>) _[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:		
	O Yes [19]		
12.	What is the size of vials used for plasma storage?[80]		
	O 0.5mL O 1mL		
	O Other, Specify:		
13.	Did Plasma hemolyze? _[22]		
	O No		
	O Yes		

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

ACRIN Study	6690
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	Blood Collection Form	Institution Institution No
If th	is is a revised or corrected form, please $\sqrt{\text{box.}}$	Participant Initials Case No
14.	How many plasma vials were collected?[23]	
16. 17. 18.	Plasma Barcode #2:	asma Barcode #6: asma Barcode #7: asma Barcode #8: asma Barcode #9: asma Barcode #10: [34] N/A [35] N/A [37] N/A [39] N/A [41] N/A [41] N/A [43]
25.	Was 8mL collected for serum sampling? _[44] O No, Specify:	
26.	O No, Specify:[47]	
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:	
	What is the size of vials used for serum storage? O 0.5mL O 1mL O Other, Specify:	
	O No O Yes	
32.	How many serum vials were collected? _[55]	
34. 35. 36.	Serum Barcode #2: $[58]$ N/A $[59]$ 39. Serum Serum Barcode #3: $[60]$ N/A $[61]$ 40. Serum Serum Barcode #4: $[62]$ N/A $[63]$ 41. Serum	m Barcode #6:
CO	MMENTS:	
Initi	[78] als of person completing the form	[76, 77] ——————————————————————————————————

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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 Bio	psy Form
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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.

	CT Lesion		MF Lesio		E-N Lesio		ABLATION INFORMATION	BIOPSY INFORMATION				
Lesion # (record #)	CT Highest-# Segment	CT Running #	MRI Highest-# Segment	MRI Running #	E-MRI Highest-# Segment	E-MRI Running #	Type of Ablation (Mark all that apply)	Biopsy prior to ablation?	Date of Biopsy	HCC present?	Result of biopsy [15] 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 [16]	HCC Specific Variant
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:	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 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: ————————————————————————————————————	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 Fibrolamellar O Clear cell O Sarcomatoid O Sclerosing O Mixed HCC/ cholangiocarcinoma

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



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

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ACRIN Study 6690 PLACE LABEL HERE

Institution	Institution No
Participant Initials	Case No

	_	CT MRI E-MRI Lesion ID Lesion ID AE					ABLATION INFORMATION	BIOPSY INFORMATION					
[1] Lesion # (record #)	CT Highest-# Segment	CT Running #	MRI Highest-# Segment	MRI Running #	E-MRI Highest-# Segment	E-MRI Running #	Type of Ablation (Mark all that apply)	Biopsy prior to ablation?	Date of Biopsy	HCC present?	Result of biopsy [15] 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	HCC Specific Variant	
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:	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 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:	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 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.

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

Baseline CT Local Interpretation Form

If this is a revised or corrected form, please $\sqrt{\text{box}}$.

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 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 [81] 2. Was prior imaging used for comparison with this baseline image? $_{\rm [2]}$ O No (Complete Q3) O Yes (Complete Q2a and Q2b and submit images to ACRIN) 2a. Date of prior comparison imaging: _____-____ (mm-dd-yyyy) **2b.** Imaging modality: $_{[A]} \circ CT \circ MRI$ 3. Date of baseline imaging: _______ (mm-dd-yyyy) [5] 4. Date of baseline imaging interpretation: _____-___(mm-dd-yyyy) [6] 5. Reader ID:

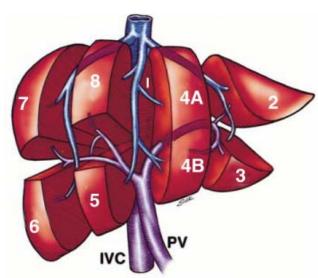
Naming Convention for Lesion Identification

- 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

O 2nd lesion in segment 6: Lesion ID Highest-# Segment Running #

	Highest-# Segment	Running #
٦	6	1

- 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.

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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

Baseline CT Local Interpretation: Untreated Lesion Form

If this is a revised or corrected form, please $\sqrt{\text{box}}$.

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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

	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 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 UNTRI	EATED LESION(S) ID	ENTIFIED [55	UNTREATED LE	SION TABLI	Reader II	D:		(Site use only)	
Lesion # (Record #)	CT Lesion ID (Highest-# Segment (Running#)	Additional Involution Segment(s) (If applicable, mar any additional involutional involutional field (segment #s)	(Class 4/4g = N (Class 5A/5A-g = 7	lot an HCC) Γ1 Stage HCC)			Attenuation ed to liver ba				
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	the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 Segment 4 Segment 4		6] 7] O Class	, and the second		A O hypoatteB. O homoge	•	isoattenua heterogene	-	hyperattenuating	
1		O 2 O 6 O 3 O 7 O 4a O 8 Segment 4b [8] Segment 5 [9]		5A-g	Portal Venous [18] Phase [19]	A O hypoatto		isoattenua heterogene	•	hyperattenuating	
	O 4a O 8 O 4b ☐ Segment 6 ☐ [10] ☐ Segment 7 ☐ [11] ☐ Segment 8 ☐ [12]		O Class O Class	0 01000 02		Delayed Phase [21] B. O homogenous O heterogeneous C. Pseudocapsule? O No O Yes					
Bi-dime	nsional Measurement (Baseline Imagi	_	Axial Measurements Image # Series #		diameter in cranio-caud [Baseline Imaging]	dal direction	Lesion de	efinition		phase used surements	
Short Axis	[25] Long	Axis cm	[27]	[28]	cm	[29]	O well define O moderately O poorly defi	defined	O late arter O portal ver O delayed		
			PRI	ORIMAGING	COMPARISON]	☐ Not avail	able [32]		
Bi-	dimensional Measur	rements on Axial Pla	ne (Using PRIOR Ima	ging)	Longest diameter in c (Using PRIC	ranio-caudal (DR Imaging)	direction		st phase use ging measu		
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		DIAGNOSIS	SBY ALL AVAILABLE I	NFORMATION	(UNOS and/or other in	formation ava	ilable)				
	Considering all information available, is HCC present? [37] O No O Yes O (HCC definitely NOT present) — 100% (HCC definitely present): O No O Yes O (HCC definitely NOT present) — 100% (HCC definitely present): O No O Yes O No O Yes, specify:										
	[37] U% (FICE definitely NOT present) — 100% (FICE definitely present). This dynamic post-contrast imaging?										

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

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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[1]	Highest-# Segment: [2] (Choose the highest-# Segment involved and NOT	☐ Segment 1 [4] ☐ Segment 2 [5]	O Class 4 O Class 4g	[13]	Pre-contrast (Optional)		attenuating O erformed	isoattenuatin	g O	hyperattenuatir	ng
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-	O 4b Running # [3]	Segment 7 [10] Segment 7 [11] Segment 8 [12]	O Class 5B O Class 5B-g		Phase [2	A O hypoa B. O homog C. Pseudoca		isoattenuating heterogeneou No O Yes	_	hyperattenuatir	ng
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Short Axis	[25] Long Axis	[26]	[27] [28]		cm	[29	O well defined O moderately O poorly defi	defined	O late arte O portal ve O delayed	enous	[31]
			PRIOR	IMAGING C	OMPARISON			☐ Not availab	le _[32]		
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	g all information S HCC present? O No O Yes		nce of HCC (Scale of 0 DT present) — 100% (HC	•	present):	% of HCC) has	cular assessme sed on imaging c post-contrast	other than	O No O Yes, sp	•	· [44]
	Continue to report the next lesion on the next page (as applicable). If reporting is complete, continue to C3 form.										

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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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 CT Local Interpretation: Untreated Lesion Form

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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 HC (Class 5B/5B-g = T2 Stage HC) CC)				Attenuation red to liver ba			
[1]	Highest-# Segment: [2] (Choose the highest-# Segment involved and NOT	☐ Segment 1 [4] ☐ Segment 2 [5]	O Class 4g		Pre-cont (Option	[1/1]	O hypoattenuating O isoattenuating O o not performed			hyperattenuating	
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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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Considering all information available, is HCC present? [37] O No O Yes O Yes Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) — 100% (HCC definitely present):						_ %	of HC	C) hasa	d on imag	nina of	(presence her than naging? [39]	O No O Yes, s	pecify:	 [44]
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If reporting is complete, continue to C3 form.

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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Lesion # (Record #)	CT Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of (Class 4/4g = Not a (Class 5A/5A-g = T1 S (Class 5B/5B-g = T2 S	n HCC) stage HCC)			Attenuation red to liver bac				
[1]	Highest-# Segment: [2] (Choose the highest-# Segment involved and NOT	☐ Segment 1 [4] ☐ Segment 2	O Class 4 O Class 4g	[13]	Pre-contrast (Optional)	O hypoati O not per	0	isoattenuating	0	hyperattenuatin	ng
	the segment # with the greatest tumor burden) O 1 O 5 Segment 4b O Class 5A			Late Arterial [1 Phase [1		tenuating O enous O	isoattenuating heterogeneous	0	hyperattenuatin	ng	
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	Probability of presence of HCC (Scale of 0-100%): O No O Yes O (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? [38] O No O Yes, specify: [38] 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.										

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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	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)			tenuation Feature I to liver background	
[1]	Highest-# Segment: [2] (Choose the highest-# Segment involved and NOT	☐ Segment 1 [4] ☐ Segment 2 [5]	O Class 4 O Class 4g		O hypoattent O not perform	med	
	the segment # with the greatest tumor burden)	☐ Segment 3 [6] ☐ Segment 4a [7]	O Class 5A	Late Arterial (** Phase	A O hypoattenu B. O homogeno	· ·	nuating O hyperattenuating geneous
7	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8	☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10]	O Class 5A-g	Portal Venous if Phase	A O hypoattenu B O homogeno	•	nuating O hyperattenuating jeneous
	O 4b Running # [3]	☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	O Class 5B O Class 5B-g	Phase [2	A O hypoattenu B. O homogeno C. Pseudocapsu	ous O heterog	nuating O hyperattenuating geneous O Yes
Bi-dime	nsional Measurements or (Baseline Imaging)	Axiai Fialle	cial Measurements Longest hage # Series #	diameter in cranio-ca [Baseline Imaging]	nudal direction	Lesion definition	Contrast phase used for measurements
Short Axis	[25] cm Long Axis	[26]	[27] [28]	cm	0) well defined [3]) moderately defined) poorly defined	O late arterial [31] O portal venous O delayed
			PRIOR IMAGING	COMPARISON		☐ Not a	vailable _[32]
Bi-	dimensional Measureme	ents on Axial Plane ((Using PRIOR Imaging)	Longest diameter in (Using PF	cranio-caudal di RIOR Imaging)		rast phase used for prior naging measurements
Short Axis . cm [33] Long Axis . cm] .	0	late arterial [36] portal venous delayed	
		DIAGNOSISBY	ALL AVAILABLE INFORMATIO	N (UNOS and/or other	information availa	able)	
	g all information s HCC present? O Yes		nce of HCC (Scale of 0-100%): OT present) — 100% (HCC definitely	y present):	% of HCC) based of	r assessment (preser on imaging other tha ost-contrast imaging?	in O Yes, specify:
		Con	ntinue to report the next lesion (on the next page (as	applicable).		

If reporting is complete, continue to C3 form.

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

Baseline CT Local Interpretation: Untreated Lesion Form					Institution			Institution No Case No								
f this is a r	his is a revised or corrected form, please $\sqrt{\text{box.}}$						Pa	rtici	oant Ini	tials —		C	ase No			
	<u>UNTREATED</u> LESION TABLE								Rea	der ID:			Site use on	ly)		
Lesion # (Record #)	CT Lesion (Highest-# Seg (Running#	gment)	Additional Invo Segment(s) (If applicable, ma any additional invo segment #s)	ark ((Classification of (Class 4/4g = Not a Class 5A/5A-g = T1 S (Class 5B/5B-g = T2 S	n HCC) stage HCC)					Attenuat ed to live		Features kground)			
[1]	Highest-# Seg (Choose the hig Segment involved	ghest-#	☐ Segment 1 ☐ Segment 2	[5]	O Class 4 O Class 4g	[13]		14]		hypoatt not perf	enuating formed	0	isoattenuat	ing O	hyperattenua	ating
	the segment # with t tumor burde	the greatest	☐ Segment 3 ☐ Segment 4a	[7]	O Class 5A		Late Arterial [Phase	-1		hypoatt homoge	enuating enous	0	isoattenuat heterogene	Ü	hyperattenua	ating
8	0 2 0 6	6 7	☐ Segment 4b☐ Segment 5☐ Segment 6	[9]	O Class 5A	-g	Portal Venous [Phase [- 1		hypoatt	enuating enous	0	isoattenuat heterogene	O	hyperattenua	ating
	O 4b Running	# [3]	☐ Segment 7	[10] [11] [12]	O Class 5B O Class 5B-	g	Phase [22] E	3. O	hypoatt homoge		O O O No	isoattenuat heterogene	ous	hyperattenua	ating
Bi-dime	nsional Measure (Baseline		n Axial Plane	Axial Image	Measurements e# Series #	Longest	diameter in cranio-ca [Baseline Imaging]	ıuda			Lesior			Contras	t phase us easurement	
Short Axis	[25]	Long Axis	[26] cm		[27] [28]		cm			[29]	O well de O moder O poorly	rately d		O late are O portal O delaye	venous	[31]
					PRIOR	IMAGING	OMPARISON						Not availa	able _[32]		
Bi-dimensional Measurements on Axial Plane (Using PRIOR Imaging) Longe			Longest diameter in (Using Pf				directio	n			ised for pri- surements	or				
Short Axis cm [33] Long Axis cm					J.L	cm	1		[35]		e arterial tal venous layed		[36]			
			DIAGNOSI	SBYAL	LAVAILABLEINF	ORMATIO	N(UNOS and/or other	info	rmat	ion ava	ilable)					
	Considering all information available, is HCC present? O No O Yes O Yes						%			lar asses		(presence	O No O Yes, s	pecify:	_	

Continue to C3 form

0% (HCC definitely NOT present) — 100% (HCC definitely present):

[37]

this dynamic post-contrast imaging?

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. _____ **Baseline CT Local Overall Interpretation Form** Participant Initials _____ Case No. ____ If this is a revised or corrected form, please $\sqrt{\text{box}}$. 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** [1] **Number of Class 4 lesions** 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? [41] [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? $_{\scriptscriptstyle{[5]}}$ O No O Yes 3. Is the participant within Milan criteria? $_{\rm [6]}$ O No O Yes Comments: [7, 8] [10] Initials of person completing the form Date form completed (mm-dd-yyyy)

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

	Liver Transplant Allocation	Institution	Institution No. ————			
СТТ	Fechnical Assessment Form: Post Ablation	Participant Initials	Casa No			
If this	s is a revised or corrected form, please $\sqrt{\text{box.}}$	T di tioipant initialo	Case No.			
	uctions: The form is completed for the post ablation imaging visit (28-6 ologist, research associate, etc.) with the appropriate source document		ed research staff (i.e. imaging			
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 Medical reason					
		(refer to AE section of the protocol for				
	O Participant refusal O Other, specify _ O Progressive disease		 [4]			
3	Date of imaging: (<i>mm-dd-yyyy</i>) [5]					
	Scan		☐ Not done [42]			
4.	. Manufacturer: [6] OGE OPhilips OSiemens OToshiba OOther,					
5.	5. Model name/Institutional ID of scanner used for this exam:					
	Contrast Adn	ninistration	☐ Not done [43]			
6.		ninistration	☐ Not done [43]			
6.	Was IV contrast administered? [9] O No O Yes (complete Q6a-Q6c)	ninistration	☐ Not done [43]			
6.	Was IV contrast administered? O No O Yes (complete Q6a-Q6c)					
6.	Was IV contrast administered? [9] O No O Yes (complete Q6a-Q6c) 6a. lodine concentration (mg/L): [10] O 300 O 320 O 35					
6.	Was IV contrast administered? [9] O No O Yes (complete Q6a-Q6c) 6a. lodine concentration (mg/L): [10] O 300 O 320 O 35 6b. Amount injected: mL [12]	0 O 370 O Other				
6.	Was IV contrast administered? [9] O No O Yes (complete Q6a-Q6c) 6a. lodine concentration (mg/L): [10] O 300 O 320 O 35 6b. Amount injected: mL [12] 6c. Rate of contrast injection: mL/se	0 O 370 O Other	[11]			
6.	Was IV contrast administered? [9] O No O Yes (complete Q6a-Q6c) 6a. lodine concentration (mg/L): [10] O 300 O 320 O 35 6b. Amount injected: mL [12]	0 O 370 O Other				
	Was IV contrast administered? [9] O No O Yes (complete Q6a-Q6c) 6a. lodine concentration (mg/L): [10] O 300 O 320 O 35 6b. Amount injected: mL [12] 6c. Rate of contrast injection: mL/se	0 O 370 O Other	[11]			
7.	Was IV contrast administered? [9] O No O Yes (complete Q6a-Q6c) 6a. lodine concentration (mg/L): [10] O 300 O 320 O 35 6b. Amount injected: mL [12] 6c. Rate of contrast injection: mL/se	0 0 370 O Other	[11]			
7.	Was IV contrast administered? O No O Yes (complete Q6a-Q6c) 6a. lodine concentration (mg/L): [10] O 300 O 320 O 35 6b. Amount injected: mL [12] 6c. Rate of contrast injection: mL/se Abdominal Multiphasic Contract kVp: [14]	0 0 370 O Other	☐ Not done [44]			
7. 8. 9.	Was IV contrast administered? O No O Yes (complete Q6a-Q6c) 6a. lodine concentration (mg/L): [10] O 300 O 320 O 35 6b. Amount injected: mL [12] 6c. Rate of contrast injection: Abdominal Multiphasic Contract kVp: [14] mAs (provide one): [15] (per slice/effective) OR Dose length product (DLP):	0 0 370 O Other	☐ Not done [44]			
7. 8. 9.	Was IV contrast administered? O No O Yes (complete Q6a-Q6c) 6a. lodine concentration (mg/L): [10] O 300 O 320 O 35 6b. Amount injected: mL [12] 6c. Rate of contrast injection: Abdominal Multiphasic Contract kVp: [14] mAs (provide one): [15] (per slice/effective) OR Dose length product (DLP):	0 0 370 O Other	☐ Not done [44]			



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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UΙ	rechnica	Assessment	FOI III.	POST	Abiation

If this is a revised or corrected form, please $\sqrt{\text{box}}$.

ACRIN Study 6690

PLACE LABEL HERE

Institution	Institution No.
Participant Initials	Case No

Helical CT scanning performed per protocol?	Type of Contrast Injector Used	Bolus Timing Method
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 ^[25] O Yes	[26]
Dynamic Enhanced Imaging: LATE ARTERIAL	O No ^[27] O Yes	[28]
Dynamic Enhanced Imaging: PORTAL VENOUS	O No ^[29] O Yes	[30]
Dynamic Enhanced Imaging: DELAYED PHASE	O No [31] O Yes	[32]
Coronal reconstruction of dynamic late arterial imaging	O No [33] O Yes	[34]
Sagittal reconstruction of dynamic late arterial imaging	O No ^[35] O Yes	[36]

Adverse Events

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

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

COMMENTS:

[38, 39]

[40]

Initials of person completing the form

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

ACRIN Study 6690

PLACE LABEL HERE

	Liver Transplant Allocation	Institution	Institution No.
СТТ	echnical Assessment Form	Participant Initials	Coco No
If this	s is a revised or corrected form, please $\sqrt{\text{box.}}$	Tarticipant initials	Case No.
	The form the form is a small state of the site of the	2-9 Parameter Committee and American	male te e (UOO Ferrere l'en MELD
ooints	actions: The form is completed at baseline and at each serial imaging (no later than 90 days)] by the designated research staff (i.e. imaging nents. For assistance in completing Q1 UNOS listing update, please contents.	technologist, research associate, etc.)	with the appropriate source
1.	UNOS listing update (timepoint): [1]		
	O Baseline O 4 th UNOS update (360 da	y) O 8 th UNOS update (720 day))
	O 1st UNOS update (90 day) O 5th UNOS update (450 da	y) O 9 th UNOS update (810 day))
	O 2 nd UNOS update (180 day) O 6 th UNOS update (540 da		
	O 3 rd UNOS update (270 day) O 7 th UNOS update (630 da	y)	
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 Medical reason	1	
	•	(refer to AE section of the protocol for	reporting requirements)
			- [4]
	O Progressive disease		
3.	Date of imaging:(mm-dd-yyyy) [5]		
	Scar	ner	☐ Not done _[42]
4.	Manufacturer: [6] OGE OPhilips OSiemens OToshiba	O Other,	[7]
5.	Model name/Institutional ID of scanner used for this exam:		[8]
	Contrast Ad	ministration	☐ Not done [43]
6.	Was IV contrast administered? [9]		
	O No O Yes (complete Q6a-Q6c)		
	6a. Iodine concentration (mg/L): $_{[10]} \circ 300 \circ 320 \circ 35$	50 O 370 O Other	[11]
	6b. Amount injected:mL [12]		
	6c. Rate of contrast injection: mL/se	C [46]	
	Abdominal Multiphasic Con	rast Enhanced CT Imaging	☐ Not done [44]
7.	kVp: [14]		
8.	mAs (provide one): [15] (per slice/effective) OR	[16] (ran	ge) [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:,	nm _[21]	

1 of 2

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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If this is a revised or corrected form, please $\sqrt{\text{box}}$.

ACRIN Study 6690

PLACE LABEL HERE

Institution	Institution No.
Participant Initials	Case No

Helical CT scanning performed per protocol?	Type of Contrast Injector Used	Bolus Timing Method
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	

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

Adverse Events

Any adverse events related to imaging to report? (Refer to AE s O No (Initial and date form) O Yes (Complete AE form)	ection of the protocol for reporting requirements) [37]
COMMENTS:	
	[38, 39]
[40] Initials of person completing the form	Date form completed (mm-dd-yyyy)

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

Baseline E-MRI Local Interpretation Form - EOVIST

If this is a revised or corrected form, please $\sqrt{\text{box}}$.

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 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	\square 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: $_{[4]} \circ CT \circ MRI$
3.	Date of baseline imaging:(mm-dd-yyyy) [5]	
4.	Date of baseline imaging interpretation: (mm-dd-yyyy)	5. Reader ID:

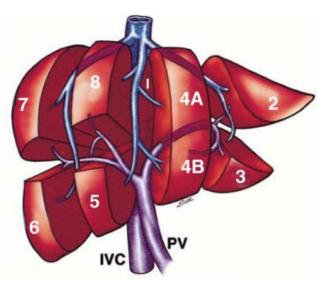
Naming Convention for Lesion Identification

- 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

O 2nd lesion in segment 6: Lesion ID Highest-# Segment Running #

Highest-# Segment Running #

- 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.

ACRIN

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 $\sqrt{\text{box}}$.

PLACE LABEL HERE							
Institution	Institution No						
Participant Initials	Case No						

ACRIN Study 6690

Instructions: The form is completed at the baseline imaging time point 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 1D 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).

ssigned 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 D: 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 L						ENTI	IFIED [55]	Reader	ID:		(Site use only)
on # ord #)	MRI Lesion ID (Highest-# Segment)	Additional Involved Segment(s)	(Class E4=Not an	Classification of Lesion (Class E4=Not an HCC) (Class E5A/E5A-g=T1 Stage HCC) (Class E5B/E5B-g=T2 Stage HCC)			al Intensit		d to liver	background)	
Lesion (Record	(Running#)	(If applicable, mark any additional involved segment #s)					A. O hyp		O iso	ointense	O hyperintense O hyperintense
[1]	Highest-# Segment: [2]	☐ Segment 1 [4]		[13]	i ilase. Oi		B. O hor	O		erogeneous ontrast? O No	O Yes
	(Choose the highest-# Segment involved and NOT the segment # with the greatest	☐ Segment 2 [5]	O Class E4		Portal Venous		A. O. hypB. O. hor			ointense erogeneous	O hyperintense
	tumor burden)	☐ Segment 3 [6] ☐ Segment 4a [7]	O Class E4			[20]	C. Enhand	cement relati	ve to pre-co	ontrast? O No	
1	O 2 O 6 O 3 O 7	Segment 4b [8]	O Class E5A-g		Delayed / Equilibrium		A. O. hypB. O. hor			erogeneous	O hyperintense
	O 4a O 8 O 4b		O Class E5B				C. Enhand		ve to pre-co	ontrast? O No	O Yes
	Running # real Segment 7 11		O Class E5B-g		[57]		A O hyp	oointense		pintense	O hyperintense
		☐ Segment 8 [12]			Hepatobiliary Phase: SI	[58] [59]	B. O hor			erogeneous ontrast? O No	O Yes
Bi-dime	nsional Measurements on (Baseline Imaging)	AXIAI FIAIIE	xial Measurements nage# Series #	Longest	diameter in cranio-caudal direction [Baseline Imaging] Lesion definition Contrast phase used for measurements						
Short Axis	[25] Long Axis	[26] cm	[27] [28]		[29] O well defined [30] O late arterial O delayed/equ O moderately defined O portal venous O hepatobili						
			PRIOR	IMAGING	COMPARISON				☐ Not av	vailable [32]	
Bi-	dimensional Measureme	nts on Axial Plane	(Using PRIOR Imagin	g)	Longest diameter in cranio-caudal direction (Using PRIOR Imaging) Contrast phase used for imaging measurement				•		
Short Axis . cm [34] Long Axis . cm				[34]	O late arterial O delayed/equilibrium O portal venous O hepatobiliary					layed/equilibrium ^[36] patobiliary	
		DIAGNOSISB	Y ALL AVAILABLE INF	ORMATIO	N (UNOS and/or other in	inforn	mation av	ailable)			
Considering all information available, is HCC present? [37] DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available) Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38] Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38] Shift Imaging other than this dynamic post-contrast imaging? [39] [39] O No O Yes (Mark all that apply) [42] Shift Imaging [40] [42] Other, [43]						[43] [44]					

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

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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Baseline WRI Local Interpretation: Untreated Lesion Form - EUVIST						Institution		Institution No		
f this is a r	evised or corrected form, p		Participant In	itials	С	ase No				
			UNTRE	SIONTABLE		Reader ID:		Site us	se only)	
on # ord #)	MRI Lesion ID	Additional Involved Segment(s)	(Class E4=Not an	HCC)		Signal Intensit	n Signal Featury compared to		ckground)	
Lesion (Record	(Highest-# Segment) (Running#)	(If applicable, mark any additional involved segment #s)	(Class E5A/E5A-g=T1 S (Class E5B/E5B-g=T2 S		T1 Pre-contrast: S	[15] A O hyp	pointense O		71	erintense
[1]	Highest-# Segment: [2] (Choose the highest-#	☐ Segment 1 [4]		[13]	Late Arterial Phase: SI	[16] B. O hor		•	geneous	
	Segment involved and NOT the segment # with the greatest tumor burden) O 1 0 5	☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7]	O Class E4		Portal Venous Phase: SI	[18] A O hyp. [19] B. O hor [20] C. Enhand		hetero	geneous	erintense
2	O 2 O 6 O 3 O 7 O 4a O 8 O 4b	0 2 0 6 0 3 0 7 0 4a 0 8 ☐ Segment 4b [8]		O Class E5A-g O Class E5B O Class E5B-g		[22] B. O hor [23] C. Enhand	A O hypointense O isointense O B. O homogenous O heterogeneous C. Enhancement relative to pre-contrast? O No D. Pseudocapsule? O No O Yes			perintense s
	Running # [3]	☐ Segment 7 [11] ☐ Segment 8 [12]				[57] A O hyg [58] B. O hon [59] C. Enhand		hetero	geneous	perintense Yes
Bi-dime	nsional Measurements or (Baseline Imaging)	Axiai i iaile	mage# Series #	Longest	diameter in cranio-ca [Baseline Imaging]	udal direction	Lesion defir	nition	Contrast phase for measurem	
Short Axis	[25] Long Axis	[26]	[27] [28]		□ . □ cm	[29]	O well defined O moderately defined O poorly defined	imea	O late arterial O delay O portal venous O hepat	[31] red/equilibrium tobiliary
			PRIOR	IMAGING	COMPARISON			Not avail	able _[32]	
Bi-	dimensional Measureme	ents on Axial Plane	(Using PRIOR Imaging	g)	Longest diameter i (Using P	n cranio-cauda RIOR Imaging)			ast phase used fo aging measuremo	
;	Short Axis cm	[33] Lo	ng Axis cm	[34]		cm	[35]	O late ar	terial O delayed/equ venous O hepatobiliar	iilibrium ^[36] y
		DIAGNOSISB	Y ALL AVAILABLE INF	ORMATIO	N (UNOS and/or other	information av	ailable)			
informatio	Considering all information available, is HCC present? [37] Probability of presence of HCC (Scale of 0-100%): 0 No 0 Yes O No 0 Yes O No 0 Yes Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): O No 0 Yes Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [38] O No 0 Yes (Mark all that apply) □ T1 Chemical Shift Imaging [40] □ Other, [43] □ Other, [44]									
	Conti	nue to report the ne	xt lesion on the next p	age (as ap	plicable). If reporting	is complete, co	ontinue to E3 f	orm.		

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

Baseline MRI Local Interpretation: Untreated Lesion Form - EOVIST							141-1-		stitution No	
f this is a r	evised or corrected form, p		Participant in	itials		ase No				
			<u>UNTRI</u>	<u>EATED</u> LE	SIONTABLE		Reader ID:		(Site use	e only)
on # rd #)	MRI Lesion ID	Additional Involved Segment(s)	Classification of (Class E4=Not ar		(SI =	Lesio Signal Intensit	n Signal Featury compared to		ckground)	
Lesion (Record	(Highest-# Segment) (Running#)	(If applicable, mark any additional involved segment #s)	(Class E5A/E5A-g=T1 (Class E5B/E5B-g=T2		T1 Pre-contrast: S		pointense O			erintense
[1]	Highest-# Segment: [2] (Choose the highest-#	☐ Segment 1 [4]		[13]	Late Arterial Phase: SI	[16] B. O hor	oointense O mogenous O cement relative to	heterog	geneous	erintense
	Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5	 □ Segment 2 _[5] □ Segment 3 _[6] □ Segment 4a _[7] 	O Class E4		Portal Venous Phase: SI	[18] A O hyp [19] B. O hon [20] C. Enhand		heterog	geneous	rintense
3	O 2 O 6 O 3 O 7 O 4a O 8 O 4b	☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10]	O Class E5A-g O Class E5B O Class E5B-g	O Class E5B		[22] B. O hor [23] C. Enhance	O hypointense O isointense O h O homogenous O heterogeneous Enhancement relative to pre-contrast? O No O Y Pseudocapsule? O No O Yes			erintense
	Running # [3]	☐ Segment 7 [11] ☐ Segment 8 [12]				[57] A O hyp [58] B. O hor [59] C. Enhand		hetero	geneous	erintense es
Bi-dime	nsional Measurements or (Baseline Imaging)	Axiai Fiaile	mage # Series #	Longest	I esign definition I .			Contrast phase for measureme		
Short Axis	[25] Long Axis	[26] cm	[27] [28]					O late arterial O delayed O portal venous O hepatol	[31] d/equilibrium bbiliary	
			PRIO	RIMAGING	COMPARISON			Not avail	able _[32]	
Bi-	dimensional Measureme	ents on Axial Plane	(Using PRIOR Imagin	ng)	Longest diameter i (Using P	n cranio-cauda RIOR Imaging)			ast phase used for aging measureme	
;	Short Axis cm	[33] Lo	ong Axis cm	[34]		cm	[35]	O late art	terial O delayed/equil	librium ^[36]
		DIAGNOSISB	Y ALL AVAILABLE IN	FORMATIO	N (UNOS and/or other	information ava	ailable)			
informatio	Considering all information available, is HCC present? [37] O No O Yes O Wes Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): [38]					inaging other than this			□ pwi	[44]
	Conti	nue to report the ne	ext lesion on the next _l	page (as ap	pplicable). If reporting	is complete, co	ontinue to E3 f	orm.		

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

Pasalina MPI Local Interpretation: Untroated Locion Form - FOVIST

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baseline wiki Local interpretation: Ontreated Lesion Form - Lovisi						Institution Participant In	itials		No	
If this is a r	evised or corrected form, p	olease √box.								
			<u>UNTRE</u>	ATED LE	SIONTABLE		Reader ID:		(Site use only)	
on # ord #)	MRI Lesion ID	Additional Involved Segment(s)	(Class E4=Not an	HCC)		= Signal Intensi	on Signal Featury ty compared to	res liver background)	
Lesion (Record	(Highest-# Segment) (Running#)	(If applicable, mark any additional involved segment #s)	(Class E5A/E5A-g=T1 S (Class E5B/E5B-g=T2 S		T1 Pre-contrast: S	[15] A O hyp	pointense O	isointense	O hyperintense O hyperintense	
[1]	Highest-# Segment: [2]	☐ Segment 1 [4]		[13]	Late Arterial Phase: SI	[16] B. O hoi	mogenous O	heterogeneous pre-contrast? O N	o O Yes	
4	Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7]	Segment 4a [7] Class E5A Class E5A-g Segment 5 [9] Class E5B			[18] A O hyp [19] B. O hor [20] C. Enhand		isointense heterogeneous pre-contrast? O N	O hyperintense	
	O 2 O 6 O 3 O 7 O 4a O 8 O 4b	☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10]		Equilibrium Phase: SI	 [21] A. O hy [22] B. O ho [23] C. Enhan [24] D. Pseud 	mogenous O cement relative to		O hyperintense o O Yes		
	Running # [3]	☐ Segment 7 [11] ☐ Segment 8 [12]			Hepatobiliary Phase: SI	 [57] A O hypointense O isointense O hyperintens [58] B. O homogenous O heterogeneous [59] C. Enhancement relative to pre-contrast? O No O Yes 				
Bi-dime	nsional Measurements or (Baseline Imaging)	Axiai I laile	xial Measurements mage # Series #	Longest				st phase used easurements		
Short Axis	[25] Long Axis	[26]	[27] [28]		[29] O well defined [30] O moderately defined O poorly defined O poorly defined					
			PRIOR	RIMAGING	COMPARISON			Not available [32]		
Bi-	dimensional Measureme	ents on Axial Plane	(Using PRIOR Imagin	g)		Longest diameter in cranio-caudal direction (Using PRIOR Imaging)			ontrast phase used for prior imaging measurements	
:	Short Axis cm	[33] Lo	ng Axis cm	[34]		cm	[35]	O late arterial O d O portal venous O h	elayed/equilibrium ^[36] epatobiliary	
		DIAGNOSISB	Y ALL AVAILABLE INF	ORMATIO	N (UNOS and/or other	information av	ailable)			
Considering all information available, is HCC present? O No O Yes Probability of presence of HCC (Scale of 0-100%): O No O Yes Probability of presence of HCC (Scale of 0-100%): O No O Yes (Mark all that apply) (presence of HCC) based on imaging other than this shift Imaging [40] Other										
	Conti	nue to report the ne	xt lesion on the next p	age (as ap	plicable). If reporting	is complete, co	ontinue to E3 fo	orm.		

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 No.

Institution

If this is a revised or corrected form, please $\sqrt{\text{box}}$.							pant Initials Case No			
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 I (Class E4=Not an I (Class E5A/E5A-g=T1 S (Class E5B/E5B-g=T2 S	HCC) tage HCC)	(SI =	Signal Intensi	pointense O	liver backgrou	O hyperintense O hyperintense	
5	Highest-# Segment: [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 0 5 O 2 0 6 O 3 0 7 O 4a 0 8	Segment 1 [4] Segment 2 [5] Segment 3 [6] Segment 4a [7] Segment 4b [8] Segment 5 [9]	O Class E4 O Class E5A O Class E5A-g O Class E5B O Class E5B-g		Late Arterial Phase: SI Portal Venous Phase: SI Delayed/ Equilibrium	[16] B. O hou [17] C. Enhance [18] A O hyp [19] B. O hou [20] C. Enhance [21] A O hyp [22] B. O hou	B. O homogenous O heterogeneous C. Enhancement relative to pre-contrast? O No O Yes A O hypointense O isointense O hyperinte B. O homogenous O heterogeneous C. Enhancement relative to pre-contrast? O No O Yes A O hypointense O isointense O hyperinte B. O homogenous O heterogeneous			
	Running # [3]	☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]			Phase: SI Hepatobiliary Phase: SI diameter in cranio-ca	[24] D. Pseud [57] A O hy [58] B. O ho [59] C. Enhan	C. Enhancement relative to pre-contrast? O No O Yes D. Pseudocapsule? O No O Yes A O hypointense O isointense O hyperintense B. O homogenous O heterogeneous C. Enhancement relative to pre-contrast? O No O Yes direction			
(Baseline Imaging) Image # Series # [25] [26] [27] [28] Short Axis					[Baseline Imaging]	[29] O well defined [30] O moderately defined O late arterial O delayed/equilib				
			PRIOR	IMAGING	COMPARISON			Not available [32	2]	
Bi	dimensional Measureme	Longest diameter i (Using P		On Contrast phase used for prior imaging measurements						
Short Axis . cm [33] Long Axis . cm [34]							O late arterial O delayed/equilibrium [36] O portal venous O hepatobiliary			
		DIAGNOSISBY	Y ALL AVAILABLE INFO	ORMATIO	N (UNOS and/or other	information av	ailable)			
Considering all information available, is HCC present? O No O Yes 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 DWI [42] Shift Imaging [40] Other, [43]			DWI _[42]				
Continue to report the next lesion on the next page (as applicable). If reporting is complete, continue to E3 form.										

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

Baseline MRI Local Interpretation: Untreated Lesion Form - EOVIST								Institution No		
f this is a revised or corrected form, please $\sqrt{\text{box}}$.							Initials	Case No		
UNTREATED LESION TABLE Reader ID: (Site use only)										
(# p.	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved	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)					
Lesion (Record					T1 Pre-contrast: SI [14] O hypointense (isointense	O hyperintense	
[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	segment #s) Segment 1 [4] Segment 2 [5] Segment 3 [6] Segment 4a [7] Segment 4b [8] Segment 5 [9] Segment 6 [10]	O Class E4 O Class E5A O Class E5A-g O Class E5B O Class E5B-g		Late Arterial Phase: SI	[15] A. O hypointense [16] B. O homogenous [17] C. Enhancement relati		O isointense O hyperintense O heterogeneous to pre-contrast? O No O Yes		
					Portal Venous Phase: SI	[19] B. O	nypointense Conomogenous Connement relative to	O hyperintense O Yes		
					Delayed/ Equilibrium Phase: SI	[22] B. O C. Enh	B. O homogenous O heterogeneous C. Enhancement relative to pre-contrast? O No O Yes			
	Running # [3]	☐ Segment 7 [11] ☐ Segment 8 [12]		-	Hepatobiliary Phase: SI	[57] A O hypointense O isointense O hyperinter [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 Image # Series # Longest diameter in cranio-caudal direction [Baseline Imaging] Lesion definition Contrast phase used for measurements									•	
[25] [26] [27] [28] [28] [29] [29] [29] [29] [29] [29] [29] [29] [29] [29] [29]								[31] O delayed/equilibrium O hepatobiliary		
			PRIORIM	IAGING C	COMPARISON			Not available [32]		
Bi-	dimensional Measureme	nts on Axial Plane (Using PRIOR Imaging)	Longest diameter i (Using P		Contrast phase used for prior imaging measurements				
Short Axis . cm [33] Long Axis . cm [34]					[35]			O late arterial O delayed/equilibrium [36] 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 No 0 Yes (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 DWI [42] Shift Imaging [40] Other, [43]			[43] [44]		
Continue to report the next lesion on the next page (as applicable). If reporting is complete, continue to E3 form.										

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					Institution			1 No	
f this is a revised or corrected form, please \sqrt{box} .					Participan	Initials	Case No.		
			<u>UNTRE</u>	ATED LE	SIONTABLE		Reader ID:		(Site use only)
on # ord #)	MRI Lesion ID (Highest-# Segment)	Additional Involved Segment(s)	Classification of (Class E4=Not an	HCC)		Lesion Signal Features = Signal Intensity compared to liver background)			d)
Lesion (Record	(Running#)	(If applicable, mark any additional involved segment #s)	(Class E5A/E5A-g=T1 S (Class E5B/E5B-g=T2 S	Stage HCC) Stage HCC)	T1 Pre-contrast: S	71 21			O hyperintense O hyperintense
[1]	Highest-# Segment: [2]	☐ Segment 1 [4]		[13]	Late Arterial Phase: SI	[16] B. O	homogenous C		No O Yes
	Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5	☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7]	O Class E4 O Class E5A O Class E5A-g O Class E5B O Class E5B-g		Portal Venous Phase: SI	[19] B . O	hypointense C homogenous C nancement relative to) heterogeneous	O hyperintense No O Yes
7	O 2 O 6 O 3 O 7 O 4a O 8 O 4b	☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10]			Delayed/ Equilibrium Phase: SI	[22] B. O C. En	B. O homogenous O heterogeneous		,
	Running # [3]	☐ Segment 7 [11] ☐ Segment 8 [12]			Hepatobiliary Phase: SI	[58] B. O	hypointense (homogenous (nancement relative t) heterogeneous	O hyperintense No O Yes
Bi-dimensional Measurements on Axial Plane (Baseline Imaging) Axial Measurements Image # Series # Longest diameter in cranio [Baseline Imaging]			diameter in cranio-ca [Baseline Imaging]		Lesion defi	nition	ast phase used measurements		
[25] [26] [27] [28] Short Axis				O well defined O moderately de O poorly define		[31] ial O delayed/equilibrium ous O hepatobiliary			
			PRIOR	IMAGING	COMPARISON			Not available [32]	
Bi-	dimensional Measureme	nts on Axial Plane (Using PRIOR Imagino	g)	Longest diameter i (Using F	in cranio-ca PRIOR Imag		•	se used for prior neasurements
;	Short Axis . cm [33] Long Axis . cm [34] . cm [35] O late arterial O delayed/equilibrium [36] O portal venous O hepatobiliary								
		DIAGNOSISBY	ALL AVAILABLE INF	ORMATIO	N (UNOS and/or other	information	available)		
Considerin information is HCC pre	n available, O No sent? O Yes 0%	•	of HCC (Scale of 0-100% ent) - 100% (HCC definitely		Is this particular a (presence of HCC) imaging other tha dynamic post-con) based on in this		Mark all that apply) Chemical DW ift Imaging [40] [41]	// _[42] ner, _[43]
	Continue to report the next lesion on the next page (as applicable). If reporting is complete, continue to E3 form.					is complete	, continue to E3 f	orm.	

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 f this is a revised or corrected form, please $\sqrt{\text{box.}}$					Institution Participant In	itials		No	
			<u>UNTRE</u>	EATED LE	ESIONTABLE		Reader ID:		(Site use only)
Lesion # (Record #)	MRI Lesion ID (Highest-# Segment)	Additional Involve Segment(s) (If applicable, mark	(Class E4=Not an HCC) (Class E5A/E5A-g=T1 Stage HCC)		(SI =	Lesion Signal Features (SI = Signal Intensity compared to liver background) ntrast: SI [14] O hypointense O isointense O hyperin			O hyperintense
(Re Le	(Running#) Highest-# Segment: [2] (Choose the highest-#	any additional involved segment #s) Segment 1 [4]	(Class E5B/E5B-g=T2 \$	Stage HCC) [13]	Late Arterial Phase: SI	[15] A O hyp [16] B. O hor [17] C. Enhand	nogenous O	isointense heterogeneous pre-contrast? O N	O hyperintense
	Segment involved and NOT the segment # with the greatest tumor burden) O 1 O 5	☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7]	O Class E4		Portal Venous Phase: SI	[18] A O hyp. [19] B. O hor [20] C. Enhance	nogenous O	isointense heterogeneous pre-contrast? O N	O hyperintense
8	O 2 O 6 O 3 O 7 O 4a O 8 O 4b	☐ Segment 4b _[8] ☐ Segment 5 _[9] ☐ Segment 6 _[10]	O Class E5A-g O Class E5B O Class E5B-q	Delayed/ Equilibrium Phase: SI	[21] A O hyp [22] B. O hon [23] C. Enhand [24] D. Pseudo	mogenous O		O hyperintense	
	Running # [3]	☐ Segment 7 [11] ☐ Segment 8 [12]			Hepatobiliary Phase: SI	[57] A O hyp [58] B. O hor [59] C. Enhand	mogenous O		O hyperintense
Bi-dime	nsional Measurements or (Baseline Imaging)	Axiai i iaile	Axial Measurements Image # Series #	Longest	diameter in cranio-ca [Baseline Imaging]		Lesion defir	ITION	st phase used leasurements
Short Axis	[25] Long Axis	[26] cm	[27] [28]		cm	[29]	O well defined O moderately dei O poorly defined		[31] I O delayed/equilibrium us O hepatobiliary
			PRIOF	RIMAGING	COMPARISON			Not available [32]	
Bi-	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					O late arterial O delayed/equilibrium [36] O portal venous O hepatobiliary		delayed/equilibrium ^[36] nepatobiliary		
		DIAGNOSISE	BY ALL AVAILABLE INF	ORMATIO	N (UNOS and/or other	information av	ailable)		
information	Considering all information available, is HCC present? O No O Yes O Yes O No O Yes O N			y	Is this particular a (presence of HCC) imaging other tha dynamic post-con-) based on n this	Пт₁ /	ark all that apply) Chemical ☐ DWI t Imaging _[40] ☐ Othe	

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

Baseline E-MRI Local Overall Interpretation Form

If this is a revised or corrected form, please $\sqrt{\text{box}}$.

ACRIN Study 6690 PLACE LABEL HERE

Institution	Institution No
Participant Initials	Case No.

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]			

 Were there additional Class E4 lesions that were not reported? [4] [Protocol only requires the reported ONO NO Yes 	ting of up to 5 (five) Class E4 lesions]
 Was there any imaging evidence of macrovascular invasion by tumor? No Yes 	
3. Is the participant within Milan criteria? [6] O No O Yes	
Comments:	
	[7, 8]
[9] Initials of person completing the form	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

	Liver Transplant Allocation	Institution — Institution No. —				
E-M	RI Technical Assessment Form: Post Ablation					
lf thi	s is a revised or corrected form, please $\sqrt{\text{box.}}$	Participant Initials	Case No			
	ructions: This form is completed for the post ablation imaging visit (28-60 nologist, research associate, etc.) with the appropriate source documents		ignated research staff (i.e. imaging			
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)					
	•	efer to AE section of the protoc	col for reporting requirements) ——— [4]			
3.	Date of imaging: (mm-dd-yyyy) [5]					
	Scanne	er	☐ Not done _[54]			
4.	Manufacturer: [6] OGE OPhilips OSiemens OToshiba	O Other,	[7]			
5.	. Model name/Institutional ID of scanner used for this exam:					
6.	What magnet strength was the exam acquired on? $_{[9]}$ O1.5	Tesla O3.0 Tesla				
	Contrast Admir	nistration	☐ 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 [5	57]				
	7c. Was bolus tracking used? [15] O No (Complete Q7d) O Yes					
	7d. If bolus tracking was not used, specify method: O Timing bolus O Fixed time delay					

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: Post	Ablation

					/	
If this is a	revised of	or corrected	form.	please	√box.	

ACRIN Study 6690 PLACE LABEL HERE

Institution ————	Institution No.
Participant Initials	Case No

Sequence Information			☐ Not done _[56]
Sequence	Performe	d?	Series Number
Pre-contrast T1-weighted gradient echo	O No O Yes	[17]	[18]
Dynamic post-extracellular-gadolinium T1-weighted gradient echo: LATE ARTERIAL	O No O Yes	[19]	[20]
Dynamic post-extracellular-gadolinium T1-weighted gradient echo: PORTAL VENOUS	O No O Yes	[21]	[22]
Dynamic post-extracellular-gadolinium T1-weighted gradient echo: EQUILIBRIUM	O No O Yes	[23]	[24]
Dynamic post-extracellular-gadolinium T1-weighted gradient echo: HEPATOBILIARY	O No O Yes	[58]	[59]
Coronal reconstruction of dynamic late arterial imaging	O No O Yes	[25]	[26]
Sagittal reconstruction of dynamic late arterial imaging	O No O Yes	[27]	[28]
T1-weighted (in/out phase)	O No O Yes	[29]	[30]
T2-weighted (with FAT SAT)	O No O Yes	[31]	[32]
T2-weighted (without FAT SAT)	O No O Yes	[33]	[34]
Diffusion weighted imaging	O No O Yes	[35]	[36]
[37]	O No O Yes	[38]	[39]
[40]	O No O Yes	[41]	[42]
	O No	[44]	[45]
[43]	O Yes O No	[47]	[48]
[46]	O Yes		

Adverse Events				
Any adverse events related to imaging to report? (Refer to AE section O No (Initial and date form) O Yes (Complete AE form)	on of the protocol for reporting requirements) [49]			
COMMENTS:	[50, 51]			
	——— - ——— [53] Date form completed (mm-dd-vvvv)			

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

Local Pathology Summary Form - Eovist

If this is a revised or corrected form, please $\sqrt{\text{box}}$.

ACRIN Study 6690 PLACE LABEL HERE

Institution _____ Institution No. _____

Participant Initials _____ Case No. _____

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? $_{\scriptscriptstyle{[3]}}$
 - O No
 - O Yes
- - O No
 - O Yes

Initials of person completing the form

Date form completed (mm-dd-yyyy)

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

Techn		

If this is a revised or corrected form, please $\sqrt{\text{box}}$.
--

		Liver Transplant Allocation	Institution ————	Institution No. ————
E-M	RITed	chnical Assessment Form	montation	
		evised or corrected form, please $\sqrt{\text{box.}}$	Participant Initials	Case No.
MELI docu	D points ments. T	1S: The ER form is completed at baseline and at each serial imaging (no later than every 90)] by the designated research staff (i.e. imaging The Eovist-enhanced MRI must be performed no earlier than 1 calend points. For assistance in completing Q1 UNOS listing update, please	ng technologist, research associate, etc. dar day and no later than 7 days afte) with the appropriate source r the main trial MRI at all
1.	UNO	S listing update (timepoint): [1]		
	0	2 1	O 7 th UNOS update (630 day)	
	0	1st UNOS update (90 day) O 5th UNOS update (450 day)	O 8 th UNOS update (720 day)	
	0	_	O 9 th UNOS update (810 day)	
	0	3 rd UNOS update (270 day)	, , ,	
2.	Was	imaging exam completed? [2]		
	0	No (Complete Q2a, then form as applicable) Yes (Continue to Q3)		
	2a.	Reason imaging not completed: [3]		
		O Participant death O Medical reason		
		0	efer to AE section of the protocol for	reporting requirements)
		`		
		O Progressive disease		[4]
		•		
3.	Date	of imaging:(mm-dd-yyyy) [5]		
		Scanne	r	☐ Not done _[54]
4.	Manu	ufacturer: [6] OGE OPhillips OSiemens OToshiba	O Other,	[7]
5.	Mode	el name/Institutional ID of scanner used for this exam: $ _$		[8]
^	\A/I (
6.	wnat	t magnet strength was the exam acquired on? [9] O1.5 T	esla O3.0 Tesla	
		Contrast Admin	nistration	☐ Not done [55]
7.	Was	Eovist administered? [10]		
	0	No		
	0	Yes (Complete Q7a-Q7c)		
	7a.	Amount Eovist injected:mL [13]		
	7b.	Rate of contrast injection: mL/sec [5	7]	
	7c.	Was bolus tracking used? O No (Complete Q7d) O Yes		
	7d.	If bolus tracking was not used, specify method: [16] O Timing bolus		

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 correc	ted form	nlease	√	hox	

ACRIN Study 6690
PLACE LABEL HERE

Institution ————	Institution No.
Participant Initials	Case No

☐ 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]

Sequence Information

- 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)

` ' '

Initials of person completing the form

Date form completed (mm-dd-yyyy)

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 Fovist Sub-trial

Removal from Eovist Sub-trial Institut			Institution	Institution No		
If th	nis is a revis	sed or corrected form, please $\sqrt{\text{box.}}$	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 r	reason for removal from Eovist Sub-trial by selections Adverse Event / Side Effects / Complications Protocol violation: (check all that apply) Did not meet eligibility [7] Other [12] (specify below) Eovist sub-trial terminated by sponsor Patient withdrawal from the Eovist Sub-trial	ecting <i>one</i> of the following: [1]	I		
	O 5 O 6 O 88	Unable to complete an E-MRI within 90 days prion Developed contrast-induced nephropathy		— (42)		
_				[13]		
2.	Date of di	isposition:(mm-dd-yyyy) [14]			
3.		vestigator review and sign off on the participant's	s disposition? [15]			
Co	O 1 O 2	No Yes				
_				[16]		
In	itials of per	rson completing the form		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

ACRIN Study 6690 PLACE LABEL HERE

Institution ___ _____ Institution No. __ E-MRI (EW) Image Transmittal Worksheet Participant Initials _____ Case No. ____ If this is a revised or corrected form, please \sqrt{box} . 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 Section II: Image Submission** CD/DVD \square_{7} Electronic Transfer (TRIAD) Instrument/Scanner Manufacturer: (Indicate the scanner manufacturer [e.g. GE, Siemens, Philips, etc.]) Scanner make / site specific name: ___ [10]

		[11]		
Exam	Series	Series #	# of Images	Comments
Axial T1: In/Out Phase	2D $\square_{[12]}$ 3D $\square_{[13]}$	[14]	[15]	[16]
Axial T2 with Fat Sat	[17]	[18]	[19]	[20]
Axial T2 w/o Fat Sat	[21]	[22]	[23]	[24]
	Pre-contrast	[25]	[26]	[27]
Axial 3D T1	Late Arterial	[28]	[29]	[30]
Axiai 3D TT	Portal	[31]	[32]	[33]
	Delayed	[34]	[35]	[36]
Hepatobiliary	[59]	[60]	[61]	[62]
Reformats	Sagittal	[37]	[38]	[39]
Kerorinats	Coronal	[40]	[41]	[42]
	[43]	[44]	[45]	[46]
Additional Sequences	[47]	[48]	[49]	[50]
	[51]	[52]	[53]	[54]
Form Completed By:		[55]	Date Form Comp	leted:
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.

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

Serial Imaging Visit Form - Eovist

If this is a revised or corrected form, please $\sqrt{\text{box.}}$

Institution	Institution No.
Participant Initials	Case No

						Part I. Eovist Imaging		
1.	UNO	S Listiı	ng Update (Tim	nepoint): [4]				
	0		IOS update (90)		0	4th UNOS update (360) day	0	7 th UNOS update (630) day
	0		NOS update (180	•	0	5 th UNOS update (450) day		8 th UNOS update (720) day
	0		NOS update (270		0	6th UNOS update (540) day	0	9 th UNOS update (810) day
2.	Has I	Eovist i	imaging been o	completed?				
	0		Complete Q2a)	O Yes	Date of	E-MR imaging:		_ (mm-dd-yyyy) _[3]
	2a.	Reas	on Eovist imaç	ging was not co	mplete	d: [4]		
		0	Scheduling pro		0	Participant withdrew consent from I	Eovist subtri	ial
		0	Went to transpl		0	Participant withdrew consent from e		
		0	Removed from		0	Participant death		
		0	Contraindication	n to contrast agen	nt O	Participant refusal		
		0	Medical reason	ı	0	Adverse event (Refer to the protoc	ol for AE re	porting requirements)
		0	Unknown		0	Other, specify		[5]
~~		ITO:						
CO	IVIIVIEIN	115:						
								[6,
				[81				
Initi	als of		completing the					Date form completed (mm-dd-yyy

I1

ACRIN 6690

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

	Diagnosis of Hepatocellular Carcinoma	Later to					
	Initial Visit Form	Institution	Institution No				
lf thi	s is a revised or corrected form, please $\sqrt{\text{box.}}$	Participant Initials	Case No				
	uctions: The form is completed after the initial imaging visit by the dewith the appropriate source documents.	signated research staff (i.e. transplant	coordinator, research associate,				
	Part I. UN	IOS Listing					
1.	UNOS listing update (timepoint) O Baseline						
2.	Imaging modality used for UNOS listing: O CT Date of CT imaging						
3.	Was imaging study used for UNOS listing completed within O No (Protocol requires that the imaging be repeated if outside 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. Req	uired 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	is olangitis					

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

Initial Visit Form				stitution	nstitution No. ————			
f this is a revised or corre	cted form,	please Vbox.	Pa	Participant Initials Case No				
		Part II. Required	d Valu	ues (continued)				
Required Lab Tests		Required Lab Tests		Date Performed	Result	Unit		
Serum AFP	Serum AFP O No, specify: O Yes			(mm-dd-yyyy)		O ng/mL O other, specify		
Serum creatinine	O No, s O Yes	specify:				mg/dL		
Total Bilirubin	O No, s O Yes	specify:				mg/dL		
Serum albumin	O No, s O Yes	specify:		(mm-dd-yyyy)		g/dL		
Internal normalized ratio (INR)	O No, s O Yes	specify:						
		Please assess th	e foll	lowing items:				
		Ascites	O	None Mild Severe				
		Hepatic encephalopathy	O	None Grade Grade III-IV (or refract	ory)			
		w, the Metabolic MELD and Ch e. The form completion guide						
	(C	Metabolic MELD Score alculated during web entry)	(Child-Pugh Sco calculated during we				
COMMENTS:								
nitials of person complet	itials of person completing the form ———————————————————————————————————							

ACRIN 6690 ACRIN Study 6690 A Prospective, Multicenter Comparison of Multiphase PLACE LABEL HERE Contrast-Enhanced-CT and Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma Institution_ Institution No. CT (IT) Image Transmittal Worksheet Participant Initials Case No.-If this is a revised or corrected form, please $\sqrt{\text{box}}$. 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** $\square_{[2]}$ Baseline $\square_{[3]}\square$ — $\square_{[4]}$ - Day UNOS Update $\square_{[5]}$ Post-Ablation Time point: \square_{\square} QA scan Participant DOB: $\underline{\hspace{1cm}}_{M} \underline{\hspace{1cm}}_{M} / \underline{\hspace{1cm}}_{D} \underline{\hspace{1cm}}_{D} / 19 \underline{\hspace{1cm}}_{Y} \underline{\hspace{1cm}}_{[6]}$ **Section II: Image Submission** [8] **Electronic Transfer (TRIAD)** [7] **CD/DVD** Instrument/Scanner Manufacturer: (Indicate the scanner manufacturer [e.g. GE, Siemens, Philips, etc.]) Scanner make/site specific name: ______Date of Exam ____/___/20__ Section III: CT Exam Submission (select all that apply) # of Images Exam Series Series # **Comments** Pre-contrast [13] Optional [12] **Dynamic Enhanced** Late Arterial [15] [16] **Imaging** Portal [19] [18] Delayed [21] [22] Sagittal [25] [24] Reformats Coronal [28] [27] [30] [31] [32] **Additional**

For further information or questions,

[44]

[35]

[39]

please contact the ACRIN staff @215-940-8810 or email: imagearchive@acr.org Please keep a copy of the ITW for your records.

Phone #:

[40]

Date Form Completed:

(MM -

Sequences

Email:

Form Completed By:

[34]

[38]

DD -

[14]

[17]

[20]

[23]

[26]

[29]

[33]

[37]

[41]

[43]

[45]

YY)

ACRIN 6690 - Eovist Sub-trial

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

Specify form type not available: (check all that apply)

 \square CT_[21] \square MRI_[22] \square E-MRI_[23]

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

Local Pathology Form - Eovist		Institution	Institution No	_
If this is a revised or corrected form, please $\sqrt{\text{box.}}$		Participant Initials	Case No	
Instructions: The MR, CT, and E-MR interpretation forms must be completed bathologist, once the form has been electronically entered into our databased PS (pathology summary) forms.				
1. Date of accession: (mm-dd-yyyy) [1] 2. Liver weight [2] O kg [3] O grams	correlation? O No (Col	logist present to assist wit? [8] Intinue to Q8) Complete Q7a)	th the radiology-pathology	
O pounds 3. Were the participant's <u>images</u> from the CT modality a for review at the time of the radiology pathology corn O No O Yes (Complete Q3a)	vailable the rac relation? [17]	de the Reader ID(s) of the s diology correlation: er ID 1:	study radiologist(s) present at	t
3a. Date of CT imaging: (mm-c	dd-yyyy) [14] Reade	er ID 2:	[10]	
4. Were the participant's <u>images</u> from the MR modality a for review at the time of the radiology pathology corr O No O Yes (Complete Q4a)	relation? [18]	er ID 3:	y reader [11]	
4a. Date of MR imaging:	-dd-yyyy) [15]	tials of Radiologist (not stud	y reader):	[12]
 Were the participant's <u>images</u> from the E-MR modality for review at the time of the radiology pathology corr O No O Yes (Complete Q5a) 5a. Date of E-MR imaging:	relation? O Frontal O Sagittal O Horizon	croscopic liver sectioning (analogous to coronal imagin I / parasagittal ntal (analogous to axial imagin	g plane)	

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

O No (Complete Q6a) Yes (Continue to Q7)

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

Local Pathology Form - Eovist

				/	
If this is a re	evised or	corrected form,	please v	box.	

ACRIN Study 6690 PLACE LABEL HERE

Institution	Institution No
Participant Initials	Case No.

Naming Convention for Nodule Identification

Part 1: Highest-Number Segment:

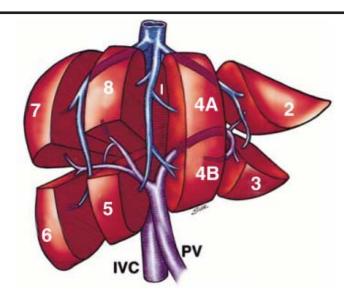
- O If a nodule cannot be unequivocally assigned to just one specific segment, identify the nodule by the involved segment with the HIGHEST Arabic numeral (NOT to be confused with the segment with the GREATEST tumor burden).
 - O <u>Example</u>: A nodule seen involving segments 6, 7, and 8 would have <u>8</u> 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

2nd lesion in segment 6: Lesion ID Highest-# Segment Running #

Highest-# Segment	Running	#
6	1	



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

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 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 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	\square SCAN NOT COMPLETED [8]				
 Was prior imaging used for comparison with this baseline image? 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] OCT	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]					
NI-	aming Convention for Losian Identification					

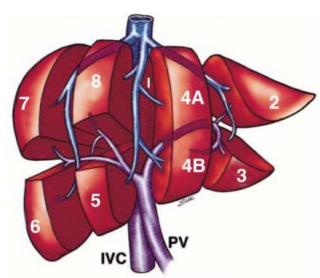
Naming Convention for Lesion Identification

- 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

O 2nd lesion in segment 6: Lesion ID Highest-# Segment Running #

Highest-# Segment	Running #
6	1

- 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.

☐ Segment 4a

☐ Segment 4b [8]

☐ Segment 5 [9]

☐ Segment 6 [10]

0 5

2 0 6

3 0 7

4a O 8

	ACRIN Study 6690	
	PLACE LABEL HERE	
,	Institution No.	

IVIZ	Contrast-Enhanced-CT a Diagnosis of Hepatocellu			BEL HERE					
If this is a Instruction table per class the lesion by	Institution Mo								
UNTREA	ATED LESION TABLE	□ SCAN NOT CO	OMPLETED [54] NO UNT	REATED LESION(S) IDE	ENTIFIED [55] Reader ID:	(Si	te 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)	(SI =	= Sig	Lesion Signal Feature gnal Intensity compared to liv			
[1]	Highest-# Segment: [2]	☐ Segment 1 [4]	[13]	T1 Pre-contrast: SI	[14]	O hypointense O	isointense O	hyperintense	
	(Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segment 2 _[5]	O Class 4 O Class 4g	Late Arterial Phase: SI	[15] [16]	A O hypointense O B. O homogenous O	isointense O heterogeneous	hyperintense	

Rur	ning # _[3]	☐ Segment 7 ☐ Segment 8	[11]	O Class 5B-	-g	Phase: SI [23] [24]		nogenous O heter cement relative to pre-cor ocapsule? O No	rogeneous ntrast? O No O Ye O Yes	:S
Bi-dimensional Me (Bas	surements of eline Imaging)	n Axial Plane	Axial Mea	Series #	Longest	diameter in cranio-cauda [Baseline Imaging]	direction	Lesion definition	Contrast phase use for measurement	
Short Axis .	[25] cm Long Axi	is . cm	[27]	[28]		cm	[29]	O well defined [30] O moderately defined O poorly defined	O late arterial O portal venous O delayed / equilibrium	[31]
PRIC						COMPARISON		☐ Not ava	ilable _[32]	

O Class 5A

O Class 5A-g

Class 5B

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

C. Enhancement relative to pre-contrast? O No

C. Enhancement relative to pre-contrast? O No

Ο

isointense

heterogeneous

isointense

A O hypointense

B. O homogenous

O hypointense

[18]

[19]

[20]

Portal Venous

Phase: SI

Delayed / Equilibrium_[22]

O Yes

hyperintense

O Yes

hyperintense

☐T1 Chemical Shift Imaging [40]	\square DWI $_{[42]}$
☐T2 _[41]	Other, [43]

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

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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Baseline	MRI Local Interpre		Institution		Institution No				
this is a r	evised or corrected form, p	olease Vbox.				Participant Ir	nitials	Case No	
JNTREA	TED LESION TABLE						Reader ID:	(5	Site use only)
Lesion # (Record #)	MRI Lesion ID (Highest-# Segment) (Running#)	(Class 4/4g = Not an HCC) (If applicable, mark any additional involved segment #s) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)							
[1]	Highest-# Segment: [2]	☐ Segment 1 [4]		[13]	T1 Pre-contrast: SI	[14] O hy	pointense O	isointense O	hyperintense
	(Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 0 5 O 2 0 6 O 3 0 7 O 4a 0 8 O 4b Choose the highest-# Segment 2 [5] Segment 3 [6] Segment 4a [7] Segment 4b [8] Segment 5		O Class 4 O Class 4g		Late Arterial Phase: SI	[15] A O hy [16] B. O ho [17] C. Enhan	mogenous O		hyperintense O Yes
2			O Class 5A O Class 5A-g		Portal Venous Phase: SI	[18] A O hy [19] B . O ho	pointense O mogenous O	isointense O	hyperintense O Yes
	Running # [3]	☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	O Class 5B O Class 5B-6	0 0.000 02			mogenous O		hyperintense O Yes
Bi-dime	nsional Measurements or (Baseline Imaging)	Axiai I iaile	nage # Series #	Longest	diameter in cranio-ca [Baseline Imaging]		Lesion defin	Contrast p for meas	hase used urements
Short Axis	[25] cm Long Axis	[26]	[27] [28]		cm	[29]	O well defined O moderately defined O poorly defined		ous
			PRIOR	IMAGING	COMPARISON			Not available [32]	
Bi-	dimensional Measureme	ents on Axial Plane (Using PRIOR Imaging	3)	Longest diameter i (Using P	in cranio-caud PRIOR Imaging		Contrast phase us imaging measu	
;	Short Axis cm	[33] Lor	ng Axis cm	[34]	Ц	cm	[35]	O late arterial O portal venous O delayed / equilibr	[36] rium
		DIAGNOSISBY	ALL AVAILABLE INF	ORMATIO	N (UNOS and/or other	information av	ailable)		
Considerir information is HCC pre	n available, O Yes 0%		of HCC (Scale of 0-100% sent) - 100% (HCC definitely		Is this particular a (presence of HCC) imaging other that dynamic post-conf) based on n this	_ `	ark all that apply) Chemical □ DWI _[42] t Imaging _[40] □ Other, _[43]	[44]
	Contin	ue to report the next	lesion on the next pa	ige (as api	plicable). If reporting	is complete.	continue to M3	form.	

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

3aseline	e MRI Local Interpre	tation: Untreated	Lesion Form		Institution		Institution No	
this is a r	evised or corrected form, p	please $\sqrt{\text{box.}}$			Participant In	itials	Case No	
JNTREA	TED LESION TABLE					Reader ID:	(S	ite use only)
MRI Lesion ID (Highest-# Segment) (Running#) 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)				(SI =		on Signal Featury by compared to	res liver background)	
[1]	Highest-# Segment: [2]	☐ Segment 1 [4]	[13]	T1 Pre-contrast: SI	[14] O hyp	pointense O	isointense O	hyperintense
	(Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segment 2 [5] ☐ Segment 3 [6]	O Class 4 O Class 4g	Late Arterial Phase: SI	[15] A O hyp [16] B. O hor	mogenous O	isointense O heterogeneous	hyperintense
3	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8	☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5	O Class 5A O Class 5A-g	Portal Venous Phase: SI	[18] A O hyp [19] B . O hor	pointense O mogenous O	isointense O No heterogeneous pre-contrast? O No	O Yes hyperintense O Yes
	Running # [3]	Segment 6 [10]		Delayed / Equilibrium Phase: SI	[21] A O hyp	pointense O mogenous O cement relative to	isointense O heterogeneous pre-contrast? O No	hyperintense O Yes
Bi-dime	nsional Measurements or (Baseline Imaging)	Axiai Fialle	cial Measurements Longest lage # Series #	t diameter in cranio-caudal direction [Baseline Imaging] Lesion definition Contrast pha				
Short Axis	[25] Long Axis	[26]	[27] [28]	□ . □ cm	[29]	O well defined O moderately defi O poorly defined	[30] O late arterial ned O portal veno O delayed / e	us
			PRIOR IMAGING	COMPARISON		!	Not available [32]	
Bi-	dimensional Measureme	ents on Axial Plane (Using PRIOR Imaging)	Longest diameter i (Using P	n cranio-cauda RIOR Imaging)		Contrast phase use imaging measu	
;	Short Axis cm	[33] Lon	ng Axis cm		cm	[35]	O late arterial O portal venous O delayed / equilibri	[36] um
		DIAGNOSISBY	'ALL AVAILABLE INFORMATIO	N (UNOS and/or other	information av	ailable)		
Considering information is HCC pre	n available, O Yes 0%		of HCC (Scale of 0-100%): eent) - 100% (HCC definitely	Is this particular a (presence of HCC) imaging other that dynamic post-cont	based on n this	O No O Yes (Ma	hemical DWI [42]	[44]

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

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Institution No. _

Institution _____

f this is a r	evised or corrected form, p	olease √box.			Participant Ini	tials	Case No		
<u>UNTREA</u>	TED LESION TABLE						Reader ID:		(Site use only)
Lesion # (Record #)	Segment(s) (Highest-# Segment) (Running#) (If applicable, mark any additional involved segment #s) (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)				(SI =	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	□ Segment 1 [4] □ Segment 2 [5] □ Segment 3 [6] □ Segment 4a [7] □ Segment 4b [8]	O Class 4 O Class 4g O Class 5A	[13]	Portal Venous	[15] A O hyp [16] B. O hom [17] C. Enhanc [18] A O hyp	one one of the one of	isointense O heterogeneous pre-contrast? O No isointense O	hyperintense O Yes
	Running # [3]		O Class 5A-g O Class 5B O Class 5B-g		Phase: SI Delayed / Equilibrium Phase: SI	[20] C. Enhancement relative to pre-contrast? O No O Ye [21] A O hypointense O isointense O hyperin [22] B. O homogenous O heterogeneous			
Bi-dime	nsional Measurements or (Baseline Imaging)	AXIAI FIAIIE	hage # Series #	Longest	diameter in cranio-cau [Baseline Imaging]	udal direction	Lesion defin	ition	phase used surements
Short Axis	[25] Long Axis	[26]	[27] [28]		cm	[29]	O well defined O moderately def O poorly defined		
			PRIOR	IMAGING	COMPARISON			Not available [32]	
Bi-	dimensional Measureme	ents on Axial Plane (Using PRIOR Imaging	g)	Longest diameter in (Using Pl	n cranio-cauda RIOR Imaging)	I direction	Contrast phase u imaging meas	
\$	Short Axis cm	[33] Lor	ng Axis cm	[34]	Ц		[35]	O late arterial O portal venous O delayed / equili	[36] brium
		DIAGNOSISBY	YALL AVAILABLE INF	ORMATIO	N (UNOS and/or other i	information ava	ilable)		
information	Probability of presence of HCC (Scale of 0-100%): O Yes HCC present? Probability of presence of HCC (Scale of 0-100%): O Yes O No O Yes O No O Yes O No O Yes (Mark all that apply)								
	Contin	ue to report the next	t lesion on the next pa	ige (as apr	olicable). If reporting	is complete, co	ontinue to M3	form.	

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

Pasalina MPI Local Interpretation: Untroated Locion Form

	e MRI Local Interpre			itials						
	TED LESION TABLE						Reader ID:		(8	ite use only)
Lesion # (Record #)	Segment(s) (Highest-# Segment) (Running#) Segment(s) (If applicable, mark any additional involved segment #s) (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)	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6]	O Class 4 O Class 4g	[13]	T1 Pre-contrast: SI Late Arterial Phase: SI	[15] A O hyl [16] B . O hol		isointense heterogeneous		hyperintense hyperintense O Yes
O 4b	O 2 O 6 O 3 O 7 O 4a O 8	□ Segment 4a [7] □ Segment 4b [8] □ Segment 5 [9] □ Segment 6 [10]	O Class 5A O Class 5A-	g	Portal Venous Phase: SI		mogenous O cement relative to	pre-contrast?	O No	hyperintense O Yes
	Running # [3]	Segment 7 [10]	O Class 5B-g		Delayed / Equilibrium Phase: SI		mogenous O cement relative to	heterogeneous	O No	hyperintense O Yes
Bi-dime	nsional Measurements or (Baseline Imaging)	I Axiai Fialle	age # Series #	Longest	diameter in cranio-ca [Baseline Imaging]	udal direction	Lesion defin	ition		hase used urements
Short Axis	[25] Long Axis	[26]	[27] [28]		cm	[29]	O well defined O moderately defined O poorly defined	ined O p	ate arteria ortal venc elayed / e	
			PRIOR	IMAGING	COMPARISON			Not available [3	2]	
Bi-	-dimensional Measureme	ents on Axial Plane (Using PRIOR Imaging	g)	Longest diameter i (Using F	n cranio-cauda RIOR Imaging		•		ed for prior rements
	Short Axis cm	[33] Lon	ng Axis cm	[34]			[35]	O late arte O portal v O delayed	enous	[36] ium
		DIAGNOSISBY	ALL AVAILABLE INF	ORMATIO	N (UNOS and/or other	information av	ailable)			
Considerir informatio is HCC pre	n available, O Yes esent?	•	of HCC (Scale of 0-100' ent) - 100% (HCC definitely	1	Is this particular a (presence of HCC) imaging other tha dynamic post-con	based on this	O No O Yes (M. □T1 (Shif □T2 _{[4}	Chemical []		[44]

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 Local Interpredevised or corrected form, p		Institution Particip		tials		Institution No					
	TED LESION TABLE	blease V box.						Reader	ID:		(Site	e use only)
Lesion # (Record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification of L (Class 4/4g = Not an	HCC) age HCC)	(SI =			n Signal Fe y compared		oackground)		
[1]	Highest-# Segment: [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6]	O Class 4 O Class 4g	[13]	T1 Pre-contrast: SI Late Arterial Phase: SI	[15] A	O hyp	ointense ointense nogenous	O isoi	ntense ntense rogeneous		nyperintense
6	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b	☐ Segment 4b [8] ☐ Segment 5 [9]	O Class 5A O Class 5A-g		Portal Venous Phase: SI	[18] A. [19] B.	O hype	ointense	O isoi O hete	ntrast? O No ntense rogeneous ntrast? O No	0	O Yes nyperintense O Yes
	Running # [3]	☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	O Class 5B O Class 5B-g		Delayed / Equilibrium Phase: SI	[21] A B. [23] C.	O hyp O hom Enhanc	ointense nogenous	O isoi O hete	intense erogeneous entrast? O No	0	hyperintense O Yes
Bi-dime	nsional Measurements or (Baseline Imaging)	Axiai i iaile	Axial Measurements mage # Series #	Longest	diameter in cranio-ca [Baseline Imaging]	udal dire	ction	Lesion de	efinition			ase used ements
Short Axis	[25] Long Axis	[26] cm	[27] [28]		cm		[29]	O well define O moderately O poorly defi	defined	O late ar O portal O delaye	venous	
			PRIOR I	MAGING	COMPARISON				☐ Not av	ailable [32]		
Bi-	dimensional Measureme	nts on Axial Plane	(Using PRIOR Imaging))	Longest diameter i (Using P	n cranio- PRIOR Ima		l direction		trast phase maging me		
;	Short Axis cm	[33] Lo	ong Axis cm	[34]	Ц		n	[:	., (O late arterial O portal venous O delayed / equ		[36] m
		DIAGNOSIS	BY ALL AVAILABLE INFO	RMATIO	N (UNOS and/or other	informati	on ava	ilable)				
Considerin information is HCC pre	n available, O Yes o%	•	of HCC (Scale of 0-100% esent) - 100% (HCC definitely); [38]	Is this particular a (presence of HCC) imaging other that dynamic post-conf	based on this			s (Mark all t Γ1 Chemic Shift Imagii Γ2 _[41]	al DWI		[44]
	Contir	nue to report the ne	xt lesion on the next pa	ge (as app	olicable). If reporting	is comple	ete, co	ntinue to N	13 form.			

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 No.

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	e will Local Interpredevised or corrected form, p	/	i Lesion Form		Participant In	itials	Case No		
UNTREA	TED LESION TABLE					Reader ID:	(s	ite 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 HC (Class 5B/5B-g = T2 Stage HC	· · ·		n Signal Featu y compared to	res liver background)		
[1]	Highest-# Segment: [2]	☐ Segment 1 [4]		[13] T1 Pre-contrast: SI	O hyp	ointense O	isointense O	hyperintense	
	(Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segment 2 [5] ☐ Segment 3 [6]	O Class 4 O Class 4g	Late Arterial Phase: SI	[15] A O hyp [16] B. O hom [17] C. Enhance	nogenous O	isointense O heterogeneous pre-contrast? O No	hyperintense O Yes	
7 0 2 0 0 3 0	O 3 O 7 O 4a O 8	 □ Segment 4a _[7] □ Segment 4b _[8] □ Segment 5 _[9] 	O Class 5A O Class 5A-g	Portal Venous Phase: SI	[18] A O hyp [19] B. O hom [20] C. Enhance	nogenous O	isointense O heterogeneous pre-contrast? O No	hyperintense O Yes	
	Running # [3]	☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	O Class 5B O Class 5B-g	Delayed / Equilibrium Phase: SI		nogenous O	isointense O heterogeneous pre-contrast? O No No O Yes	hyperintense O Yes	
Bi-dime	nsional Measurements on (Baseline Imaging)	AXIAI FIAIIE	tial Measurements Longer age # Series #	est diameter in cranio-ca [Baseline Imaging]		Lesion defin	ition Contrast p		
Short Axis	[25] Long Axis	[26] cm	[27] [28]	cm	[29]	O well defined O moderately def O poorly defined		us	
			PRIORIMAGI	NG COMPARISON			Not available [32]		
Bi-	dimensional Measureme	nts on Axial Plane (Using PRIOR Imaging)	Longest diameter (Using F	in cranio-cauda PRIOR Imaging)	I direction	Contrast phase use imaging measu		
;	Short Axis cm	[33] Lon	ng Axis cm	34]	□ . □ cm	[35]	O late arterial O portal venous O delayed / equilibr	[36] ium	
		DIAGNOSISBY	'ALL AVAILABLE INFORMA	ΓΙΟΝ (UNOS and/or other	r information ava	ailable)			
information	Probability of presence of HCC (Scale of 0-100%): O Yes O (HCC definitely NOT present): O No								
	Contir	nue to report the nex	t lesion on the next page (as	applicable). If reporting	is complete. co	ontinue to M3 f	orm.		

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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	e will Local Interpreservised or corrected form, p	/	I Lesion Form		Participant Initi	ials	Case No		
UNTREA	TED LESION TABLE					Reader ID:	(8	Site use only)	
## # 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)				J)	Lesion Signal Features (SI = Signal Intensity compared to liver background)				
[1]	Highest-# Segment: [2]	☐ Segment 1 [4]		[13] T1 Pre-contrast: SI	O hypoi	ntense O	isointense O	hyperintense	
	(Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segment 2 [5] ☐ Segment 3 [6]	O Class 4 O Class 4g	Late Arterial Phase: SI	[15] A O hypoi [16] B. O homo [17] C. Enhancer	genous O	isointense O heterogeneous pre-contrast? O No	hyperintense O Yes	
8 0 2 0 0 3 0	O 2 O 6 O 3 O 7 O 4a O 8	☐ Segment 4a _[7] ☐ Segment 4b _[8] ☐ Segment 5 _[9]	O Class 5A O Class 5A-g	Portal Venous Phase: SI	[18] A O hypoi [19] B. O homo [20] C. Enhancer	genous O	isointense O heterogeneous pre-contrast? O No	hyperintense O Yes	
	Running # [3]	☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	O Class 5B O Class 5B-g	Delayed / Equilibrium Phase: SI		genous O	isointense O heterogeneous pre-contrast? O No No O Yes	hyperintense O Yes	
Bi-dime	nsional Measurements on (Baseline Imaging)	Axiai i iaile	ial Measurements Longe age # Series #		[Baseline Imaging] Lesion definition Contrast phase used for measurements				
Short Axis	[25] Long Axis	[26] cm	[27] [28]	cm		O well defined O moderately def O poorly defined		ous	
			PRIOR IMAGIN	IG COMPARISON			Not available [32]		
Bi-	dimensional Measureme	nts on Axial Plane (Using PRIOR Imaging)	Longest diameter (Using F	in cranio-caudal PRIOR Imaging)	direction	Contrast phase use imaging measu		
;	Short Axis cm	[33] Lon	g Axis cm	4]	cm	[35]	O late arterial O portal venous O delayed / equilibr	[36] ium	
		DIAGNOSISBY	ALL AVAILABLE INFORMAT	TON (UNOS and/or other	information avail	lable)			
information available, is HCC present? O Yes O (HCC definitely NOT present) - 100% (HCC definitely imaging)) based on	Пт1 с	ark all that apply) Chemical \square DWI $_{[42]}$ t Imaging $_{[40]}$ \square Other, $_{[43]}$	[44]	
			Continue	to M3 form					

M3 A

ACRIN 6690

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

Baseline MRI Local Overall Interpretation Form

If this is a revised or corrected form, please $\sqrt{\text{box}}$.

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Institution	Institution No
Participant Initials	Case No.

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: 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
Co	omments:
	[7, 8]

Initials of person completing the form

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

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		Liver Transplant Allocation	Institution	Institution No.			
		nical Assessment Form: Post Ablation	Participant Initials	_ Case No			
If this	is is a revised or corrected form, please √box						
	structions: The form is completed for the post ablation imaging visit (28-60 days post ablation) by the designated research staff (i.e. imaging hnologist, research associate, etc.) with the appropriate source documents.						
1.	Timep	point: [1]					
	0	Post Ablation Imaging (28-60 days post ablation)					
2.	Q	maging exam completed? [2] No (Complete Q2a, then form as applicable) Yes (Continue to Q3)					
	2a.	Reason imaging not completed: [3]					
		O Participant death O Medical reason O Participant withdrew consent O Adverse event	(Refer to AE section of the protocol	for reporting requirements)			
			(Neier to AL Section of the protocor				
		O Progressive disease		 [4]			
3.	Date o	of imaging:(mm-dd-yyyy) [5]					
		Scan	ner	☐ Not done [54]			
4.	Manu	facturer: [6] OGE OPhilips OSiemens OToshiba	O Other,				
5.	Mode	I name/Institutional ID of scanner used for this exam:		[8]			
6.	What	magnet strength was the exam acquired on? $_{[9]}$ O 1.5	Tesla O3.0 Tesla	ы			
		Contrast Adn	ninistration	☐ Not done [55]			
7.	Q	V contrast administered? [10] No Yes (Complete Q7a-Q7d)					
	7a.	Brand of contrast agent administered: [11] O Magnevist O ProHance O MultiHance O Dotarem O Omniscan O Optimark O Vasovist 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: O Timing bolus O Fixed time delay	16]				

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

ACRIN Study 6690 PLACE LABEL HERE

Sequence Ir	nformation	☐ Not done [56]
If this is a revised or corrected form, please $\sqrt{\text{box.}}$	Participant Initials	Case No
Liver Transplant Allocation MRI Technical Assessment Form: Post Ablation	Institution	Institution No.

Sequence	Performed?	Series Number
Pre-contrast T1-weighted gradient echo	O No [17]	[18]
	O Yes	
Dynamic post-extracellular-gadolinium T1-weighted gradient echo: LATE ARTERIAL	O No [19]	[20]
	O Yes	
Dynamic post-extracellular-gadolinium T1-weighted gradient echo: PORTAL VENOUS	O No [21]	[22]
	O Yes	10.41
Dynamic post-extracellular-gadolinium T1-weighted gradient echo: EQUILIBRIUM/DELAYED PHASE	O No [23]	[24]
EQUILIBRIUM/DELATED PRASE	O Yes	
Coronal reconstruction of dynamic late arterial imaging	O No [25]	[26]
	O Yes	
Sagittal reconstruction of dynamic late arterial imaging	O No [27]	[28]
	O Yes	
T1-weighted (in/out phase)	O No [29]	[30]
	O Yes	
T2-weighted (with FAT SAT)	O No [31]	[32]
	O Yes O No [33]	FO 41
T2-weighted (without FAT SAT)	O No [33]	[34]
		[00]
Diffusion weighted imaging	O No [35]	[36]
		[20]
	O No [38]	[39]
[37]	O Yes	
	O No [41]	[42]
[40]	O Yes	
	O No [44]	[45]
[43]	O Yes	
	O No [47]	[48]
[46]	O Yes	

Adverse Events

8. Any adverse events related to imaging to report? (Refer to AE section of the protocol for reporting requirements) [49] No (Initial and date form) 0 Yes (Complete AE form) COMMENTS: [50, 51] ⁻ [52]

Initials of person completing the form

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

	Liver Transplant Allocation	Institution		
MRI	Technical Assessment Form	Participant Initials		
If this	s is a revised or corrected form, please $\sqrt{\text{box.}}$			
point	ructions: The form is completed at baseline and at each serial imaging s (no later than every 90)] by the designated research staff (i.e. imaging ments. For assistance in completing Q1 UNOS listing update, please completed the complete of	ng technologist, research associate, etc.)	with the appropriate source	
1.	UNOS listing update (timepoint): [1]			
	O Baseline O 4th UNOS update (360 day)			
	O 1st UNOS update (90 day) O 5th UNOS update (450 day)			
	O 2nd UNOS update (180 day) O 6th UNOS update (540 day)			
	O 3 rd UNOS update (270 day) O 7 th UNOS update (630 day)			
2.	Was imaging exam completed? O No (Complete Q2a, then form as applicable) O Yes (Continue to Q3)			
	2a. Reason imaging not completed: [3]			
	O Participant death O Medical reason	n		
		(Refer to AE section of the protocol for		
			[4]	
	O Progressive disease			
3.	Date of imaging: (mm-dd-yyyy) [5]			
	Scar	nner	☐ Not done _[54]	
4.	Manufacturer: [6] OGE OPhilips OSiemens OToshib	a O Other,	[7]	
5.	Model name/Institutional ID of scanner used for this exam:		[8]	
6.	What magnet strength was the exam acquired on? $_{[9]}$ O1.	5 Tesla O 3.0 Tesla		
	Contrast Ad	ministration	☐ Not done [55]	
7.	Was IV contrast administered? O No O Yes (Complete Q7a-Q7d)			
	7a. Brand of contrast agent administered: [11]			
	O Magnevist O ProHance O MultiHance O Dotarem			
	O Omniscan O Optimark			
	O Vasovist O Other, specify:	[12]		
	7b. Amount injected:mL [13]			
	7c. Rate of contrast injection: mL/se	C _[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			

T1-weighted (in/out phase)

T2-weighted (with FAT SAT)

Diffusion weighted imaging

T2-weighted (without FAT SAT)

A Prospective, Multicenter Comparison of Multiphase Contrast-Enhanced-CT and

ACRIN Study 6690

O No

O Yes O No

O Yes O No

O Yes O No

O Yes

O No

O Yes

O No

O No

O Yes

O No O Yes

O Yes

[29]

[31]

[33]

[35]

[38]

[41]

[44]

[47]

[30]

[32]

[34]

[36]

[39]

[42]

[45]

[48]

M	Diagnosis of Hepatocellular Carcinoma and Liver Transplant Allocation RITechnical Assessment Form	PLACI	E LABEL		IERE	
If th	nis is a revised or corrected form, please $\sqrt{\text{box.}}$	Cas	se N	No		
	Sequence I	Information			☐ Not done [56]	_
	Sequence		Performed	1?	Series Number	
	Pre-contrast T1-weighted gradient echo		O No O Yes	[17]	[18]	
	Dynamic post-extracellular-gadolinium T1-weighted gradient echo: LATE ARTERIAL		O No I O Yes	[19]	[20]	
	Dynamic post-extracellular-gadolinium T1-weighted gradient echo: PORTAL VENOUS		O No O Yes	[21]	[22]	
	Dynamic post-extracellular-gadolinium T1-weighted gradient echo: EQUILIBRIUM/DELAYEDPHASE		O No O Yes	[23]	[24]	
	Coronal reconstruction of dynamic late arterial imaging		O No O Yes	[25]	[26]	
	Sagittal reconstruction of dynamic late arterial imaging		O No	[27]	[28]	

Adverse Events

[37]

[40]

[43]

[46]

8. Any adverse events related to imaging to report? (Refer to AE section of the protocol for reporting requirements) [49] No (Initial and date form) Ο Yes (Complete AE form) COMMENTS: [50, 51] ⁻ [52] Initials of person completing the form Date form completed (mm-dd-yyyy)

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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

Local Pathology: Macroscopic Analysis Form

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Institution	Institution No
Participant Initials	Case No.

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 § 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								
ord #)		CT Lesion ID	MRI Lesion ID	-	Pathology: Nodule ID	Location		
Nodule # (Record	Lesion Identified by:	CT Highest-# Segment	MRI Highest-# Segment Segment MRI Running #	Nodule identified at explant?	entified # © # (If applicable, mark		Maximum Nodule size (cm)	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	14a6		
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			
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			

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 Macroscopic Analysis Form

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

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Institution	Institution No
Participant Initials	Case No.

MACROSCOPIC EVALUATION

		sion ID TInterpretation Fo	orm)	Pathology: Nodule Information		tion	
ord #)		CT Lesion ID	MRI Lesion ID		Pathology: Nodule ID	Location	
Nodule # (Record	Lesion Identified by:	CT Highest-# Segment CT CT Highest-# CT Running #	MRI Highest-# Segment	Nodule identified at explant?	Highest-# Segment [8] Running #	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s) [10-18]	Maximum Nodule size (cm) [23] [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	14a6	
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		
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		

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 Macroscopic Analysis Form

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

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Institution	Institution No
Participant Initials	Case No.

MACROSCOPIC EVALUATION

		sion ID T Interpretation Fo	orm)	Pathology: Nodule Information				
ord #)		CT Lesion ID	MRI Lesion ID		Pathology: Nodule ID	Location		
Nodule # (Record	Lesion Identified by:	CT Highest-# Segment CT Running #	MRI Highest-# Segment MRI Running #	Nodule identified at explant?	Highest-# Segment [8] Running #	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s) [10-18]	Nodule size (cm)	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		
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			
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		

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 Macroscopic Analysis Form

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Institution	Institution No
Participant Initials	Case No.

MACROSCOPIC EVALUATION

		sion ID T Interpretation Fo	rm)	Pathology: Nodule Information				
ord #)		CT Lesion ID	MRI Lesion ID		Pathology: Nodule ID	Location		
Nodule # (Record	Lesion Identified by:	CT Highest-# Segment C C CT Highest-# CT Running #	MRI Highest-# Segment Segment MRI Running #	Nodule identified at explant?	Highest-# Segment [8] Running #	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s) [10-18] [19-22	Nodule size (cm)	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			
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			
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		

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 Macroscopic Analysis Form

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ACRIN Study 6690 PLACE LABEL HERE

Institution	Institution No
Participant Initials	Case No.

MACROSCOPIC EVALUATION

Lesion ID (Radiology MR/CT Interpretation Form)			Pathology: Nodule Information				
(# p		CT MRI Lesion ID Lesion ID			Pathology: Nodule ID	Location	
Nodule # (Record	Lesion Identified by:	CT Highest-# Segment © CT Running #	MRI Highest-# Segment G MRI Running #	Nodule identified at explant?	Highest-# Segment [8] Running #	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s) [10-18] Slice #(s)	Maximum Nodule size (cm) [23] [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		
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		
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		

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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

Local Pathology: Macroscopic Analysis Form - Eovist Sub-Trial

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ACRIN Study 6690

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Institution	Institution No.
Participant Initials	_ Case No

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 § 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 #)	CT modal	lity: Has lesion been identi	fied by CT modality?	CT Highest-# Segment			CT Running #		
1		O No O Yes		O 1 O O 2 O O 3 O	4b O 7				
M	RI modality (ma	ain 6690 trial MR imagi	ng)	E-MRI modality	y (Eovist sub-study N	MR imagin	g)		
Has lesion bee		MR Highest-# Segment	MRI Running #	Has lesion been identified by E-MRI modality?		E-MRI Highest-# Segment [28]			
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 2 O 4b	O 6 O 7 O 8			
			Pathology: No	dule Information		,			
Nodule	Patho	ology: Nodule ID		Location Maximum Nodule C			mments [24]		
identified at explant? O No O Yes O Indeterminate	O 1 O 4a O 2 O 4b O 3 O 5	O 6 O 7 O 8	involved seg	(19-22 19-	size (cm)				

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: Macroscopic Analysis Form - Eovist Sub-Trial

If this is a revised or corrected form, please $\sqrt{\text{box}}$.

ACRIN Study 6690 PLACE LABEL HERE

Institution	Institution No.
Participant Initials	Case No.

MACROSCOPIC EVALUATION

Lesion ID (Radiology MR/CT Interpretation Form)										
Nodule # (Record #)	CT moda	lity: Has le	sion been identifie	ed by CT modality?		CT Highest-#	Segment	[3]	CT Running #	
2		0	No O Yes			O 1 O 4 O 2 O 4 O 3 O 5	b O 7			
M	RI modality (ma	ain 6690 t	rial MR imaging	g)		E-MRI modality	(Eovist sub-stud	y MR imagin	g)	
			R Highest-# Segment	MRI Running #		been identified I modality?	E-MRI Hig Segme		E-MRI Running #	
O No O Yes		O 1 O 2 O 3	O 4a O 6 O 4b O 7 O 5 O 8		O No	O Yes	O 1 O 4a O 2 O 4b O 3 O 5	O 7		
				Pathology: No	dule Information	١				
Nodule identified	Patho	Pathology: Nodule ID			Location Maximum Nodule			Co	omments [24]	
at explant?	Highest Segr	ment # [8]	Running #	Additional Involv (If applicable, mar involved se	k any additional	Slice #(s) [19-22]	size (cm) [23]			
O No O Yes O Indeterminate	O 1 O 4a O 2 O 4b O 3 O 5	O 6 O 7 O 8		1	4b □ 7					

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.

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: Macroscopic Analysis Form - Eovist Sub-Trial

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ACRIN Study 6690 PLACE LABEL HERE

Institution	Institution No
Participant Initials	Case No.

MACROSCOPIC EVALUATION

Lesion ID (Radiology MR/CT Interpretation Form)										
Nodule # (Record #)	CT moda	lity: Has le	sion been identifie	ed by CT modality?		CT Highest-	# Segment	[3]	CT Running #	
3		0	No O Yes			O 1 O 4 O 2 O 4 O 3 O 5	b O 7			
М	RI modality (ma	ain 6690 t	rial MR imaging	g)		E-MRI modality	(Eovist sub-stud	y MR imagin	g)	
Has lesion been identified MR Highest by MRI modality? Segment			R Highest-# Segment	MRI Running #		been identified I modality?	E-MRI Hig Segme		E-MRI Running #	
O No O Yes C		O 1 O 2 O 3	O 4a O 6 O 4b O 7 O 5 O 8		O No	O Yes	O 1 O 4a O 2 O 4b O 3 O 5	O 7		
				Pathology: No	dule Information	ı				
Nodule identified	Patho	ology: Nodu	le ID		Location Maximum Nodule		Co	omments [24]		
at explant?	Highest Segr	ment # [8]	Running #	Additional Involv	k any additional	Slice #(s) [19-22]	size (cm)			
O No O Yes O Indeterminate	O 1 O 4a O 2 O 4b O 3 O 5	O 6 O 7 O 8			4a □ 6 4b □ 7					

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.

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: Macroscopic Analysis Form - Eovist Sub-Trial

If this is a revised or corrected form, please $\sqrt{\text{box}}$.

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Institution	Institution No
Participant Initials	Case No.

MACROSCOPIC EVALUATION

Lesion ID (Radiology MR/CT Interpretation Form)										
Nodule # (Record #)	CT modal	lity: Has le	sion been	identified	by CT modality?		CT Highest-#	# Segment	[3]	CT Running #
4	0	No O	Yes			O 1 O 4 O 2 O 4 O 3 O 5	b O 7			
М	RI modality (ma	ain 6690 t	rial MR in	maging)			E-MRI modality	(Eovist sub-stud	y MR imagin	g)
Has lesion been identified MR Highest-# by MRI modality? Segment			#	MRI Running #		been identified I modality?	E-MRI Hig Segme		E-MRI Running #	
O No O Yes			O 4b (O 6 O 7 O 8		O No	O Yes	O 1 O 4a O 2 O 4b O 3 O 5	O 7	
					Pathology: No	dule Information	1			
Nodule	Patho	Pathology: Nodule ID			Location			Maximum Nodule	Co	mments [24]
identified at explant?	Highest Segr	ment # [8]	Runnin	ig #	Additional Involved (If applicable, man involved seg	k any additional	Slice #(s) [19-22]	size (cm)		
O No O Yes O Indeterminate	O 1 O 4a O 2 O 4b O 3 O 5	O 6 O 7 O 8			☐ 1 ☐ 4 ☐ 2 ☐ 4 ☐ 3 ☐ 5	4b □ 7				

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.

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: Macroscopic Analysis Form - Eovist Sub-Trial

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ACRIN Study 6690 PLACE LABEL HERE

Institution	Institution No
Participant Initials	Case No.

MACROSCOPIC EVALUATION

Lesion ID (Radiology MR/CT Interpretation Form)										
Nodule # (Record #)	CT moda	lity: Has le	sion been identifie	ed by CT modality?		CT Highest-	[‡] Segment	[3]	CT Running #	
5		0	No O Yes			O 1 O 4 O 2 O 4 O 3 O 5	b O 7			
М	RI modality (ma	ain 6690 t	rial MR imagin	g)		E-MRI modality	(Eovist sub-stud	y MR imagin	g)	
Has lesion been identified MR Highest-# by MRI modality? Segment				MRI Running #		peen identified I modality?	E-MRI Hig Segme		E-MRI Running #	
O No	O Yes	O 1 O 2 O 3	O 4a O 6 O 4b O 7 O 5 O 8		O No	O Yes	O 1 O 4a O 2 O 4b O 3 O 5	O 7		
				Pathology: No	dule Information	١				
Nodule	Patho	hology: Nodule ID			Location	cation Maximum Nodule			omments [24]	
identified at explant? O No O Yes O Indeterminate	O 1 O 4a O 2 O 4b O 3 O 5	O 6 O 7 O 8	Running #	Additional Involved (If applicable, man involved see	k any additional gment #s) [10-18] 4a	Slice #(s) [19-22]	size (cm) [23]			

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.

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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

Local Pathology: Microscopic Analysis Form

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If this is a revised o	r corrected form, please V	box.	

ACRIN Study 6690 PLACE LABEL HERE

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 #) Highest-# Segment Segment Running #		iD	HCC present?	Necrosis *Continue to next column	If complete necrosis, is a biopsy available? [6] (Continue to the comments column and report any remaining nodules)	Differentiation grade	Fibrous pseudocapsule	Histology [10] Specify HCC-specific variants in next column 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	HCC Specific Variant	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.



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 Microscopic Analysis Form

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

Institution	Institution No		
Participant Initials	Case No.		

Nodule # (Record #)	Highest-# Segment Segment	HCC present?	Necrosis *Continue to next column	If complete necrosis, is a biopsy available? [6] (Continue to the comments column and report any remaining nodules)	Differentiation grade	Fibrous pseudocapsule	Histology [10] Specify HCC-specific variants in next column 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	HCC Specific Variant	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) _[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	
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:	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	



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 Microscopic Analysis Form

If this is a revised or corrected form, please $\sqrt{\text{box}}$.

Institution	Institution No		
Participant Initials	Case No.		

(# p.	Patholo Nodule		HCC	Necrosis	If complete necrosis, is a biopsy available?	Differentiation	Fibrous	Histology [10] Specify HCC-specific variants in next column O 1 HCC NOS	НСС	
Nodule # (Record	Highest-# Segment	Running #	present?	*Continue to next column	(Continue to the comments column and report any remaining nodules)		pseudocapsule	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	Specific Variant	Comments
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	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	



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 Microscopic Analysis Form

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

Institution	Institution No			
Participant Initials	Case No			

Nodule # (Record #)	Highest-# Segment Segment	HCC present?	Necrosis *Continue to next column	If complete necrosis, is a biopsy available? [6] (Continue to the comments column and report any remaining nodules)	Differentiation grade	Fibrous pseudocapsule	Histology [10] Specify HCC-specific variants in next column 0 1 HCC NOS 0 2 HCC specific variant 0 3 Regenerative or low grade dysplastic nodule 0 4 High grade dysplastic nodule 0 5 Necrotic tissue only 0 88 Other, specify	HCC Specific Variant	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:	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	



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 Microscopic Analysis Form

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

Institution	Institution No
Participant Initials	Case No.

# (Record #)	Highest-# Segment Segment		HCC present?	Necrosis *Continue to next column	If complete necrosis, is a biopsy available? [6] (Continue to the comments column and report any remaining nodules)	Differentiation grade	Fibrous pseudocapsule	Histology [10] Specify HCC-specific variants in next column O 1 HCC NOS O 2 HCC specific variant O 3 Regenerative or low grade dysplastic nodule	HCC Specific Variant	Comments
Nodule #		[3] Runr	[4]	[5]	remaining nodules)	[8]	[9]	O 4 High grade dysplastic nodule O 5 Necrotic tissue only O 88 Other, specify	[12]	[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	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	

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

Local Pathology Form If this is a revised or corrected form, please √box. □	Institution Participant Initia	Institution No
Instructions: The MR and CT interpretation forms must be completed and submitted to the local site pathologic form has been electronically entered into our database. Please continue to record the result of the interpretation		
 2. Liver weight	O No (Continue to Q6) O Yes (Complete Q5a) 5a. Provide the Reader ID(s the radiology correlation Reader ID 1: Reader ID 2: Radiologist present no	[12] cot a study reader [11] (not study reader):[12] cotioning: [13] conal 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 $\sqrt{\text{box}}$.

ACRIN Study 6690 PLACE LABEL HERE

Institution	Institution No
Participant Initials	Case No.

Naming Convention for Nodule Identification

Part 1: Highest-Number Segment:

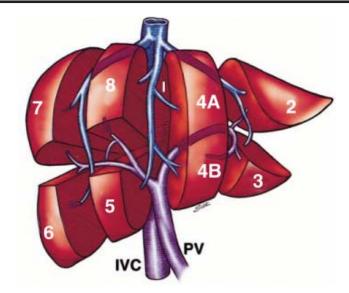
- O If a nodule cannot be unequivocally assigned to just one specific segment, identify the nodule by the involved segment with the HIGHEST Arabic numeral (NOT to be confused with the segment with the GREATEST tumor burden).
 - O <u>Example</u>: A nodule seen involving segments 6, 7, and 8 would have <u>8</u> 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 #

2nd lesion in segment 6: Lesion ID Highest-# Segment Running #

Highest-# Segment Running # 6 1



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

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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

Protocol Variation Form

If this is a revised or corrected form, please $\sqrt{\text{box}}$.

ACRIN Study 6690 PLACE LABEL HERE

Participant Initials _____ Case No. __

Institution No. _

1.					
1.					
	Che	ck t	he F	Prot	cocol Event Being Reported: (Select only one) [1]
	0	1	Inc	lusio	n/exclusion criteria not met at time of registration
	0	2			g-related deviation (Complete 1b)
	0	3			activity performed without participant consent
	0	5		•	follow-up procedures not performed per protocol
	0	6			nrolled under expired IRB approval / FWA
	0	7			e therapy performed prior to baseline imaging
	0	8			pathology digital photographs not taken/unavailable/lost
	0	9	-		pathology digital photographs not performed per protocol
	0	10	-		not available
	0	11			nterpretation forms not completed prior to pathology correlation
	0	12			pader contamination
	0	13			RIN qualified scanner used for study participant
	0	88	Oth	ner, s	specify _[2]
	4 14	l		Dal	
	10.	. Ima	age	Kei	ated Deviation: (Select only one) [3]
			0	1	Scan not performed according to protocol specific guidelines
			0	2	Images lost/unavailable
			0	3	Baseline standard of care imaging not performed within specified timeframe
			0	4	Baseline complementary imaging not performed within 30 days after enrollment
			0	5	Complementary imaging (MRI or CT) not performed within 7 days of standard of care imaging
			0	6	Serial imaging not performed according to UNOS 90 day updates
			0	7	Imaging performed prior to 28 days post-ablation requirement
			0	8	Imaging performed after 60 days post-ablation requirement
			0	9	Complementary scan not performed
			0	88	Other, specify[4]
2.	Date	the	pro	toc	ol deviation occurred: 20 (mm-dd-yyyy) _[5]
3.	Date	the	pro	toc	ol deviation was discovered: 20 (mm-dd-yyyy) [6]
	D	!	. 41		
4.	Desc	ribe	e tne	pro	otocol variation:

Institution_

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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 PLACE LABEL HERE

	Liver Transplant Allocation			Institution	No		
rotocol \	/ariation Form			Participant Initials	Case No.		
this is a re	evised or corrected form, please	y Vbox	<u>.</u>	- articipant mitalo			
						[7]	
						[8]	
What v	was done to rectify the situ	ation	and/or prev	ent future occurrence:			
						[9]	
						[10]	
	at time point did this study	_					
0	Baseline	0	·	date (540 day)			
0	1 st UNOS update (90 day) 2 nd UNOS update (180 day)	0		date (630 day)			
0	, , , , , , , , , , , , , , , , , , , ,		8th UNOS upo	* * * * * * * * * * * * * * * * * * * *			
0	3 rd UNOS update (270 day)		9 th UNOS upo				
0	4 th UNOS update (360 day) 5 th UNOS update (450 day)	0	Post ablation Post-transpla	(28-60 days post ablation)			
Ü	o ortoo apaato (100 day)	Ū	r oot transpio				
6a. Pr	rovide the visit / follow-up	study	procedure(s) this PR corresponds	to (Check all that ap	ply)	
	☐ Alpha Fetoprotein levels	[12]					
	Pregnancy test [13]	[12]					
	eGFR levels [14]						
	☐ MRI imaging [15]						
	CT imaging [16]						
					[18]		
			[19	0		_ (mm-dd-yyyy) _{[20}	
nitials of	person responsible for data (RA, st			Date form completed	[_0	
						r external use only)	

PS A

ACRIN 6690

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

Local Pathology Summary Form

If this is a revised or corrected form, please $\sqrt{\text{box}}$.

ACRIN Study 6690 PLACE LABEL HERE

Institution _____ Institution No. _____

Participant Initials _____ Case No. _____

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? $_{\scriptscriptstyle{[3]}}$
 - O No
 - O Yes
- - O No
 - O Yes

Initials of person completing the form

Date form completed (mm-dd-yyyy)

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

M

MRI Local Interpretation Form	Institution	Institution No					
If this is a revised or corrected form, please $\sqrt{\text{box.}}$	Participant Initials	Case No.					
nstructions: 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) O 1st UNOS update (90 day) O 2nd UNOS update (180 day) O 3rd UNOS update (270 day) O 6th UNOS update (540 day) O 9rd UNOS update (270 day) O 8th UNOS update (810 day) O 8th UNOS update (810 day) O Post Ablation Imaging (protocol requirement additional imaging: not used for UNOS update)	□ SCAN NOT COM	MPLETED [16]					
2. Date of imaging:(mm-dd-yyyy) [2]							
3. Date of interpretation: (mm-dd-yyyyy) [3]							
4. Reader ID: [4]							
 5. Has the participant undergone ablation of one or more lesions? 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] 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	e for Radiologists						

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 $\sqrt{\text{box}}$

ACRIN Study 6	690
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	h UNOS Update (630 day) Untreated Lesion Table Scan Not Completed [55] No untreated lesions identified [54] Reader ID:									
			Classification (Class 4/4g = (Class 5A/5A-g = (Class 5B/5B-g =	n of Lesion Not an HCC) T1 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)					
[1]	Highest-# Segment: [2]	☐ Segment 1 [4]		[13]	T1 Pre-contrast: SI [14	O hypo	ointense O	isointense	0	hyperintense
	(Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segment 2 [5] ☐ Segment 3 [6]	O Class		Late Arterial [15] Phase: SI [16]	B. O hom		isointense heterogeneo pre-contrast?		hyperintense O Yes
1 0 1 0 5 0 2 0 6 0 3 0 7		☐ Segment 4a _[7] ☐ Segment 4b _[8] ☐ Segment 5 _[q]	O Class		Portal Venous [18 Phase: SI [19	B. O hom		isointense heterogeneo pre-contrast?		hyperintense O Yes
	O 4a O 8 O 4b Running # [3]	□ Segment 5 [9] □ Segment 6 [10] □ Segment 7 [11] □ Segment 8 [12]	O Class 5B O Class 5B-g		Delayed / Equilibrum [22] Phase: A O hypointense O isointense O hyperint B. O homogenous O heterogeneous					hyperintense O Yes
Bi-dime	nsional Measurements on (Using CURRENT Imagin	TAXIOI I IOIIC	nage# Series		diameter in cranio-caudal direction (Using CURRENT Imaging) Lesion definition Contrast phase for measure					
Short Axis	[25] cm Long Axis	s cm	[27]	[28]	cm	[29]	O well defined O moderately de O poorly defined	fined () late arteria) portal ven) delayed /	
			F	PRIORIMAGINO	COMPARISON			Not available	[32]	
	ging other than the most nterval imaging) used for			O No O Yes:	Provide date of prior imaging		_ (mm-dd-yyyy) _{[46}	5]		
Bi-d	imensional Measurements on A	Axial Plane (Using PRIOR	Imaging) Lo	ongest diameter in	cranio-caudal direction (Using	g PRIOR Imaging)	Contrast phas	e used for pri	or imaging	measurements
Shor	t Axis LLL . L cm [33]	Long Axis	cm [34]		cm	[35]	O late arterial	O portal venou	ıs O dela	[36] ayed / equilibrium
		DIAGNOSISBY	ALL AVAILABL	EINFORMATION	ON (UNOS and/or other in	nformation av	ailable)			
Considerii informatio is HCC pro	n available, O Yes 0%	robability of presence of (HCC definitely NOT present):	•		Is this particular ass of HCC) based on in this dynamic post-c	naging other tha	T1C	Imaging ₁₄₀₁	that apply)]DWI _[42]]Other, _[43] –	[44]

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

	ACRII	N Study	669	90
PI.	ACE	LABE	LH	ERE

MRI <u>UN</u>	TREATED Lesion In	terpretation Forn		nstitution		Institution No			
this is a re	evised or corrected form, p	olease Vbox.				Participant Ini	tials	Case No.	
th UNOS	th 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)	(Class 4/4g (Class 5A/5A-g	ion of Lesion = Not an HCC) = T1 Stage HCC) = T2 Stage HCC)	(SI = S		n Signal Features / compared to liver b	ackground)	
[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	□ Segment 1 [4] □ Segment 2 [5] □ Segment 3 [6] □ Segment 4a [7] □ Segment 4b [8]		[13] ass 4 ass 4g ass 5A	T1 Pre-contrast: SI [14 Late Arterial [15	A O hypo B. O homo C. Enhance A O hypo	intense O isoin ogenous O hetero ement relative to pre-con intense O isoin	ense O hyper ogeneous trast? O No O	rintense rintense Yes rintense
2	O 2 O 7 O 3 O 7 O 4a O 8 O 4b	□ Segment 5 [9] □ Segment 6 [10] □ Segment 7 [11] □ Segment 8 [12]	O Cla	Deleved / Equilibrium		C. Enhancement relative to pre-contrast? O No O Yes			rintense
Bi-dime	nsional Measurements or (Using CURRENT Imagin	TAXIAI I IAIIC	kial Measurem nage# Ser	Longest ies #	diameter in cranio-caud (Using CURRENT Imagin		Lesion definition	Contrast phase for measurem	
Short Axis	[25] Long Axis	s cm	[27]	[28]	cm	[29]	O well defined [30] O moderately defined O poorly defined	O late arterial O portal venous O delayed / equilib	[31] rium
				PRIOR IMAGING	COMPARISON		☐ Not av	ailable _[32]	
Was imag (90 day ii	jing other than the most interval imaging) used for	recent time point ima this lesion size comp	ging parison? _[45]	O No O Yes:	Provide date of prior imaging		_ (mm-dd-yyyy) _[46]		
Bi-di	mensional Measurements on A	Axial Plane (Using PRIOR	Imaging)	Longest diameter in	cranio-caudal direction (Using	PRIOR Imaging)	Contrast phase used	for prior imaging measu	urements
Short	Axis . cm [33]	Long Axis	cm [34]		cm	[35]	O late arterial O porta	venous O delayed / e	[36] equilibrium
		DIAGNOSISBY	ALL AVAILAE	BLEINFORMATIO	ON (UNOS and/or other in	formation ava	ailable)		
Considering information is HCC pre	n available, O Yes 0%	robability of presence of (HCC definitely NOT present):			Is this particular ass of HCC) based on ir this dynamic post-c	naging other tha	n T1 Chemical	□pwi	[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

MRI <u>UNTREATED</u> Lesion Interpretation Form

ACRIN Study 6690	
PLACE LABEL HERE	C

Institution No. _

Institution ___

If this is a r	Participant Initials Case No								
7th UNOS	th UNOS Update (630 day) Untreated Lesion Table Scan Not Completed 55] No untreated lesions identified 54] Reader ID: (Site use only)								
## # MRI Lesion ID (Highest-# Segment) (Running#) Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)			(Class 4/4g = Not an 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)	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6]	O Class		Late Arterial Phase: SI	O hypoi A O hypoi B O homo C Enhance	intense O isc	ointense O ointense O erogeneous	hyperintense hyperintense O Yes
3 0 1 0 5 0 2 0 6 0 3 0 7 0 4a 0 8		☐ Segment 4a _[7] ☐ Segment 4b _[8] ☐ Segment 5 _[9]	O Class	s 5A s 5A-g	Portal Venous Phase: SI	Portal Venous [18] A. O hypointen		ointense O erogeneous ontrast? O No	hyperintense O Yes
	O 4b Running # [3]	☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	O Class 5B O Class 5B-g		Delayed / Equilibrum [22] Phase: SI [23] [24] D. Pseudocapsule? O isointense O heterogeneous C Enhancement relative to pre-contrast? O NO O Yes			terogeneous ontrast? O No	hyperintense O Yes
Bi-dime	nsional Measurements on (Using CURRENT Imagin	II AXIAI FIAIIE	mage# Series		diameter in cranio-ca (Using CURRENT Imag		Lesion definition	· '	phase used surements
Short Axis	[25] cm Long Axis	[26]	[27]	[28]	[29] O well defined [30] O late arterial [31] O moderately defined O poortal venous O poorly defined O delayed / equilibrium				
			P	RIORIMAGING	COMPARISON		□ Not a	available [32]	
	ging other than the most nterval imaging) used for			O No O Yes:	Provide date of prior imagir	ng	_ (mm-dd-yyyy) _[46]		
Bi-di	imensional Measurements on A	Axial Plane (Using PRIOR	Imaging) Lo	ngest diameter in	cranio-caudal direction (Us	ing PRIOR Imaging)	Contrast phase use	ed for prior imaging	measurements
Short	t Axis . cm [33]	Long Axis	cm [34]		cm	[35]	O late arterial O por	rtal venous O dela	[36] ayed / equilibrium
		DIAGNOSISBY	/ ALL AVAILABL	EINFORMATIO	ON (UNOS and/or other	information ava			
Considerir information is HCC pre	n available, O Yes 0%	cobability of presence of (HCC definitely NOT presesent):	•	, i	% of HCC) based on	ssessment (presend imaging other that -contrast imaging?	n T1 Chemica	(Mark all that apply) al	[44]
		Co	•		on the next page (as	• • •			

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

	ACRI	N Study	6690
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Institution No. _

Institution _____

f this is a re	evised or corrected form, p	please $\sqrt{\text{box.}}$	F	Participant Initia	als (Case No			
7th UNOS	Update (630 day) <u>Unt</u>	☐ No untreated lesi	ions identified [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 (Class 4/4g = (Class 5A/5A-g = (Class 5B/5B-g =	Not an HCC) T1 Stage HCC)	(SI = S		Signal Features compared to liver ba	ackground)	
[1]	Highest-# Segment: [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7]	O Class	s 4g	T1 Pre-contrast: SI [14] Late Arterial [15] Phase: SI [16] [17]	A O hypoint B. O homoge C. Enhancem	tense O isointe enous O hetero ent relative to pre-contr	ense O geneous rast? O No	hyperintense O Yes hyperintense
4	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b	☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	O Class O Class O Class	s 5A-g s 5B	Portal Venous Phase: SI [19] [20] Delayed / Equilibrum [22] Phase: SI [23]	B. O homoge C. Enhancem A O hypoint B. O homoge C. Enhancem	ent relative to pre-conti tense O isointe enous O hetero ent relative to pre-cont	ense O geneous	O Yes hyperintense O Yes
Bi-dime	nsional Measurements o	n Axial Plane Ax	ial Measuremen		diameter in cranio-cauc (Using CURRENT Imaging		Lesion definition	•	phase used surements
Short Axis	[25] . Cm Long Axis	[26]	[27]	[28]	cm	C	O well defined [30] O moderately defined O poorly defined	O late arterion O portal ven O delayed /	nous
			F	PRIORIMAGINO	COMPARISON		☐ Not ava	ilable [32]	
	ging other than the most nterval imaging) used for			O No O Yes:	Provide date of prior imaging.	(mm-dd-yyyy) _[46]		
Bi-di	mensional Measurements on A	Axial Plane (Using PRIOR	Imaging) Lo	ongest diameter in	cranio-caudal direction (Using	g PRIOR Imaging)	Contrast phase used for	or prior imaging	measurements
Short	t Axis cm	Long Axis	cm [34]		cm	[35]	O late arterial O portal	venous O dela	[36] ayed / equilibrium
		DIAGNOSISBY	'ALL AVAILABL	EINFORMATIO	ON (UNOS and/or other in	formation avail			
informatio	Considering all information available, is HCC present? O No O Yes Probability of presence of HCC (Scale of 0-100%): O No O Yes (Mark all that apply) O No O Yes (Mark all that apply)						[44]		
	Continue to report the next lesion on the next page (as applicable).								

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

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MRI <u>UNTREATED</u> Lesion Interpretation Form					Institution			Institution No.		
If this is a r	evised or corrected form, p	please $\sqrt{\text{box.}}$				Participa	nt Initials		Case No.	
7th UNOS	Update (630 day) <u>Un</u>	treated Lesion Table	e □ Scan N	lot Completed [58	□ No untreated l	esions ider	ntified _[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)	(Class 4/4g (Class 5A/5A-g	ion of Lesion = Not an HCC) g = T1 Stage HCC) g = T2 Stage HCC)	(SI =			nal Features npared to liver	background)	
[1]	Highest-# Segment: [2]	☐ Segment 1 [4]		[13]	T1 Pre-contrast: SI	[14] O	hypointens	e O isoi	intense O	hyperintense
	(Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segment 2 _[5] ☐ Segment 3 _[6]		ass 4 ass 4g	Phase: SI	[16] B . O	hypointens homogenou hancement		erogeneous	hyperintense O Yes
5	O 1 O 5 O 2 O 6 O 3 O 7	☐ Segment 4a _[7] ☐ Segment 4b _[8] ☐ Segment 5		ass 5A ass 5A-g	Portal venous	[19] B. O	hypointens homogenou hancement		intense O erogeneous entrast? O No	hyperintense O Yes
	O 4a O 8 O 4b Running # [3]	 □ Segment 5 [9] □ Segment 6 [10] □ Segment 7 [11] □ Segment 8 [12] 		ass 5B ass 5B-g	Delayed / Equilibrum Phase: SI	[22] B. O C. En	hypointens homogeno hancement eudocapsul	us O hete relative to pre-co	erogeneous entrast? O No O Yes	hyperintense O Yes
Bi-dime	ensional Measurements on (Using CURRENT Imagin	n Axial Plane A	xial Measuren mage# Sei	nents Longes	diameter in cranio-ca (Using CURRENT Imag	audal direct	tion	sion definition		phase used surements
Short Axis	[25] cm Long Axis	[26] s cm	[27]	[28]	cm		O m	ell defined [3 oderately defined porly defined	O late arteri O portal ver O delayed /	nous
				PRIOR IMAGINO	COMPARISON			☐ Not a	vailable [32]	
	ging other than the most nterval imaging) used for			O No O Yes	: Provide date of prior imagi	ng	(mm	-dd-yyyy) _[46]		
Bi-di	imensional Measurements on A	Axial Plane (Using PRIOR	Imaging)	Longest diameter in	cranio-caudal direction (Us	sing PRIOR Im	aging) Co	ntrast phase used	d for prior imaging	
Shor	t Axis . cm [33]	Long Axis] .		cm		^[35] O I	ate arterial O port	tal venous O del	[36] ayed / equilibrium
		DIAGNOSISB	Y ALL AVAILAI	BLEINFORMATI	ON (UNOS and/or other	rinformatio	n availabl	e)		
Considerir informatio is HCC pre	n available, O Yes 0%	obability of presence 6 (HCC definitely NOT present):	•	,	Is this particular a of HCC) based or this dynamic pos	n imaging oth	er than	T1 Chemical Shift Imaging	Mark all that apply) $\Box DWI_{[42]}^{[40]}$ $\Box Other,_{[43]}^{[43]}$	[44]
		Co			on the next page (as continue to the R3 for					

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

MDI LINTDEATED Locion Interpretation Form

	ACRI	N Study	6690
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MRI <u>UN</u>	TREATED Lesion In	terpretation For	m			Institution	_	Institution No	_
f this is a re	evised or corrected form, p	olease √box.				Participant In	itials	Case No.	_
7th UNOS	th UNOS Update (630 day) <u>Untreated</u> Lesion Table Scan Not Completed [55]				☐ No untreated le	esions identifie	d [54] Reader ID:	(Site use only	y)
Lesion # (record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	(Class 4/4g (Class 5A/5A-g	ion of Lesion = Not an HCC) g = T1 Stage HCC) g = T2 Stage HCC)	(SI =		n Signal Features y compared to liver b	ackground)	
[1]	Highest-# Segment: [2]	☐ Segment 1 [4]		[13]	T1 Pre-contrast: SI	[14] O hypo	pintense O isoint	ense O hyperintense	
	(Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segment 2 [5] ☐ Segment 3 [6]		ass 4 ass 4g	Phase: SI	[16] B. O hom	ointense O isoint ogenous O hetero ement relative to pre-cont	ogeneous	
6	O 1 O 5 O 2 O 6 O 3 O 7	☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5		ass 5A ass 5A-g	Phase: SI	B. O hom	ointense O isoint ogenous O hetero ement relative to pre-conf	geneous	
	O 4a O 8 O 4b	☐ Segment 6 [10]	O CI	ass 5B		[21] A O bype		tense O hyperintense ogeneous	:
	Running # [3]	☐ Segment 7 [11] ☐ Segment 8 [12]	O CI	ass 5B-g	SI	C. Enhance D. Pseudoo	ement relative to pre-concapsule? O No	trast? O No O Yes O Yes	
Bi-dime	nsional Measurements of (Using CURRENT Imagin	II AXIAI I IAIIE	xial Measuren	nents Longest	diameter in cranio-ca (Using CURRENT Imag		Lesion definition	Contrast phase used for measurements	
Short Axis	[25] Long Axis	s cm	[27]	[28]	cm	[29]	O well defined [30] O moderately defined O poorly defined	O late arterial O portal venous O delayed / equilibrium	[31]
				PRIOR IMAGING	COMPARISON		☐ Not ava	ailable _[32]	
	ing other than the most nterval imaging) used for			O No O Yes:	Provide date of prior imagir	ng	_ (mm-dd-yyyy) _[46]		
Bi-di	mensional Measurements on A	Axial Plane (Using PRIOR	Imaging)	Longest diameter in	cranio-caudal direction (Us	ing PRIOR Imaging)	Contrast phase used	for prior imaging measurements	ts
Short	Axis . cm [33]	Long Axis	cm ^[34]		cm	[35]	O late arterial O portal	venous O delayed / equilibriu	136J um
		DIAGNOSISB	Y ALL AVAILAI	BLEINFORMATIO	ON (UNOS and/or other	information av	-		
Considerin information is HCC pre	n available, O Yes 0%	robability of presence 6 (HCC definitely NOT pre esent):	•		Is this particular a of HCC) based on this dynamic post	imaging other tha	an T1 Chemical	□pwi	4]
		Co			on the next page (as a				

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 <u>UNTREATED</u> Lesion Interpretation Form

	ACRI	N Study	6690
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Institution No. _

Institution ____

If this is a r	this is a revised or corrected form, please $\sqrt{\text{box}}$.						itials	Case No	
7th UNOS	th 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)	(Class 4/4g = Not (Class 5A/5A-g = T1	Classification of Lesion (Class 4/4g = Not an HCC) ass 5A/5A-g = T1 Stage HCC) ass 5B/5B-g = T2 Stage HCC)			n Signal Features / compared to live		
[1]	Highest-# Segment: [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6]	O Class 4 O Class 4g	[13]	Late Arterial Phase: SI	O hypo A O hypo B O home	ointense O is	isointense O isointense O neterogeneous	hyperintense
7	tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8	☐ Segment 4a _[7] ☐ Segment 4b _[8] ☐ Segment 5 _[9]		O Class 5A O Class 5A-g		A O hypo		isointense O neterogeneous	O Yes hyperintense O Yes
	O 4b Running # [3]	Segment 6 [10] Segment 7 [11] Segment 8 [12]	O Class 5E O Class 5E		Delayed / Equilibrum Phase: SI		ogenous O h	isointense O neterogeneous -contrast? O No O Yes	hyperintense O Yes
Bi-dime	ensional Measurements on (Using CURRENT Imagin	Axiai Fialle	ial Measurements hage # Series #	Longest	diameter in cranio-ca (Using CURRENT Imagi		Lesion definition	on '	phase used surements
Short Axis	s cm Long Axis	[26]	[27] [2	28]	cm	[29]	O well defined O moderately defined	[30] O late arterion O portal ven O delayed /	nous
			PRIC	ORIMAGING	COMPARISON		□ No	ot available [32]	
	ging other than the most nterval imaging) used for			lo O Yes:	Provide date of prior imagin	g	_ (mm-dd-yyyy) _[46]		
Bi-di	imensional Measurements on A	Axial Plane (Using PRIOR	Imaging) Longe	st diameter in	cranio-caudal direction (Usi	ng PRIOR Imaging)	Contrast phase us	sed for prior imaging	measurements
Shor	t Axis cm [33]	Long Axis	cm [34]		cm	[35]	O late arterial O p	portal venous O dela	[36] ayed / equilibrium
		DIAGNOSISBY	ALL AVAILABLE IN	NFORMATIO	ON (UNOS and/or other	information ava	ailable)		
Considerir informatio is HCC pre	n available, O Yes 0%	obability of presence of (HCC definitely NOT presesent):	•	,	Is this particular as of HCC) based on this dynamic post-	imaging other tha	T1 Chemi	s (Mark all that apply) ical \square DWI $_{[42]}$ $_{[40]}$ Other, $_{[43]}$ $-$	[44]
		Cor			on the next page (as a				

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

MRI <u>UNTREATED</u> Lesion Interpretation Form

ACRIN Study 6690	
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Institution No. _

Institution _

f this is a re	evised or corrected form, p	olease √box.				Participant Initials	C.	ase No	
7th UNOS Update (630 day) <u>Untreated</u> Lesion Table				Not Completed [58	□ No untreated le	esions 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)	(Class 4/4g (Class 5A/5A-g	tion of Lesion g = Not an HCC) g = T1 Stage HCC) g = T2 Stage HCC)	(SI =	Lesion Sig Signal Intensity con	nal Features npared to liver bad	ckground)	
[1]	Highest-# Segment: [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6]		lass 4 lass 4g	Late Arterial Phase: SI	O hypointens A O hypointens B. O homogeno C. Enhancement	se O isointer	nse O eneous	hyperintense hyperintense O Yes
8	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b	☐ Segment 4a _[7] ☐ Segment 4b _[8] ☐ Segment 5		lass 5A lass 5A-g	Phase: SI	211 A O hypointons	us O heteroge relative to pre-contra	eneous ast? O No	O Yes hyperintense
	Running # [3]	□ Segment 6 [10] □ Segment 7 [11] □ Segment 8 [12]		lass 5B lass 5B-g	Delayed / Equilibrum Phase:	B. O homogeno	us O heterog	eneous	O Yes
Bi-dime	nsional Measurements o (Using CURRENT Imagin	II AXIAI FIAIIE	ial Measuren age# Se	ries #	diameter in cranio-ca (Using CURRENT Imagi		sion definition	•	hase used urements
Short Axis	[25] cm Long Axis	s cm	[27]	[28]	cm	O m	vell defined [30] noderately defined oorly defined	O late arteria O portal veno O delayed / o	ous
				PRIOR IMAGINO	COMPARISON		☐ Not avail	lable [32]	
	ing other than the most nterval imaging) used for			O No O Yes	Provide date of prior imagin	g (mm	a-dd-yyyy) _[46]		
Bi-di	mensional Measurements on A	Axial Plane (Using PRIOR	Imaging)	Longest diameter in	cranio-caudal direction (Usi	ng PRIOR Imaging) Co	ontrast phase used fo	r prior imaging	measurements
Short	Axis . cm [33]	Long Axis	cm ^[34]		cm	[35] O	late arterial O portal v	renous O dela	[36] yed / equilibrium
		DIAGNOSISBY	'ALL AVAILA	BLEINFORMATI	ON (UNOS and/or other	information availab	le)		
Considerin information is HCC pre	n available, O Yes 0%	robability of presence of (HCC definitely NOT presesent):	`	·		ssessment (presence imaging other than contrast imaging?	O No O Yes (Mark T1 Chemical Shift Imaging [40]	DWI	[44]
			Continue to the R3 form						

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 \sqrt{box} .

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Institution No
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).

8th UNOS	8th UNOS Update (720 day) <u>Untreated</u> Lesion Table Scan Not Comple				☐ No untreated lesi	ons identified	Reader I	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 (Class 4/4g = Not ar (Class 5A/5A-g = T1 S (Class 5B/5B-g = T2 Sr	n HCC) tage HCC)	(SI = Si		n Signal Featur compared to I	r es iver background)
[1]	Highest-# Segment: [2]	☐ Segment 1 [4]	0.014	[13]	T1 Pre-contrast: SI [14]	O hypo		isointense	O hyperintense
	Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segment 2 [5] ☐ Segment 3 [6]	O Class 4 O Class 4g		Late Arterial [15] Phase: SI [16] [17]	A O hypoB. O homoC. Enhance	ogenous O	isointense heterogeneous re-contrast? O No	O hyperintense O Yes
1	O 1 O 5 O 2 O 6 O 3 O 7	☐ Segment 4a _[7] ☐ Segment 4b _[8] ☐ Segment 5 _[9]	O Class 5A O Class 5A-	g	Portal Venous [18] Phase: SI [19]	A O hypo B. O homo C. Enhance	ogenous O	isointense heterogeneous re-contrast? O No	O hyperintense O Yes
	O 4a O 8 O 4b Running # [3]	□ Segment 6 [10] □ Segment 7 [11] □ Segment 8 [12]	O Class 5B O Class 5B-	9	Delayed / Equilibrum [21] Phase: SI [23] [24]	A O hypo B. O homo C. Enhance D. Pseudoc	ogenous O ement relative to p	isointense heterogeneous pre-contrast? O No	O hyperintense
			Longest	diameter in cranio-caud (Using CURRENT Imaging		Lesion defini	ition	st phase used neasurements	
Short Axis	[25] cm Long Axis	s cm	[27] [28]		cm	[29]	O well defined O moderately defi O poorly defined		arterial [31] I venous ved / equilibrium
			PRIO	RIMAGING	COMPARISON		_ I	Not available [32]	
Was imag (90 day i	ging other than the most nterval imaging) used for	recent time point image this lesion size comp	ging O No parison? [45]	O Yes:	Provide date of prior imaging _		_ (mm-dd-yyyy) _[46]		
Bi-d	mensional Measurements on A	Axial Plane (Using PRIOR	Imaging) Longest	diameter in	cranio-caudal direction (Using	PRIOR Imaging)	Contrast phase	used for prior ima	ging measurements
Shor	t Axis . cm [33]	Long Axis	cm [34]		cm	[35]	O late arterial C) portal venous O	[36] delayed / equilibrium
		DIAGNOSISBY	ALL AVAILABLE INF	ORMATIC	ON (UNOS and/or other in	formation ava	nilable)		
Considerii informatio is HCC pro	n available, O Yes 0%	robability of presence of (HCC definitely NOT present):	•	·	Is this particular assed of HCC) based on im this dynamic post-co	aging other tha	T1 Che	maging [40]	2]

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

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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MRI <u>UN</u>	UNTREATED Lesion Interpretation Form					Institution		Institution No
this is a re	evised or corrected form, p	olease √box.				Participant In	itials	Case No.
th UNOS	Update (720 day) <u>Unt</u>	treated Lesion Table	☐ Scan N	ot Completed [5		sions identifie	d _[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)	(Class 4/4g (Class 5A/5A-g	ion of Lesion = Not an HCC) g = T1 Stage HCC) g = T2 Stage HCC)	(SI =		n Signal Features y compared to liver b	ackground)
[1]	Highest-# Segment: [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7]		[13 ass 4 ass 4g	Late Arterial Phase: SI		ointense O isoint ogenous O hetero ement relative to pre-cont	
2	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8	☐ Segment 4b [8] ☐ Segment 5 [9]		ass 5A ass 5A-g	Phase: SI	B. O home	ogenous O hetero	ogeneous trast? O No O Yes
	O 4b Running # [3]	 ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12] 		ass 5B ass 5B-g	Delayed / Equilibrum Phase: SI		ogenous O hetero	tense O hyperintense ogeneous trast? O No O Yes
Bi-dime	nsional Measurements or (Using CURRENT Imagin	Axiai i iaile	nage# Ser	nents Longes	t diameter in cranio-ca (Using CURRENT Imag		Lesion definition	Contrast phase used for measurements
Short Axis	[25] Long Axis	[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 IMAGIN	GCOMPARISON		☐ Not ava	ailable [32]
Was imag (90 day ii	ing other than the most interval imaging) used for	recent time point ima this lesion size comp	ging parison? _[45]	O No O Yes	: Provide date of prior imagin	g	_ (mm-dd-yyyy) _[46]	
Bi-di	mensional Measurements on A	Axial Plane (Using PRIOR	Imaging)	Longest diameter in	cranio-caudal direction (Usi	ng PRIOR Imaging)	Contrast phase used	for prior imaging measurements
Short	Axis . cm [33]	Long Axis	cm [34]		cm	[35]	O late arterial O portal	[36] I venous O delayed / equilibrium
		DIAGNOSISBY	/ ALL AVAILAI	BLEINFORMATI	ON (UNOS and/or other	information av	ailable)	
information available, Over the control of the cont				Is this particular a of HCC) based on this dynamic post-	imaging other tha	an T1 Chemical	□pwi	

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

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

MRI <u>UNTREATED</u> Lesion Interpretation Form

	ACRII	N Study	6690
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Institution No. _

Institution _

If this is a r	evised or corrected form, p	olease √box.				Participant In	itials	Case No	
8th UNOS	Update (720 day) <u>Un</u>	treated Lesion Table	Scan Not Comp	leted [55]	☐ No untreated le	esions identifie	d [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 Le (Class 4/4g = Not an H (Class 5A/5A-g = T1 Stag (Class 5B/5B-g = T2 Stag	HCC) ge 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 0 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b Running #	□ Segment 1 [4] □ Segment 2 [5] □ Segment 3 [6] □ Segment 4a [7] □ Segment 4b [8] □ Segment 5 [9] □ Segment 6 [10]	O Class 4 O Class 4g O Class 5A O Class 5A-g O Class 5B	[13]	Late Arterial Phase: SI Portal Venous Phase: SI	18] A O hypo 19] B. O home 20] C. Enhance 21] A O hypo 22] B. O hom	orgenous O hement relative to present relative	isointense O heterogeneouscontrast? O No isointense O heterogeneous	hyperintense O Yes hyperintense O Yes hyperintense
	[3]	☐ Segment 7 [11] ☐ Segment 8 [12]	O Class 5B-g		SI	C. Enhance D. Pseudoe	ement relative to pre capsule? O No		O Yes
Bi-dime	nsional Measurements of (Using CURRENT Imagin	Axiai Fialle	xial Measurements nage# Series#	Longest	diameter in cranio-ca (Using CURRENT Imag		Lesion definiti	ion	phase used surements
Short Axis	s cm Long Axis	[26]	[27] [28]		O well defined [30] O late arterial O moderately defined O portal venous O poorly defined O delayed / equilibrium			nous	
			PRIORI	MAGING	COMPARISON		□ No	ot available [32]	
	ging other than the most nterval imaging) used for			O Yes:	Provide date of prior imagir	ıg	_ (mm-dd-yyyy) _[46]		
Bi-di	imensional Measurements on A	Axial Plane (Using PRIOR	Imaging) Longest d	iameter in	cranio-caudal direction (Us	ing PRIOR Imaging)	Contrast phase u	used for prior imaging	g measurements
Short	t Axis . cm [33]	Long Axis	cm [34]		cm	[35]	O late arterial O	portal venous O de	[36] layed / equilibrium
		DIAGNOSISBY	Y ALL AVAILABLE INFO	RMATIC	ON (UNOS and/or other	information ava			
Considerir information is HCC pre	n available, O Yes 0%	• •	of HCC (Scale of 0-100% sent) - 100% (HCC definitely	(38]	Is this particular a of HCC) based on this dynamic post	imaging other tha	T1 Chem	es (Mark all that apply) nical DWI [42] aging [40] Other, [43]	
		Co	entinue to report the nex		on the next page (as	• • •			

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

	ACRII	N Study	6690
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Institution No. _

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f this is a revised or corrected form, please $\sqrt{\text{box}}$.							alsC	Case No	
8th UNOS	Update (720 day) <u>Un</u>	treated Lesion Table	☐ Scan Not	t Completed [55	☐ No untreated les	ions identified [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)	Classificatio (Class 4/4g = (Class 5A/5A-g = (Class 5B/5B-g =	T1 Stage HCC)	(SI = S		Signal Features compared to liver ba	ackground)	
[1]	Highest-# Segment: [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6]	O Clas O Clas		T1 Pre-contrast: SI [14] Late Arterial [15] Phase: SI [16]	A O hypoint B. O homoge	ense O isointe enous O heterog ent relative to pre-contr	ense O geneous rast? O No	hyperintense hyperintense O Yes
4	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b	☐ Segment 4a _[7] ☐ Segment 4b _[8] ☐ Segment 5 _[9]		ss 5A ss 5A-g	Portal Venous Phase: SI [19] [20]	B. O homoge C. Enhanceme	enous O heterogent relative to pre-contr	geneous rast? O No	O Yes
	Running # [3]	 ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12] 	O Clas O Clas		Delayed / Equilibrum [22] Phase: SI [23]	C. Enhancem	ent relative to pre-cont	geneous rast? O No O Yes	O Yes
Bi-dime	nsional Measurements o (Using CURRENT Imagin	II AXIAI FIAIIE	ial Measureme age# Serie		t diameter in cranio-caudal direction (Using CURRENT Imaging) Lesion definition Contrast phase used for measurements				
Short Axis	[25] Cm Long Axis	[26]	[27]	[28]	cm	C	O well defined [30] O moderately defined O poorly defined	O late arteria O portal ven O delayed /	nous
			ı	PRIOR IMAGINO	COMPARISON		☐ Not ava	iilable _[32]	
	ging other than the most nterval imaging) used for			O No O Yes	Provide date of prior imaging	(/	mm-dd-yyyy) _[46]		
Bi-di	mensional Measurements on A	Axial Plane (Using PRIOR	Imaging) L	ongest diameter in	cranio-caudal direction (Using	g PRIOR Imaging)	Contrast phase used for	or prior imaging	measurements
Short	t Axis cm	Long Axis	cm [34]		cm	[35]	O late arterial O portal	venous O dela	[36] ayed / equilibrium
		DIAGNOSISBY	ALL AVAILABL	EINFORMATI	ON (UNOS and/or other in	nformation avail	able)		
Considerin information is HCC pre	n available, O Yes 0%	obability of presence of (HCC definitely NOT present):	•	,	Is this particular ass of HCC) based on in this dynamic post-c	maging other than	O No O Yes (Mai T1 Chemical Shift Imaging [4]	□pwi	[44]
		Cor	•		on the next page (as ap	• '			

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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MRI <u>UN</u> T	<u>UNTREATED</u> Lesion Interpretation Form						Institution		Institution No.	
this is a re	evised or corrected form, p	please √box.					Participant Ini	tials	Case No.	
8th UNOS	Update (720 day) <u>Un</u>	treated Lesion Table	Scan	Not Complete	ed _[55]	☐ No untreated le	sions identified	d [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)	(Class 4/4 (Class 5A/5A-	g = Not an HCC g = T1 Stage H -g = T2 Stage H	i) ICC)	(SI =		n Signal Features v compared to liver b	packground)	
[1]	Highest-# Segment: [2]	☐ Segment 1 [4]			[13]	T1 Pre-contrast: SI [O hypo	intense O isoin	tense O	hyperintense
	(Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden)	[6]		Class 4 Class 4g		Phase: SI	15] A O hypo 16] B . O homo 17] C . Enhance		tense O ogeneous	hyperintense O Yes
5	O 1 O 5 O 2 O 6 O 3 O 7	☐ Segment 4a [7] ☐ Segment 4b [8]		Class 5A Class 5A-g		Phase: SI	18] A O hypo 19] B . O homo	intense O isoin	tense O ogeneous	hyperintense O Yes
	O 4a O 8 O 4b Running #	□ Segment 5 [9] □ Segment 6 [10] □ Segment 7 [11]	O Class 5B O Class 5B-g			Delayed / Equilibrum	A O hypo B. O homo C. Enhance	ogenous O heter		hyperintense O Yes
		☐ Segment 8 [12]				[:	D. Pseudoc	capsule? O No	O Yes	
Bi-dime	nsional Measurements of (Using CURRENT Imagin	II Axiai I lalle	nage# Se	ments Lor	igest	diameter in cranio-caudal direction (Using CURRENT Imaging) Lesion definition Contrast phase for measurement				
Short Axis	[25] Long Axis	s cm	[27]	[28]		cm	[29]	O well defined [30 O moderately defined O poorly defined	O late arterion O portal ven O delayed /	nous
				PRIOR IMA	GING	COMPARISON		☐ Not av	ailable [32]	
	ing other than the most nterval imaging) used for			O No O	Yes:	Provide date of prior imagin	g	_ (mm-dd-yyyy) _[46]		
Bi-di	mensional Measurements on A	Axial Plane (Using PRIOR	Imaging)	Longest diame	eter in	cranio-caudal direction (Usi	ng PRIOR Imaging)	Contrast phase used	for prior imaging	measurements
Short	: Axis cm	Long Axis	cm ^[34]			cm	[35]	O late arterial O porta	al venous O dela	[36] ayed / equilibrium
		DIAGNOSISBY	Y ALL AVAILA	BLEINFORM	IATIO	N (UNOS and/or other	information ava	ailable)		
information available, O Voc				Is this particular as of HCC) based on this dynamic post-	imaging other tha	n T1 Chemical	ark all that apply) DWI [42] Other, [43]	[44]		
		Co				on the next page (as a ontinue to the R3 form	• • •			

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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MRI <u>UN</u>	RI <u>UNTREATED</u> Lesion Interpretation Form							Institution No.	
f this is a re	evised or corrected form, p	olease √box.				Participant Ini	tials	Case No	
8th UNOS	Update (720 day) <u>Un</u>	treated Lesion Table	☐ Scan Not Co	mpleted _{[55}	☐ No untreated le	sions identified	d [54] Reader ID:		(Site use only)
## # Additional Involved Segment(s) (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)			(SI =		n Signal Features compared to live				
[1]	Highest-# Segment: [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7]	O Class 4 O Class 4g	[13]	[1	5] A O hypo 6] B . O homo 7] C . Enhance	intense O i ogenous O h ement relative to pre-		hyperintense hyperintense O Yes
6	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b	☐ Segment 4b [8] ☐ Segment 5	O Class 5A O Class 5A		[2	B. O homo C. Enhance	ogenous O hement relative to pre-	isointense O eterogeneous -contrast? O No isointense O	O Yes hyperintense
	Running # [3]	☐ Segment 7 [11] ☐ Segment 8 [12]	O Class 5B O Class 5B		Delayed / Equilibrum 2 Phase: SI 2	C. Enhance	ement relative to pre-	-contrast? O No O Yes	O Yes
Bi-dime	nsional Measurements or (Using CURRENT Imagin	II Axiai Fialle	age # Series #	Longest	diameter in cranio-cau (Using CURRENT Imagin		Lesion definition	on '	ohase used surements
Short Axis	[25] Long Axis	s cm	[27] [28	3]	cm	[29]	O well defined O moderately define O poorly defined	[30] O late arteri d O portal ver O delayed /	ous
			PRIC	RIMAGING	COMPARISON		□ No	ot available [32]	
	ging other than the most nterval imaging) used for			O Yes:	Provide date of prior imaging	g	_ (mm-dd-yyyy) _[46]		
Bi-di	imensional Measurements on A	Axial Plane (Using PRIOR	Imaging) Longes	st diameter in	cranio-caudal direction (Usin	ng PRIOR Imaging)	Contrast phase us	sed for prior imaging	measurements
Short	t Axis cm [33]	Long Axis	cm ^[34]		cm	[35]	O late arterial O p	oortal venous O dela	[36] ayed / equilibrium
		DIAGNOSISBY	ALL AVAILABLE IN	FORMATIC	ON (UNOS and/or other i	nformation ava	ailable)		
informatio	Probability of presence of HCC (Scale of 0-100%): O Yes O No O Yes O No O Yes O No O Yes O No O Yes Probability of presence of HCC (Scale of 0-100%): O Yes O No O Yes O No O Yes O No O Yes (Mark all that apply) O No O Yes (Mark all that apply)								
		Cor	ntinue to report the	next lesion	on the next page (as a	pplicable).			

If reporting is complete, continue to the R3 form.

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

MRI <u>UNTREATED</u> Lesion Interpretation Form

	ACRII	N Study	6690
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Institution No. _

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If this is a re	evised or corrected form, p	please $\sqrt{\text{box.}}$		Participant In	itials	Case No				
8th UNOS	Update (720 day) <u>Un</u>	treated Lesion Tab	le ☐ Scan Not	Completed [55	□ No untreated le	esions identifie	Reader ID:		(Site use only)	
### 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)							
7	Highest-# Segment: [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 0 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]	O Class	s 4g s 5A s 5A-g	Phase: SI Portal Venous Phase: SI Delayed / Equilibrum Phase:	15] A O hypo 16] B. O hom 17] C. Enhance 18] A O hypo 19] B. O hom C. Enhance 20] C. Enhance 21] A O hypo 22] B. O hom	openous O hement relative to pre- pintense O hement relative to pre-	isointense O neterogeneous -contrast? O No isointense O neterogeneous -contrast? O No	hyperintense O Yes hyperintense O Yes hyperintense O Yes O Yes O Yes	
Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging) Segment 8 [12] Axial Measurements Image # Series #					t diameter in cranio-caudal direction (Using CURRENT Imaging) Lesion definition Contrast phase used for measurements				•	
Short Axis	[25] . Cm Long Axis	[26]	[27]	[28]	cm	[29]	O well defined O moderately define O poorly defined	ed O portal ver	O late arterial [31] O portal venous O delayed / equilibrium	
			P	PRIORIMAGING	COMPARISON		□ No	ot available [32]		
	ging other than the most nterval imaging) used for			O No O Yes:	Provide date of prior imagin	g	_ (mm-dd-yyyy) _[46]			
Bi-di	imensional Measurements on A	Axial Plane (Using PRIOR	R Imaging)	ongest diameter in	cranio-caudal direction (Usi	ng PRIOR Imaging)	Contrast phase u	sed for prior imaging	measurements	
Short	t Axis . cm [33]	Long Axis] cm [34]		cm	[35]	O late arterial O p	portal venous O dela	[36] ayed / equilibrium	
		DIAGNOSISE	BY ALL AVAILABL	EINFORMATIO	ON (UNOS and/or other	information av	ailable)			
information	Considering all information available, is HCC present? Probability of presence of HCC (Scale of 0-100%): O No O Yes Probability of presence of HCC (Scale of 0-100%): O No O Yes (Mark all that apply) Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? O No O Yes (Mark all that apply) In this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? O No O Yes (Mark all that apply) In this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? In this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? O No O Yes (Mark all that apply) O No O Yes (Mark all that apply) In this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging?									
		C			on the next page (as a					

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

MRI <u>UNTREATED</u> Lesion Interpretation Form

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f this is a re	s is a revised or corrected form, please $\sqrt{\text{box}}$.									
8th UNOS	Update (720 day) <u>Un</u>	treated Lesion Table	☐ Scan N	Not Completed	d [55]	☐ No untreated le	sions identifie	d [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)			CC)	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)	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6]		lass 4 lass 4g	[13]	Late Arterial ^{[1} Phase: SI		ointense O isoin ogenous O hetero ement relative to pre-con		hyperintense hyperintense O Yes
8 0 1 0 5 0 2 0 6 0 3 0 7 0 4a 0 8 0 4b Running # [3]		☐ Segment 4a _[7] ☐ Segment 4b _[8] ☐ Segment 5 _[9]		lass 5A lass 5A-g	5A-g Phase: SI [19] [20]		B. O hom C. Enhance	ogenous O hetero	tense O ogeneous trast? O No tense O	O Yes
		□ Segment 6 [10] □ Segment 7 [11] □ Segment 8 [12]	O Class 5B O Class 5B-g		[24]			ogeneous	O Yes	
Bi-dime	nsional Measurements on (Using CURRENT Imagin	II Axiai I lalle	age# Se	ries #	jest	st diameter in cranio-caudal direction (Using CURRENT Imaging) Lesion definition Contrast phase for measurem				
Short Axis	[25] Long Axis	[26]	[27]	[28]		cm	[29]	O well defined [30] O moderately defined O poorly defined	O late arteri O portal ver O delayed /	nous
				PRIORIMAG	ING	COMPARISON		☐ Not av	ailable [32]	
	ing other than the most nterval imaging) used for			O No O	Yes:	Provide date of prior imagin	g	_ (mm-dd-yyyy) _[46]		
Bi-di	mensional Measurements on A	Axial Plane (Using PRIOR	Imaging)	Longest diamete	er in	cranio-caudal direction (Usin	ng PRIOR Imaging)	Contrast phase used	for prior imaging	measurements
Short	Axis cm [33]	Long Axis	cm ^[34]			cm	[35	O late arterial O porta	l venous O dela	[36] ayed / equilibrium
		DIAGNOSISBY	'ALL AVAILA	BLEINFORMA	ATIC	ON (UNOS and/or other	information av	ailable)		
information	Considering all nformation available, s HCC present? Probability of presence of HCC (Scale of 0-100%): 0 No 0 Yes Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): Sthis particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? O No O Yes (Mark all that apply) T1 Chemical Shift Imaging [40] T2 [41] T2 [41] T2 [41] T2 [41] T3 [44] T4 [44] T3 [44] T4 [44]									
				Continue	<u>to 1</u>	the R3 form				

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 $\sqrt{\text{box}}$

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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 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 Segments.

9th UNOS	th UNOS Update (810 day) Untreated Lesion Table Scan Not Completed [55] No untreated lesions identified [54] Reader ID:									
Lesion # (record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification (Class 4/4g = (Class 5A/5A-g = (Class 5B/5B-g =	n of Lesion Not an HCC) T1 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)					
[1]	Highest-# Segment: [2] (Choose the highest-#	☐ Segment 1 [4] ☐ Segment 2 [5]	O Clas	[13] s 4	T1 Pre-contrast: SI [14]			isointense	0	hyperintense hyperintense
	Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segment 3 [6] ☐ Segment 4a [7]	O Clas	s 4g	Phase: SI [16	C. Enhance	ement relative to		O No	O Yes
1	O 1 O 5 O 2 O 6 O 3 O 7	☐ Segment 4b [8]	O Clas		Portal Venous Phase: SI [19]	B. O home		isointense heterogeneo pre-contrast?		hyperintense O Yes
	O 4a O 8 O 4b Running # [3]	□ Segment 5 [9] □ Segment 6 [10] □ Segment 7 [11] □ Segment 8 [12]	O Clas O Clas		Delayed / Equilibrum [22] Phase: SI [23]	B. O hom	ogenous O ement relative to	isointense heterogeneo pre-contrast? No O	O No	hyperintense O Yes
Bi-dime	ensional Measurements of (Using CURRENT Imagin	n Axial Plane Ax	kial Measureme nage# Series		diameter in cranio-cau (Using CURRENT Imagin		Lesion defir	nition		phase used surements
Short Axis	[25] cm Long Axis	s cm	[27]	[28]	cm	[29]	O well defined O moderately de O poorly defined	fined C) late arteria) portal ven) delayed /	
			F	PRIOR IMAGINO	COMPARISON			Not available	[32]	
	ging other than the most nterval imaging) used for			O No O Yes:	Provide date of prior imaging		_ (mm-dd-yyyy) _{[46}	5]		
Bi-d	imensional Measurements on A	Axial Plane (Using PRIOR	Imaging) Lo	ongest diameter in	cranio-caudal direction (Using	g PRIOR Imaging)	Contrast phas	e used for pri	or imaging	measurements
Shor	t Axis cm [33]	Long Axis	cm [34]		cm	[35]	O late arterial	O portal venou	ıs O dela	[36] ayed / equilibrium
		DIAGNOSISBY	ALL AVAILABL	EINFORMATIO	ON (UNOS and/or other in	nformation ava				
Considerii informatio is HCC pro	n available, O Yes 0%	robability of presence of (HCC definitely NOT present):	•		Is this particular ass of HCC) based on in this dynamic post-c	naging other tha	T1C	Imaging ran	that apply)]DWI _[42]]Other, _[43] –	[44]

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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MRI <u>UN</u> T	TREATED Lesion In	terpretation Forn	n		Institution		nstitution No.			
this is a re	evised or corrected form, p	olease √box.				Participant Ini	tials	Case No		
th UNOS	Update (810 day) <u>Un</u>	treated Lesion Table	☐ Scan N	lot Completed [5	□ No untreated le	esions identified	Reader ID:		(Site use only)	
## # MRI Lesion ID (Highest-# Segment) (Running#) 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)				(SI =		Signal Features compared to liver be	ackground)			
[1]	Highest-# Segment: [2]	☐ Segment 1 [4]		[1:	T1 Pre-contrast: SI	[14] O hypoi	intense O isoint	ense O	hyperintense	
	(Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden)	[6]		lass 4 lass 4g	Phase: SI	[15] A O hypoi [16] B . O homo [17] C . Enhance		geneous	hyperintense O Yes	
2 0 1 0 5 0 2 0 6 0 3 0 7 0 4a 0 8 0 4b Running # [3]		☐ Segment 4a _[7] ☐ Segment 4b _[8] ☐ Segment 5 _[9]		lass 5A lass 5A-g	Phase: SI	[18] A O hypoi [19] B . O homo [20] C . Enhance		geneous	hyperintense O Yes	
		□ Segment 6 [10] □ Segment 7 [11]		lass 5B lass 5B-g	Delayed / Equilibrum Phase:			geneous	hyperintense O Yes	
		☐ Segment 8 [12]		1		D. Pseudoc	apsule? O No	O Yes		
Bi-dime	nsional Measurements of (Using CURRENT Imagin	II Axiai i iaile	ial Measuren	ries #	st diameter in cranio-caudal direction (Using CURRENT Imaging)			ition Contrast phase used for measurements		
Short Axis	[25] Long Axis	s cm	[27]	[28]	cm	[29]	O well defined [30] O moderately defined O poorly defined	O late arteria O portal vend O delayed / e	ous	
				PRIOR IMAGIN	GCOMPARISON		☐ Not ava	ailable _[32]		
Was imag (90 day ir	ing other than the most nterval imaging) used for	recent time point images this lesion size comp	ging parison? _[45]	O No O Yes	: Provide date of prior imagin	ng	_ (mm-dd-yyyy) _[46]			
Bi-di	mensional Measurements on A	Axial Plane (Using PRIOR	Imaging)	Longest diameter i	n cranio-caudal direction (Us	ing PRIOR Imaging)	Contrast phase used t	or prior imaging	measurements	
Short	: Axis cm [33]	Long Axis	. cm [34]		cm	[35]	O late arterial O portal	venous O dela	[36] yed / equilibrium	
		DIAGNOSISBY	ALL AVAILA	BLEINFORMAT	ON (UNOS and/or other	information ava	nilable)			
Considerin information is HCC pre	n available, O Yes 0%	robability of presence of (HCC definitely NOT present):	•		% of HCC) based on	ssessment (presen imaging other that contrast imaging?	n	Прмі	[44]	
		Cor	•		on the next page (as 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

MRI <u>UNTREATED</u> Lesion Interpretation Form

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If this is a r	evised or corrected form, p	olease √box.				Participant In	tials	Case No.	
9th UNOS	Update (810 day) <u>Un</u>	treated Lesion Table	Scan Not Com	pleted _{[55}	☐ No untreated le	sions identifie	d [54] Reader ID:		(Site use only)
MRI Lesion ID Segment(s) (Class		Classification of L (Class 4/4g = Not an (Class 5A/5A-g = T1 Sta (Class 5B/5B-g = T2 Sta	HCC) age HCC)	(SI =		n Signal Features compared to liver	· background)		
[1]	Highest-# Segment: [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7]	O Class 4 O Class 4g	[13]	Late Arterial [Phase: SI [O hypo A O hypo B O home C Enhance A O hypo	intense O isc ogenous O het ment relative to pre-co	ointense O ointense O erogeneous ontrast? O No ointense O	hyperintense hyperintense O Yes hyperintense
3	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b	☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10]	O Class 5A O Class 5A-g O Class 5B		Delayed / Equilibrum	B. O homo C. Enhance	ogenous O het ement relative to pre-contintense O iso	ontrast? O No ointense O terogeneous	O Yes
	Running #		O Class 5B-g	s 5B-g SI		C. Enhance D. Pseudoo	ement relative to pre-c	ontrast? O No O Yes	O Yes
Bi-dime	nsional Measurements of (Using CURRENT Imagin	II Axiai i iaile	nage# Series #	Longest	st diameter in cranio-caudal direction (Using CURRENT Imaging) Lesion definition Contrast phase u for measuremer				
Short Axis	EZ5] Cm Long Axis	[26]	[27] [28]		cm	[29]	O well defined O moderately defined O poorly defined	O late arteria O portal ven O delayed /	ious
			PRIOR	IMAGING	COMPARISON		□ Not	available [32]	
	ging other than the most nterval imaging) used for			O Yes:	Provide date of prior imagin	g	_ (mm-dd-yyyy) _[46]		
Bi-di	imensional Measurements on A	Axial Plane (Using PRIOR	Imaging) Longest	diameter in	cranio-caudal direction (Usi	ng PRIOR Imaging)	Contrast phase use	ed for prior imaging	measurements
Shor	t Axis . cm [33]	Long Axis	cm [34]		cm	[35]	O late arterial O po	rtal venous O dela	[36] ayed / equilibrium
		DIAGNOSISBY	Y ALL AVAILABLE INF	ORMATIC	ON (UNOS and/or other	information ava	ailable)		
informatio	Considering all information available, is HCC present? O No O Yes Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): O No O Yes Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? O No O Yes (Mark all that apply) □ T1 Chemical Shift Imaging [40] □ T2 [41] □ Other, [43] □ Other, [43]								
		Co			on the next page (as a				

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

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If this is a r	is is a revised or corrected form, please $\sqrt{\text{box}}$.								
9th UNOS	Update (810 day) <u>Unt</u>	reated Lesion Table	Scan N	lot Completed [55	□ No untreated le	sions identified	Reader ID:		(Site use only)
MRI Lesion ID (Highest-# Segment) (Running#) 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)				Lesion Signal Features (SI = Signal Intensity compared to liver background)					
[1]	Highest-# Segment: [2]	☐ Segment 1 [4]		[13]	T1 Pre-contrast: SI	O hypo	intense O isoin	tense O	hyperintense
	(Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segment 2 [5] ☐ Segment 3 [6]		ass 4 ass 4g	Phase: SI	A O hypo B. O homo C. Enhance		tense O ogeneous trast? O No	hyperintense O Yes
4 O 1 O 5 O 2 O 6 ☐ Segment 4b [8]		ass 5A ass 5A-g	Phase: SI	[18] A O hypointense O isointense O hype [19] B. O homogenous O heterogeneous [20] C. Enhancement relative to pre-contrast? O No O					
	O 4a O 8 O 4b Running # [3]	Segment 5 [9] Segment 6 [10] Segment 7 [11] Segment 8 [12]		lass 5B lass 5B-g	Delayed / Equilibrum Phase: SI	21] A O hypo 22] B . O home	ogenous O heterement relative to pre-con	tense O ogeneous trast? O No O Yes	hyperintense O Yes
Bi-dime	nsional Measurements or (Using CURRENT Imagin	n Axial Plane A	xial Measuren	nents Longest	t diameter in cranio-caudal direction (Using CURRENT Imaging) Lesion definition Contrast phase used for measurements				
Short Axis	[25] . Cm Long Axis	[26]	[27]	[28]	[29] O well defined [30] O late arterial O moderately defined O portal venous O delayed / equilib				nous
	·			PRIOR IMAGINO	COMPARISON		☐ Not av	ailable [32]	
Was imaç (90 day i	ging other than the most interval imaging) used for	recent time point ima this lesion size com	aging parison? _[45]	O No O Yes:	Provide date of prior imagir	ng	_ (mm-dd-yyyy) _[46]		
Bi-di	mensional Measurements on A	xial Plane (Using PRIOR	Imaging)	Longest diameter in	cranio-caudal direction (Us	ing PRIOR Imaging)	Contrast phase used	for prior imaging	measurements
Short	t Axis cm [33]	Long Axis	cm [34]		cm	[35]	O late arterial O porta	I venous O dela	[36] ayed / equilibrium
		DIAGNOSIS B	Y ALL AVAILA	BLEINFORMATIO	ON (UNOS and/or other	information ava			
informatio	Considering all information available, is HCC present? O No O Yes Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): O No O Yes (Mark all that apply) Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? O No O Yes (Mark all that apply) O No O Yes (Mark all that apply) O HCC based on imaging other than this dynamic post-contrast imaging? O No O Yes (Mark all that apply) O HCC definitely NOT present) - 100% (HCC definitely present): O No O Yes (Mark all that apply) O HCC based on imaging other than this dynamic post-contrast imaging? O No O Yes (Mark all that apply) O HCC based on imaging other than this dynamic post-contrast imaging?								
		Co			on the next page (as a				

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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MRI <u>UNTREATED</u> Lesion Interpretation Form								nstitution No				
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Oth UNOS Update (810 day) Untreated Lesion Table Scan Not Completed 55 No untreated lesions identified 54 Reader ID: (Site use only)												
# # MRI Lesion ID (Highest-# Segment) (Running#)		Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	(Class 4/4g (Class 5A/5A-g	ion of Lesion = Not an HCC) = T1 Stage HCC) = T2 Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)							
5 5	Highest-# Segment: [2]	☐ Segment 1 [4]		[13]	T1 Pre-contrast: SI	O hypoi	intense O isointe	nse O	hyperintense			
	(Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 0 5 O 2 0 6 O 3 0 7	☐ Segment 2 [5] ☐ Segment 3 [6]		ass 4 ass 4g	Phase: SI	A O hypoi B. O homo C. Enhance		eneous	hyperintense O Yes			
		☐ Segment 4a [7] ☐ Segment 4b [8]	O Class 5A O Class 5A-g O Class 5B O Class 5B-g		Portal Venous Phase: SI	A O hypointense O isointense O hyperintense B. O homogenous O heterogeneous			hyperintense O Yes			
	O 4a O 8 O 4b Running # [3]	☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [42]			Delayed / Equilibrum [22] B. O homogenous O heterogeneous			hyperintense O Yes				
Bi-dimensional Measurements on Axial Plane Axia			ial Measurements age # Series #		diameter in cranio-ca (Using CURRENT Imagi	udal direction Contrast phase						
Short Axis			[27]	7] [28] cm			O well defined [30] O late arterial [31] O moderately defined O poorly defined 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]												
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												
DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)												
Considerin information is HCC pre	n available, O Yes 0%	obability of presence of (HCC definitely NOT presesent):	•	·	Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? O No O Yes (Mark all that apply) T1 Chemical DWI [42] Shift Imaging [40] 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.												

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

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		treated Lesion Table	☐ Scan N	lot Completed [5	No untreated les	ions identified	Reader ID:		(Site use only)	
## # 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]	☐ Segment 1 [4]		[1:	T1 Pre-contrast: SI [14]	O hypoi	intense O isointe	ense O	hyperintense	
	(Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) Segment 2 [5] O Class O Class		ass 4 ass 4g	Late Arterial [15] Phase: SI [16] [17]	B. O homo		geneous	hyperintense O Yes		
6 0 1 0 5 0 2 0 6 0 3 0 7		☐ Segment 4a [7] ☐ Segment 4b [8]		ass 5A ass 5A-g	Portal Venous [18] Phase: SI [19]	B. O homo		geneous	hyperintense O Yes	
	O 4a O 8 O 4b Running # [3]	 ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12] 		ass 5B ass 5B-g	Delayed / Equilibrum [22] Phase: SI [23]	[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				
Bi-dime	nsional Measurements or (Using CURRENT Imagin	II Axiai I ialie	ial Measuren age# Sei	nents Longes	t diameter in cranio-caudal direction (Using CURRENT Imaging) Lesion definition Contrast phase used for measurements					
Short Axis	[25] Long Axis	[26]	[27]	[28]	cm	[29]	O well defined [30] O late arterial [31] O moderately defined O portal venous O poorly defined O delayed / equilibrium			
				PRIORIMAGIN	GCOMPARISON		☐ Not ava	nilable [32]		
	ging other than the most nterval imaging) used for			O No O Yes	s: Provide date of prior imaging		_ (mm-dd-yyyy) _[46]			
Bi-di	mensional Measurements on A	Axial Plane (Using PRIOR	Imaging)	Longest diameter i	n cranio-caudal direction (Using	g PRIOR Imaging)	Contrast phase used f	or prior imaging	measurements	
Short	t Axis cm [33]	Long Axis	cm ^[34]		cm	[35]	O late arterial O portal	venous O dela	[36] ayed / equilibrium	
		DIAGNOSISBY	ALL AVAILAI	BLEINFORMAT	ION (UNOS and/or other in	nformation ava	nilable)			
Considerin information is HCC pre	n available, O Yes 0%	cobability of presence of 6 (HCC definitely NOT presesent):	•	,	Is this particular ass of HCC) based on in this dynamic post-co	naging other thai	n T1 Chemical	□pwi	[44]	
		Cor	ntinue to repoi	rt the next lesion	on the next page (as ap	plicable).				

If reporting is complete, continue to the R3 form.

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

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oth UNOS	th 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 (Class 4/4g = Not (Class 5A/5A-g = T1 (Class 5B/5B-g = T2	an HCC) Stage HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)				
[1]	Highest-# Segment: [2]	☐ Segment 1 [4]		[13]	T1 Pre-contrast: SI [14	O hypoi	ntense O isoin	tense O	hyperintense
	(Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segment 2 _[5] ☐ Segment 3 _[6]	O Class 4 O Class 4g		Late Arterial [15] Phase: SI [16]	B. O homo		tense O	hyperintense O Yes
7	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8	☐ Segment 4a _[7] ☐ Segment 4b _[8] ☐ Segment 5 _[o]	O Class 5/		Portal Venous [18 Phase: SI [19 [20	B. O hypoin	ntense O isoin	tense O ogeneous	hyperintense O Yes
	Running # [3]	Segment 6 [10] Segment 7 [11] Segment 8 [12]	O Class 5E O Class 5E		Delayed / Equilibrum 22 Phase: SI 23	B. O homo C. Enhance	genous O hetero	ogeneous otrast? O No O Yes	hyperintense O Yes
Bi-dime	nsional Measurements or (Using CURRENT Imagin	n Axial Plane Ax	ial Measurements age # Series #	Longest	t diameter in cranio-caudal direction (Using CURRENT Imaging) Lesion definition Contrast phase used for measurements				
Short Axis	[25] Long Axis	[26]	[27] [2	8]	[29] O well defined [30] O late arterial O moderately defined O portal venous O delayed / equilibriu				nous
			PRIC	OR IMAGINO	COMPARISON	<u>.</u>	☐ Not av	ailable [32]	
	ing other than the most nterval imaging) used for			o O Yes:	Provide date of prior imaging		(mm-dd-yyyy) _[46]		
Bi-di	mensional Measurements on A	Axial Plane (Using PRIOR	Imaging) Longe	st diameter in	cranio-caudal direction (Using	g PRIOR Imaging)	Contrast phase used	for prior imaging	measurements
Short	Axis . cm [33]	Long Axis	cm [34]		cm	[35]	O late arterial O porta	l venous O dela	[36] ayed / equilibrium
		DIAGNOSISBY	'ALL AVAILABLE IN	FORMATION	ON (UNOS and/or other in	nformation ava			
Considerin information is HCC pre	n available, o Yes 0%	obability of presence of (HCC definitely NOT present):	•	· ·	Is this particular ass of HCC) based on ir this dynamic post-co	naging other thar		□pwi	[44]
		Co			on the next page (as ap	oplicable).			

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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MRI <u>UN</u>	TREATED Lesion In	terpretation Forn	Institution		Institution No				
f this is a re	is a revised or corrected form, please $\sqrt{\text{box.}}$						itials	Case No.	
9th UNOS	UNOS Update (810 day) Untreated Lesion Table Scan Not Completed [55] No untreated lesions identified [54] Reader ID: (Site use only)								
### 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)				(SI =		n Signal Features / compared to liver ba	ackground)		
[1]	Highest-# Segment: [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7]		ass 4 ass 4g	Late Arterial Phase: SI		intense O isointo ogenous O hetero ement relative to pre-cont	ense O hyperintense geneous rast? O No O Yes	
8	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b	☐ Segment 4b [8] ☐ Segment 5 [9]		ss 5A ss 5A-g Portal Venous Phase: SI		B. O homo C. Enhance	ogenous O hetero	geneous rast? O No O Yes	
	Running # [3]	 ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12] 		ass 5B ass 5B-g	Delayed / Equilibrum [Phase: SI	22] B. O home	ogenous O hetero	geneous	
Bi-dime	nsional Measurements or (Using CURRENT Imagin	Axiai Fialle	ial Measuren age# Se	nents Longes	Locion definition '			Contrast phase used for measurements	
Short Axis	[25] . Cm Long Axis	[26]	[27]	[28]	cm	[29]	O well defined [30] O moderately defined O poorly defined O delayed / equilibrium		
				PRIOR IMAGIN	GCOMPARISON		☐ Not ava	ailable [32]	
	ging other than the most interval imaging) used for			O No O Yes	: Provide date of prior imagin	g	_ (mm-dd-yyyy) _[46]		
Bi-di	mensional Measurements on A	Axial Plane (Using PRIOR	Imaging)	Longest diameter in	n cranio-caudal direction (Usi	ng PRIOR Imaging)	Contrast phase used f	or prior imaging measurements	
Short	t Axis . cm [33]	Long Axis	cm [34]		cm	[35]	O late arterial O portal	[36] venous O delayed / equilibrium	
		DIAGNOSISBY	'ALL AVAILA	BLEINFORMATI	ON (UNOS and/or other	information ava	ailable)		
Considering all information available, is HCC present? Solid Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely present): Solid Sol							□ DWI _[42]		

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

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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

he Lesion ID:	Highest-# Segment and the addition	nal involved segments	s 6 and 7 woul	ld be marked in t	the column for A	dditional Involved Segn	nent(s).					
TREATED LESION TABLE NO TREATED LESIONS IDENTIFIED [54] Reader ID: (Site use only)												
Lesion # (record #)			Classification of Lesion (Class 4 = No HCC) (Class 5T = Yes HCC)		(S	Lesion Signal Features (SI = Signal Intensity compared to liver background)						
	Highest-# Segment: [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest Segment 1 Segment 1 Segment 2 [5] Segment 3 [6]		[13]		T1 Pre-contrast: S Late Arterial Phase: SI	[14] [15] [16] [17]	A O hy B . O ho	/pointense /pointense omogenous ncement rela	O iso	intense O intense O erogeneous ontrast? O No	hyperintense hyperintense O Yes	
1	tumor burden) O 1 O 5 O 2 O 6 O 3 O 7	☐ Segment☐ Segment☐ Segment	4b [8]	O Cla		Portal Venous Phase: SI	[18] [19] [20]	B. O h	/pointense omogenous ncement rela	O hete	intense O erogeneous entrast? O No	hyperintense O Yes
	O 4a O 8 O 4b Running #	☐ Segment	☐ Segment 6 [10] ☐ Segment 7 [11]			Delayed Phase: S	B. O h	A O hypointense O isointense O hyperin B. O homogenous O heterogeneous C. Enhancement relative to pre-contrast? O No O Yes				
Bi-dimensional Measurements on Axial Plane Axial Measur			Series #	Longest	liameter in cranio- (Using CURRENT Im:		direction	Lesion	definition		phase used surements	
Short Axis	[25] Long Axis	cm	[27]	[28] cm			[29	[29] O well defined [30] O late arterial [31] O moderately defined O poorly defined O delayed				
	,			PRIO	RIMAGING	OMPARISON				☐ Not av	ailable [32]	
	ing other than the most re nterval imaging) used for th			O N	o O Yes:	Provide date of prior ima	aging		(mm-dd-y	/yy) _[46]		
Bi-di	mensional Measurements on Ax	tial Plane (Using PRI	OR Imaging)	Longe	st diameter in o	ranio-caudal direction ((Using P	RIOR Imagin	g) Contras	t phase used	for prior imaging	j measurements
Short	Axis . cm [33]	Long Axis		n ^[34]		cm		[O late ar	terial O po	rtal venous O	delayed [36]
		DIAGNOSIS	BYALLAV	/AILABLE IN	FORMATION	(UNOS and/or other	er info	rmation av	/ailable)			
Specific type of ablation (mark all that apply)	☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52]		O No O Yes 0% (ability of preser HCC definitely No. (HCC definitel	NOT present) -	ale of 0-100%):	_ % (r	oresence of	ther than this	5	s (Mark all that app T1 Chemical S T2 [41] DWI [42] Other, [43]	oly) hift Imaging _[40]

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 $\sqrt{\text{box.}}$

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Institution	Institution No
Participant Initials	Case No

TREATED 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 = No HCC) (Class 5T = Yes HCC)			lo 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)	☐ Segment 1 ☐ Segment 2 ☐ Segment 3 ☐ Segment 4	[5]	O Class 4 F O Class 5T		T1 Pre-contrast: SI Late Arterial Phase: SI	[14] [15] [16] [17]	A O hyp B . O hor	nogenous C	isoint hetero	ense ogeneous trast? O N	O h	yperintense yperintense O Yes
_	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b	☐ Segment 4 ☐ Segment 5 ☐ Segment 6	b [8]			Portal Venous Phase: SI	[19] [20] [21]	B. O hon C. Enhance A O hyp	nogenous C cement relative to pointense C	hetero pre-cont isoint	ogeneous trast? O N tense	lo	O Yes
	Running # [3]	☐ Segment 7	[11]			Delayed Phase: SI	[22] [23] [24]	B. O hor C. Enhand D. Pseudo	cement relative t	O heterogeneous ve to pre-contrast? O No O Yes		O Yes	
Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging) Axial Measurement Image # Serie			Series #	(Using CURRENT Imaging) Lesion def			Lesion defi	nition Contrast phase used for measurements					
Short Axis	[25] Long Axis	[26] cm	[27]	[28]	O m			O well defined O moderately de O poorly defined	moderately defined O portal venous				
				PRIOR	IMAGING	COMPARISON				Not avail	lable [32]		
	ing other than the most interval imaging) used for			O No	O Yes:	Provide date of prior imagin	ing	_===	_ (mm-dd-yyyy) _{[4}	16]			
Bi-di	mensional Measurements on A	xial Plane (Using PRIO	R Imaging)	Longest	diameter in	cranio-caudal direction (Us	sing PR	RIOR Imaging)	Contrast pha	se used fo	or prior ima	ging me	asurements
Short	Axis . cm [33]	Long Axis		[34]		cm		[35	O late arterial	O porta	l venous	O dela	yed ^[36]
		DIAGNOSISE	BY ALL AVA	ILABLEINF	ORMATIO	(UNOS and/or other	infor	mation ava	ailable)				
Specific type of ablation (mark all that apply)	☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52]		No Yes 0% (HC)	ility of presenc C definitely NC HCC definitely	T present) -	ale of 0-100%):9	% (pr	this particularesence of Horizontal imaging other mamic post-caging?	er than this		Mark all that T1 Chemic T2 _[41] DWI _[42] Other, _[43]	al Shift I	maging _[40]

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 $\sqrt{\text{box}}$.

ACRIN Study 6690 PLACE LABEL HERE

Institution	Institution No
Participant Initials	Case No.

	TREATED LESION TABLE Reader ID: (Site use only								Site use only)				
Lesion # (record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Inv Segment((If applicable, mark an involved segmen	(s) ny additional	Classification (Class 4 = N (Class 5 = Y	lo HCC)	(SI :	= Sigı	Lesio nal Intensit	n Signal Fe y compared		oackground	(k	
	Highest-# Segment: [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segment ☐ Segment ☐	2 _[5] 3 _[6]	O. Class	0.4	T1 Pre-contrast: SI Late Arterial Phase: SI	[14] [15] [16] [17]	A O hyp		O isoii O hete	ntense ntense rogeneous ntrast? O N	0 1	hyperintense hyperintense O Yes
3	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8	☐ Segment : ☐ Segment : ☐ Segment :	4b _[8] 5 _[9]	O Clas		Portal Venous Phase: SI	[18] [19] [20]	A O hyp B. O hon C. Enhance A O hyp	nogenous ement relativ	O hete	ntense rogeneous ntrast? O N	No	O Yes
	O 4b Running # [3]	☐ Segment ☐ Segment ☐ Segment	7 [11]			Delayed Phase: SI	[22] [23] [24]	B. O homogenous O heterogeneous				O Yes	
Bi-dimer	nsional Measurements on (Using CURRENT Imaging	/ txtiai i iaiio	Axial Mea	Series #	Longest of	liameter in cranio-ca (Using CURRENT Imag		direction	Lesion d	efinition			ements
Short Axis	. cm Long Axis	[26] cm	[27]	[28]					O well define O moderatel O poorly def	y defined	O late a O portal O delay	l venous	[31]
				PRIOR	IMAGING C	OMPARISON				☐ Not ava	ailable _[32]		
	ling other than the most renterval imaging) used for			O No	O Yes:	Provide date of prior imagi	ing		_ (mm-dd-yyy	y) _[46]			
Bi-di	mensional Measurements on A	xial Plane (Using PRIC	OR Imaging)	Longest	diameter in o	ranio-caudal direction (Us	sing PF	RIOR Imaging)	Contrast	phase used	for prior ima	iging m	easurements
Short	Axis . cm [33]	Long Axis	∐ .	n ^[34]		cm		[35	O late arte	rial O por	tal venous	O dela	ayed [36]
		DIAGNOSIS	BYALLA	VAILABLEINF	ORMATION	(UNOS and/or other	infor	mation ava	ilable)				
Specific type of ablation (mark all that apply)	☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52]		O No O Yes 0% (pability of presenc (HCC definitely NC % (HCC definitely	T present) -	,	% (p or dy	this particularesence of Honor imaging other imaging other post-congging?	CC) based er than this ontrast		(Mark all that ☐ T1 Chemic ☐ T2 _[41] ☐ DWI _[42] ☐ Other, _[43]	cal Shift	Imaging _[40]

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

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Institution	Institution No
Participant Initials	Case No.

	TREATED LESION TABLE Reader ID: (Site use only)							(Site use only)				
Lesion # (record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Invo Segment(s) (If applicable, mark any involved segment	additional (C	sification Class 4 = N lass 5T = N		(SI =	= Sigı		on Signal F ty compare		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	☐ Segment 1 ☐ Segment 2 ☐ Segment 3 ☐ Segment 4a ☐ Segment 4b	[5] [6] [7] [8]	O Class 4 O Class 5T		T1 Pre-contrast: SI Late Arterial Phase: SI Portal Venous Phase: SI	[14] [15] [16] [17] [18] [19] [20]	A O hypointense O isointense O hyperin B. O homogenous O heterogeneous C. Enhancement relative to pre-contrast? O No O Y A O hypointense O isointense O hyperin B. O homogenous O heterogeneous				O hyperintense O Yes O hyperintense
	O 3 O 7 O 4a O 8 O 4b Running #		[10]			Delayed Phase: SI	[21] [22] [23]	·				O hyperintense
Bi-dimer	nsional Measurements on (Using CURRENT Imaging	Axiai Fialle	[12] Exial Measure mage#	ements Series #	Longest	diameter in cranio-ca (Using CURRENT Imag			·	definition	Contras	t phase used easurements
Short Axis	[25] Long Axis	[26] cm	[27]	[28]		cm		[29	O well defin O moderat O poorly d	ely defined	O late art O portal v O delaye	venous
	<u>'</u>			PRIOR	IMAGING	COMPARISON				☐ Not ava	ailable [32]	
	ing other than the most interval imaging) used for			O No	O Yes:	Provide date of prior imagin	ng		(mm-dd-yy	/yy) _[46]		
Bi-di	mensional Measurements on A	xial Plane (Using PRIOR	R Imaging)	Longest	diameter in	cranio-caudal direction (Us	sing PF	RIOR Imagin	g) Contrast	t phase used	for prior imag	ing measurements
Short	Short Axis . cm [33] Long Axis . cm [34]			cm		[3	O late art	terial O por	rtal venous	O delayed [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]	Considering all information available, is HCC present?	No Yes 0% (HCC	•	OT present) -	ale of 0-100%): o	% (p or dy	resence of I	her than this	5	S (Mark all that a T1 Chemica T2 [41] DWI [42] Other, [43]	apply) I Shift Imaging [40]

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

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Institution	Institution No
Participant Initials	Case No.

TREATED LESION TABLE Reader ID: (Site use only) Additional Involved MRI Lesion ID Classification of Lesion **Lesion Signal Features** Lesion record Segment(s) (Class 4 = No HCC) (SI = Signal Intensity compared to liver background) (Highest-# Segment) (If applicable, mark any additional (Class 5T = Yes HCC) (Running#) involved segment #s) T1 Pre-contrast: SI O hypointense isointense hyperintense ☐ Segment 1 [4] Highest-# Segment: [2] [15] A. O hypointense isointense hyperintense ☐ Segment 2 Late Arterial (Choose the highest-# 0 [16] B. O homogenous heterogeneous Phase: SI Segment involved and NOT ☐ Segment 3 [6] the segment # with the greatest [17] C. Enhancement relative to pre-contrast? O No O Yes O Class 4 tumor burden) ☐ Segment 4a 0 Ω hyperintense [18] A O hypointense isointense Portal Venous 0 5 Ω 1 0 ☐ Segment 4b [8] B. O homogenous heterogeneous Phase: SI [19] 2 0 6 C. Enhancement relative to pre-contrast? O No O Yes O Class 5T [20] 3 0 7 ☐ Segment 5 [g] 4a O 8 [21] A O hypointense isointense hyperintense ☐ Segment 6 [10] Ω 4b 0 B. O homogenous heterogeneous Delayed Phase: SI ☐ Segment 7 [11] Running # C. Enhancement relative to pre-contrast? O No O Yes ☐ Segment 8 [12] D. Pseudocapsule? O No O Yes **Axial Measurements** Longest diameter in cranio-caudal direction Contrast phase used Bi-dimensional Measurements on Axial Plane Lesion definition (Using CURRENT Imaging) for measurements (Using CURRENT Imaging) Image# Series # O well defined O late arterial [27] [28] [31] [25] [26] O moderately defined O portal venous Short Axis Long Axis O poorly defined O delayed ☐ Not available [32] PRIOR IMAGING COMPARISON Was imaging other than the most recent time point imaging O No (mm-dd-yyyy) [46] O Yes: Provide date of prior imaging. (90 day interval imaging) used for this lesion size comparison?[45] 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 O late arterial O portal venous Short Axis Long Axis O delayed DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available) ☐ Cryoablation [47] ☐ Radioembolization [48] O No Considering Specific O Yes (Mark all that apply) Is this particular assessment Probability of presence of HCC (Scale of 0-100%): type of ☐ T1 Chemical Shift Imaging [40] Radiofrequency [49] O No information (presence of HCC) based ablation 0% (HCC definitely NOT present) -□T2 _[41] ☐ TACE [50] available. on imaging other than this (mark all 100% (HCC definitely present): is HCC dynamic post-contrast Unknown [51] □ DŴI [42] that apply) imaging? present? Other [52] Other, [43] [53] [39] [44] [37] [38]

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

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Institution	Institution No
Participant Initials	Case No.

	TREATED LESION TABLE Reader ID: (Site use on								Site use only)			
Lesion # (record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	Classification (Class 4 = (Class 5T =	No HCC)	(SI :	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	☐ Segment 1 ☐ Segment 2 ☐ Segment 3 ☐ Segment 4a ☐ Segment 4b ☐ Segment 5 ☐ Segment 5	O Cla		T1 Pre-contrast: SI Late Arterial Phase: SI Portal Venous Phase: SI	[14] [15] [16] [17] [18] [19] [20]	A O hyp B. O hom C. Enhanc A O hyp B. O hom C. Enhanc	ointense nogenous ement relative ointense nogenous ement relative	O isoin O heter to pre-con O isoin O heter to pre-con	ogeneous	O	nyperintense nyperintense O Yes nyperintense O Yes
	O 4b Running #	☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]			Delayed Phase: SI	[21] [22] [23] [24]	B. O homogenous O heterogeneous				hyperintense O Yes	
Bi-dimer	nsional Measurements on (Using CURRENT Imaging)	Axiai i iaiic	Series #	Longest o	liameter in cranio-ca (Using CURRENT Imag							
Short Axis	[25] cm Long Axis	[26] cm	27] [28]		cm		[29]	O well defined O moderately of O poorly define		O late a O portal O delay	venous	[31]
			PRIO	RIMAGINGO	OMPARISON		,		Not ava	ilable [32]		
	ing other than the most renterval imaging) used for t		n? _[45] O No	O Yes:	Provide date of prior imagi	ing		_ (mm-dd-yyyy)	46]			
Bi-di	mensional Measurements on A	xial Plane (Using PRIOR Imagir	ng) Longes	st diameter in o	ranio-caudal direction (Us	sing PR	IOR Imaging)	Contrast ph	ase used 1	for prior imag	ging m	easurements
Short	Axis cm [33]	Long Axis	cm [34]		cm		[35]	O late arteria	I O porta	al venous	O dela	ayed [36]
		DIAGNOSIS BY ALL	AVAILABLEIN	FORMATION	I (UNOS and/or other	infor	mation ava	ilable)				
Specific type of ablation (mark all that apply)	☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52]	information O No available, O Yes 09	obability of presen 6 (HCC definitely N 0% (HCC definitely	OT present) -		% (pr on dyi	this particula resence of H(imaging oth namic post-c aging?	er than this] [(Mark all that T1 Chemic T2 _[41] DWI _[42] Other, _[43]		Imaging _[40]
	Continue to report the next lesion on the next page (as applicable). If reporting is complete, continue to R4 form.											

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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

MRI TREATED Lesion Interpretation Form

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Institution	Institution No
Participant Initials	Case No

	TREATED LESION TABLE Reader ID: (Site use only)							ite use only)					
Lesion # (record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional II Segmen (If applicable, mark involved segm	at(s) any additional	(Class 4	tion of Lesion 4 = No HCC) Γ = Yes HCC)	(SI	l = Sig		n Signal Feat y compared to		ackground	d)	
	Highest-# Segment: [2] (Choose the highest-# Segment involved and NOT	☐ Segmer ☐ Segmer ☐ Segmer	nt 2 _[5]			T1 Pre-contrast: S Late Arterial Phase: SI	[14] [15] [16]	A O hyr B. O hor	nogenous C	isoin heter	tense tense ogeneous	O i	nyperintense
7	the segment # with the greatest tumor burden) O 1 0 5 O 2 0 6 O 3 0 7	□ Segmer □ Segmer □ Segmer	nt 4a _[7] nt 4b _[8]	O Class 4 O Class 5T		Portal Venous Phase: SI	[17] [18] [19] [20]	A O hyp	contense Conogenous Comment relative to	isoin heter	tense ogeneous	O ł	O Yes nyperintense O Yes
	O 4a O 8 O 4b Running #	☐ Segmer ☐ Segmer ☐ Segmer	nt 6 _[10]			Delayed Phase: S	[21] [22] [23]	B. O hor	cement relative to) heter	ogeneous otrast? O I		O Yes
Bi-dimensional Measurements on Axial Plane Axial Measurement			Series #		iameter in cranio-caudal direction (Using CURRENT Imaging) Lesion definition Contrast phase for measuren								
Short Axis Long Axis Long Axis [26] [27]			7]	[28]	cm		[29]	O well defined O moderately de O poorly defined		O late a O porta O delay	I venous	[31]	
				PR	IOR IMAGING (OMPARISON				Not avai	ilable _[32]		
	ing other than the most interval imaging) used for			? _[45]	No O Yes:	Provide date of prior ima	ging		(mm-dd-yyyy) _{[4}	6]			
Bi-di	mensional Measurements on A	xial Plane (Using Pl	RIOR Imaging) Lon	gest diameter in o	ranio-caudal direction (Using F	PRIOR Imaging	Contrast pha	se used f	for prior ima	aging me	easurements
Short	Axis cm [33]	Long Axis	c	m ^[34]		cm		[35	O late arterial	O porta	al venous	O dela	[36]
		DIAGNOSI	SBYALLA	VAILABLE	INFORMATION	(UNOS and/or other	er info	rmation ava	ailable)				
Specific type of ablation (mark all that apply)	☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52]	Considering all information available, is HCC present?	O No O Yes 0%		sence of HCC (Sca y NOT present) - itely present):	ale of 0-100%):	. % (s this particula presence of H on imaging oth dynamic post-o maging?	ner than this]]]	(Mark all tha □ T1 Chemid □ T2 _[41] □ DWI _[42] □ Other, _[43]	cal Shift	Imaging _[40]

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

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Institution	Institution No
Participant Initials	Case No.

	TREATED LESION TABLE Reader ID: (Site use only)													
Lesion # (record #)	MRI Lesion ID (Highest-# Segment) (Running#)	Additional Inv Segment (If applicable, mark an involved segme	(s) ny additional	Classification (Class 4 = N (Class 5T = N	No HCC)	(SI	= Sig	Lesi onal Intensi	on Signal ty compa			kground	i)	
	Highest-# Segment: [2] (Choose the highest-# Segment involved and NOT	☐ Segment☐ Segment☐	2 [5]			T1 Pre-contrast: SI Late Arterial Phase: SI	[14] [15] [16]	O hy A O hy B. O ho	'	0 0	isointen isointen heteroge	ise		nyperintense
8	the segment # with the greatest tumor burden) O 1 O 5 O 2 O 6 O 3 O 7	☐ Segment ☐ Segment ☐ Segment	: 4a _[7] : 4b _[8]	O Class 4 O Class 5T		Portal Venous Phase: SI	[17] [18] [19] [20]	A O hy B . O ho	•	0	isointen	ise eneous	0	O Yes hyperintense O Yes
	O 4a O 8 O 4b Running #	☐ Segment☐ Segment☐ Segment☐ Segment	: 6 _[10] : 7 _[11]			Delayed Phase: SI	[21] [22] [23]	A O hy B. O ho C. Enhar	pointense	0	isointer heteroge re-contra	nse eneous	0	hyperintense O Yes
Bi-dimensional Measurements on Axial Plane Axial Measurem		asurements Series #	ts Longest diameter in cranio-caudal direction			definiti		Contra		ise used ements				
Short Axis	[25] Long Axis	[26] cm	[27]	[28]		cm		[29]		ately define	[30] ed	O late a O portal O delay	venous	[31]
				PRIOR	IMAGING C	OMPARISON				□ No	ot availal	ole _[32]		
	ing other than the most renterval imaging) used for the			? _[45] O No	O Yes:	Provide date of prior imag	ing		(mm-dd-)	уууу) _[46]				
Bi-di	mensional Measurements on Ax	ial Plane (Using PRI	IOR Imaging)) Longest	diameter in c	ranio-caudal direction (U	sing P	RIOR Imagino	g) Contra	st phase	used for	prior ima	ging m	easurements
Short Axis cm [33] Long Axis cm [34]				cm		[3	O late a	arterial () portal v	enous	O dela	ayed [36]		
		DIAGNOSIS	BYALLA	VAILABLEINF	ORMATION	I (UNOS and/or other	rinfo	rmation av	ailable)					
Specific type of ablation (mark all that apply)	☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52]		O No O Yes 0%	bability of presence (HCC definitely NC % (HCC definitely	OT present) -		% (p	this particul resence of h n imaging of ynamic post- naging?	ICC) based her than th	nent	Г Т 1	ark all that 11 Chemic 12 _[41] DWI _[42] Other, _[43]	al Shift	Imaging _[40]

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

MRI Local Overall Interpretation F	Form	Institution	Institution No
miti Local Overall interpretation i	om.	Participant Initials	Case No
If this is a revised or corrected form, please	√box. ☐		
	iologist following the interpretation and documentation of the treat diologist's completion of the MRI Local Interpretation, MRI Untreated		
7th UNOS Update (630 day)	Summary of Reported Lesion	ns	
	Number of Class 4/4g lesions [1	1	
	Number of Class 5A/5A-g lesions [T1 HCCs] [2	2]	
	Number of Class 5B/5B-g lesions [T2 HCCs] [3	1]	
	Number of Class 5T lesions [4	1	
O No O Yes 2. Was there any imaging evidence of ma O No O Yes	ncrovascular invasion by tumor? [6]		
3. Is the participant within Milan criteria? O No O Yes	[7]		
3a. If outside Milan criteria will the pO NoO Yes	patient be allowed to stay on the HCC-exception list? $_{\left[12 ight]}$		
Comments:			
			[8, 9]
[10]			-

Initials of person completing the form

Date form completed (mm-dd-yyyy)

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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MRI Local Overall Interpretation Fo	orm	Institution	
	/.	Participant Initials	Case No
If this is a revised or corrected form, please $\sqrt{}$	box.		
	ologist following the interpretation and documentation of the troologist's completion of the MRI Local Interpretation, MRI Untre		
8th UNOS Update (720 day)	Summary of Reported Les	ions	
	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]	
 Was there any imaging evidence of mac No Yes 	rovascular invasion by tumor? [6]		
 Is the participant within Milan criteria? O No O Yes 	7]		
3a. If outside Milan criteria will the paO NoO Yes	ntient be allowed to stay on the HCC-exception list?	[12]	
Comments:			
			[8, 9]
Initials of person completing the form		Date fo	orm completed (mm-dd-yyyy)

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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 PLACE LABEL HERE

MRI Local Overall Interpretation Form		Institution	Institution No		
MKI Local Overall litterpretation Form	Participant Initials	Case No			
If this is a revised or corrected form, please $\sqrt{\text{box}}$					
	t following the interpretation and documentation of the treated and ust's completion of the MRI Local Interpretation, MRI Untreated Lesio				
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]				
O No O Yes 2. Was there any imaging evidence of macrova O No O Yes	ascular invasion by tumor? [6]				
3. Is the participant within Milan criteria? [7] O No O Yes					
3a. If outside Milan criteria will the patienO NoO Yes	t be allowed to stay on the HCC-exception list? [12]				
Comments:					
			[8, 9]		
Initials of person completing the form		 Date for	m completed (mm-dd-yyyy)		



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
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	
	0 2 100	
CON	MMENTS:	
		_
	[9	, 10]
nitia	Is of person completing the form [11] Date form completed (mm-dd-yyyy)	
ınııd	is of person completing the form	
		,

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

		/	
If this is a revise	d or corrected form,	please √b	ox

ACRIN Study 6690 PLACE LABEL HERE

E-MRI Local Interpretation Form	Institution	Institution No						
this is a revised or corrected form, please $\sqrt{\text{box}}$.		Participant Initials	Case No.					
nstructions: 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 ite'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 in 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.								
. UNOS listing update (timepoint) [1]	[
• •	O 7 th UNOS update (630) day	[10]						
O 2 nd UNOS update (180 day) O 5 th UNOS update (450 day)	O 8th UNOS update (720) day							
O 3 rd UNOS update (270 day) O 6 th UNOS update (540 day) O 9 th UNOS update (810) day								
O Post Ablation Imaging (protocol requirement additional imaging: not used	for UNOS update)							
Date of imaging: (mm-dd-ww)								

5. Has the participant undergone ablation of one or more lesions? $_{[5]}$

O No (continue to S2)

3. Date of interpretation: ____

4. Reader ID:

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] —

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

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 $\sqrt{\text{box}}$.

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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 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). \square SCAN NOT COMPLETED_[55] \square NO UNTREATED LESIONS IDENTIFIED [54] UNTREATED LESION TABLE Reader ID: (Site use only) **Lesion Signal Features** Additional Involved ## Classification of Lesion E-MRI Lesion ID Lesion (record Segment(s) (SI = Signal Intensity compared to liver background) (Class E4 = Not an HCC) (Highest-# Segment) (Class E5A/E5A-g = T1 Stage HCC) T1 Pre-contrast: SI [14] (If applicable, mark O hypointense isointense hyperintense any additional involved (Running#) (Class E5B/E5B-g = T2 Stage HCC) [15] A O hypointense 0 isointense hyperintense segment #s) Late Arterial [16] B. O homogenous heterogeneous [13] Phase: SI Highest-# Segment: [2] ☐ Segment 1 [4] [17] C. Enhancement relative to pre-contrast? O No O Yes ☐ Segment 2 [5] (Choose the highest-# O Class E4 A O hypointense isointense hyperintense [18] Segment involved and NOT **Portal Venous** [19] B. O homogenous heterogeneous ☐ Segment 3 the segment # with the greatest Phase: SI tumor burden) [20] C. Enhancement relative to pre-contrast? O No O Yes ☐ Segment 4a O Class E5A A O hypointense isointense hyperintense [21] 0 1 0 5 Delayed/ O Class E5A-a [22] ☐ Segment 4b rg1 B. O homogenous heterogeneous 0 2 0 6 Equilibrium [23] 0 3 0 7 C. Enhancement relative to pre-contrast? O No O Yes ☐ Segment 5 Phase: SI O 4a O 8 [24] D. Pseudocapsule? O No O Yes O 4b O Class E5B ☐ Segment 6 [10] [57] O Class E5B-g A O hypointense isointense hyperintense Running # [3] ☐ Segment 7 [11] Hepatobiliary [58] B. O homogenous O heterogeneous Phase: SI C. Enhancement relative to pre-contrast? O No O Yes ☐ Segment 8 **Axial Measurements** Longest diameter in cranio-caudal direction Contrast phase used Bi-dimensional Measurements on Axial Plane Lesion definition (Using CURRENT Imaging) (Using CURRENT Imaging) for measurements Image# Series # [28] O well defined O late arterial O delayed/equilibrium O moderately defined O portal venous O hepatobiliary Short Axis O poorly defined ☐ Not available [32] PRIOR IMAGING COMPARISON Was imaging other than the most recent time point imaging O Yes: Provide date of prior imaging _____-___(mm-dd-yyyy) [46] (90 day interval imaging) used for this lesion size comparison? [45] 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 O late arterial O portal venous Long Axis Short Axis O delayed / equilibrium O hepatobiliary DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available) O No O Yes (Mark all that apply) Is this particular assessment (presence Considering all Probability of presence of HCC (Scale of 0-100%): $\square_{\mathsf{DWI}_{[42]}}$ O No T1 Chemical of HCC) based on imaging other than information available. Shift Imaging [40] O Yes 0% (HCC definitely NOT present) - 100% (HCC definitely this dynamic post-contrast imaging? is HCC present? Other, [43] □T2_[41] present): [44] Continue to report the next lesion on the next page (as applicable). If reporting is complete, continue to the S3 form.

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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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E-MRI <u>U</u>	NTREATED Lesion	Interpretation F	orm				Institution		Institution No		
	evised or corrected form,	/					Participant In	itials	(Case No	
			ESION TABLE		Read	der ID:		(Site use only)			
n # rd #)	E-MRI Lesion ID	Additional Involved Segment(s)	Classificati	ion of Lesior = Not an HCC)	1	(SI =	Lesion Signal Intensity	n Signal Fe		ckground)	
Lesion (record	(Highest-# Segment) (Running#)	(If applicable, mark any additional involved segment #s)	(Class E5A/E5A (Class E5B/E5B	-g = T1 Stage F		T1 Pre-contrast: SI	O hypo 15] A O hypo		O isointe		hyperintense
[1]	Highest-# Segment: [2] (Choose the highest-#	☐ Segment 1 [4] ☐ Segment 2 [5]	O CI	ass E4	[13]	Phase: SI	16] B. O homo		O heterog	geneous ast? O No (O Yes hyperintense
	Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segment 3 [6]				Phase: SI	19] B. O hom		O hetero	geneous	O Yes
2	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b	Segment 4b [8]	O CI	ass E5A ass E5A-g ass E5B		Delayed/ Equilibrium Phase: SI	A O hypo 22] B. O hom 23] C. Enhance 24] D. Pseudoo	ogenous ement relative		geneous rast? O No (hyperintense O Yes
	Running # [3]	☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	O CI	ass E5B-g		Phase: SI	57] A O hypo 58] B O home 59] C Enhance	ogenous	•	ense O geneous rast? O No O	hyperintense O Yes
Bi-dime	nsional Measurements o (Using CURRENT Imagin	-\	Axial Measuren mage# Sei	nents Lon	gest	diameter in cranio-ca (Using CURRENT Imag		Lesion d	lefinition		phase used surements
Short Axis	[25] Long Axis	[26] cm	[27]	[28]		cm	[29]	O well define O moderate O poorly de	lydefined	O late arterial O portal venous	[31] O delayed/equilibrium O hepatobiliary
				PRIOR IMAG	GING	COMPARISON			☐ Not ava	ilable [32]	
	ing other than the most nterval imaging) used for			O No O	Yes:	Provide date of prior imagin	ng	_ (mm-dd-yyy)	y) _[46]		
Bi-di	mensional Measurements on A	Axial Plane (Using PRIOF	R Imaging)	Longest diame	ter in o	cranio-caudal direction (Us	ing PRIOR Imaging)	Contrast p	phase used for	or prior imaging	measurements
Short	Axis . cm [33]	Long Axis].			cm	[35]	O late arter O delayed	rial / equilibrium	O portal O hepato	
		DIAGNOSISE	BY ALL AVAILAI	BLEINFORM	ATIO	N (UNOS and/or other	information ava	ailable)			
Considering all information available, is HCC present? Probability of presence of HCC (Scale of 0-100%): 0 No 0 Yes Probability of presence of HCC (Scale of 0-100%): 0% (HCC definitely NOT present) - 100% (HCC definitely present): Sthis particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? Sthis particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? O No O Yes (Mark all that apply) T1 (Chemical Shift Imaging [40] T2 [41] Other, [43] Other, [[44]				
			ontinuo to rono	rt the next le	cion	on the next ness (es	annliaabla)				

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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E-MRI <u>U</u>	NTREATED Lesion	Interpretation F	orm			Institution		Institution No		
f this is a r	evised or corrected form,	please $\sqrt{\text{box.}}$				Participant Ini	itials	Case No.		
			<u>UNT</u>	REATED L	ESION 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	Classification (Class E4 = Not (Class E5A/E5A-g = T (Class E5B/E5B-g = T	an HCC) Γ1 Stage HCC)	`		n Signal Features v compared to liver ba	,		
[1]	Highest-# Segment: [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest	segment #s) Segment 1 [4] Segment 2 [5] Segment 3 [6]	O Class E	[13]	Phase: SI	A O hypo B O homo	genous O hetero ment relative to pre-cont intense O isoint ogenous O hetero	geneous rast? O No O Yes ense O hyperintense geneous		
3	tumor burden) O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b	☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10]	O Class E O Class E O Class E	≣5A-g	Delayed/ Equilibrium Phase: SI	A O hypo B. O homo	ement relative to pre-cont	ense O hyperintense geneous rrast? O No O Yes		
	Running # [3]	☐ Segment 7 [11] ☐ Segment 8 [12]	O Class E	E5B-g	Phase: SI	A O hypo B. O homo C. Enhance		geneous		
Bi-dime	nsional Measurements o (Using CURRENT Imagin	TAXIAI I IAIIC	mage # Series #	Longost	diameter in cranio-ca (Using CURRENT Imagi		Lesion definition	Contrast phase used for measurements		
Short Axis	[25] Long Axis	[26]	[27]	[28]	cm	[29]	O well defined [30] O moderately defined O poorly defined	O late arterial O delayed/equilibrium O portal venous O hepatobiliary		
			PR	IORIMAGING	COMPARISON		☐ Not ava	ilable [32]		
	jing other than the most nterval imaging) used for			No O Yes:	Provide date of prior imagin	g	_ (mm-dd-yyyy) _[46]			
Bi-di	mensional Measurements on A	Axial Plane (Using PRIOR	Imaging) Long	gest diameter in	cranio-caudal direction (Usi	ng PRIOR Imaging)	Contrast phase used f	or prior imaging measurements		
Short	Axis . cm [33]	Long Axis	cm ^[34]		cm	[35]	O late arterial O delayed / equilibrium	O portal venous [36] O hepatobiliary		
	DIAGNOSIS BY ALL AVAILABLE INFORMATION (UNOS and/or other information available)									
Considerin information is HCC pre	n available, O No O Yes 0%	robability of presence 6 (HCC definitely NOT present):	•	·	Is this particular as of HCC) based on this dynamic post-	imaging other tha	n T1 Chemical	Пруч		
		Co	ontinue to report the	e next lesion	on the next page (as	applicable).				

If reporting is complete, continue to the S3 form.

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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E-MRI U	INTREATED Lesion	Interpretation F	orm				Institution		Institution No.		
If this is a r	evised or corrected form,	please √box.					Participant Ir	nitials	Case No.		
			<u> </u>	JNTREA	TED LI	ESION TABLE		Reader ID:	(3)	Site use only)	
Lesion # (record #)	E-MRI Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s)	(Class E4 = (Class E5A/E5A	Classification of Lesion (Class E4 = Not an HCC) Class E5A/E5A-g = T1 Stage HCC) Class E5B/E5B-g = T2 Stage HCC)		T1 Pre-contrast: SI	Signal Intensit	ointense O isoi	oared to liver background) O isointense O hyperin		
4	Highest-# Segment: [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 0 5 O 2 0 6 O 3 0 7 O 4a 0 8 O 4b	Segment 1 [4] Segment 2 [5] Segment 3 [6] Segment 4a [7] Segment 4b [8] Segment 5 [9]	O Class E5A O Class E5A-g O Class E5B			Phase: SI	B. O homogenous O heterogeneous C. Enhancement relative to pre-contrast? O No O Yes A O hypointense O isointense O hyper B. O homogenous O heterogeneous C. Enhancement relative to pre-contrast? O No O Yes C. Enhancement relative to pre-contrast? O No O Yes A O hypointense O isointense O hyper B. O homogenous O heterogeneous C. Enhancement relative to pre-contrast? O No O Yes C. Enhancement relative to pre-contrast? O No O Yes D. Pseudocapsule? O No O Yes				
	Running # [3]	☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	O CI	ass E5B-g		Phase: SI	[57] A O hypointense O isointense O hyperinten [58] B. O homogenous O heterogeneous [59] C. Enhancement relative to pre-contrast? O No O Yes				
Bi-dime	nsional Measurements of (Using CURRENT Imagin	-\	xial Measurem mage# Ser	ries #	.ongest	diameter in cranio-ca (Using CURRENT Imag		Lesion definition	Contrast pha		
Short Axis	[25] Long Axis	[26]	[27]	[28]		cm	[29]	O well defined O moderately defined O poorly defined		[31] lelayed/equilibrium epatobiliary	
				PRIORIN	AGING	COMPARISON		☐ Not a	vailable _[32]		
	ging other than the most nterval imaging) used for			O No	O Yes:	Provide date of prior imaging	ng	(mm-dd-yyyy) _[46]			
Bi-di	mensional Measurements on A	Axial Plane (Using PRIOR	Imaging)	Longest dia	meter in	cranio-caudal direction (Us	ing PRIOR Imaging	Contrast phase used	for prior imaging me	easurements	
Short	Axis . cm [33]	Long Axis	cm [34]			cm	[35	O late arterial O delayed / equilibrium	O portal ver O hepatobili		
		DIAGNOSISB	Y ALL AVAILAI	BLEINFO	RMATIO	N (UNOS and/or other	information av	ailable)			
information available, O No O N						Is this particular a of HCC) based on this dynamic post	imaging other tha	an T1 Chemical	fark all that apply) DWI [42] Gother, [43]	[44]	
		Co	•			on the next page (as continue to the S3 form	,				

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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E-MRI U	INTREATED Lesion	Interpretation F	orm				Institution _		Institution No.		
If this is a r	evised or corrected form,	please $\sqrt{\text{box.}}$					Participant I	nitials	Case No.		
	UNTREATED LESION TABLE Reader ID: (Site use only)										
Lesion # (record #)	E-MRI Lesion ID (Highest-# Segment)	Additional Involved Segment(s) (If applicable, mark	(Class E4 =	Classification of Lesion (Class E4 = Not an HCC) Class E5A/E5A-g = T1 Stage HCC)		,	Signal Intens	ty compared to opintense O		d) O hyperintense	
(re [1]	(Running#) Highest-# Segment: [2]	any additional involved segment #s) Segment 1	(Class E5B/E5B-	g = T2 Stage	HCC) - [13]	Late Arterial [15] A O hyp 16] B . O hor	pointense O mogenous O	isointense heterogeneous	O hyperintense	
	(Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segment 2 [5] ☐ Segment 3 [6]	O Cla		_	Portal Venous [Phase: SI	8] A O hypoin		isointense heterogeneous	O hyperintense	
5	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b	☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9]	O Class E5A O Class E5A-g O Class E5B			Delayed/ Equilibrium Phase: SI	21] A O hy 22] B. O ho 23] C. Enhan 24] D. Pseud	O hyperintense			
	Running # [3]	 □ Segment 6 [10] □ Segment 7 [11] □ Segment 8 [12] 	O Cla	ass E5B-g		Phase: SI		pointense O mogenous O cement relative to p	isointense heterogeneous ore-contrast? O N	O hyperintense	
Bi-dime	nsional Measurements of (Using CURRENT Imagin		mage# Seri	ents ies #	ongest		iameter in cranio-caudal direction (Using CURRENT Imaging) Lesion definition Contrast phase used for measurements				
Short Axis	[25] Long Axis	[26]	[27]	[28]		∐ . ∐ cm	[2	O well defined O moderately def O poorly defined	ined O late arteria O portal vend	[31] al O delayed/equilibrium ous O hepatobiliary	
				PRIOR IM	AGING	COMPARISON			Not available [32]		
Was imag (90 day i	ging other than the most nterval imaging) used for	recent time point im- this lesion size com	aging parison? _[45]	O No	O Yes:	Provide date of prior imagin	ng	(mm-dd-yyyy) _[46]			
Bi-di	mensional Measurements on A	Axial Plane (Using PRIOR	Imaging)	Longest diar	meter in	cranio-caudal direction (Usi	ing PRIOR Imagin	g) Contrast phase	used for prior image	aging measurements	
Short	Axis . cm [33]	Long Axis	cm [34]			cm	[3	O late arterial O delayed / equ		portal venous [36] nepatobiliary	
		DIAGNOSISB	Y ALL AVAILAB	BLEINFOR	MATIO	N (UNOS and/or other	information a	vailable)			
informatio	Considering all information available, is HCC present? Probability of presence of HCC (Scale of 0-100%): 0 No 0 Yes O No 0 (HCC definitely NOT present) - 100% (HCC definitely present): Sthis particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? Sthis particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? O No O Yes (Mark all that apply) T1 Chemical Shift Imaging [40] T2 [41] Other, [43] Other, [43] Other, [44]										
		Co	•			on the next page (as continue to the S3 form	• • •				

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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E-MRI <u>U</u>	NTREATED Lesion	Interpretation F	orm						Institution No.
f this is a r	evised or corrected form,	please $\sqrt{\text{box.}}$					Participant In	itials	Case No.
			<u> </u>	JNTREAT	<u>ED</u> LI	ESION TABLE		Reader ID:	(Site use only)
ion # ord #)	E-MRI Lesion ID (Highest-# Segment)	Additional Involved Segment(s) (If applicable, mark	(Class E4 =	on of Lesio Not an HCC)		,	Signal Intensity	n Signal Features / compared to liver b	-
Lesion (record	(Running#)	any additional involved segment #s)	(Class E5A/E5A- (Class E5B/E5B-			T1 Pre-contrast: SI	4] O hypo		tense O hyperintense tense O hyperintense
[1] 6	Highest-# Segment: [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 0 5 O 2 0 6	Segment 1 [4] Segment 2 [5] Segment 3 [6] Segment 4a [7] Segment 4b [8]	O Cla	ass E4 ass E5A ass E5A-g	[13]	Phase: SI	6 B. O homo 7 C. Enhance 8 A O hypo 9 B. O homo C. Enhance	ogenous O hetero ment relative to pre-con pintense O isoin ogenous O hetero ment relative to pre-con pintense O isoin	ogeneous trast? O No O Yes tense O hyperintense ogeneous
	0 2 0 6 0 3 0 7 0 4a 0 8 0 4b	□ Segment 5 [9] □ Segment 6 [10] □ Segment 7 [11] □ Segment 8 [12]	O Cla	ass E5B ass E5B-g	_	Hepatobiliary Phase: SI Figure 1: The property of the part of the	C. Enhance D. Pseudoc A O hypo B O home	ement relative to pre-concapsule? O No O isoin	ttrast? O No O Yes Yes tense O hyperintense ogeneous
Bi-dime	nsional Measurements o (Using CURRENT Imagin		Axial Measurem Image# Ser	ies #	ngest	diameter in cranio-ca (Using CURRENT Imagi		Lesion definition	Contrast phase used for measurements
Short Axis	[25] Long Axis	[26]	[27]	[28]		cm	[29]	O well defined [30] O moderately defined O poorly defined	O late arterial O delayed/equilibrium O portal venous O hepatobiliary
				PRIORIMA	GING	COMPARISON		☐ Not av	ailable [32]
	ing other than the most nterval imaging) used for			O No C) Yes:	Provide date of prior imagin	g	_ (mm-dd-yyyy) _[46]	
Bi-di	mensional Measurements on A	Axial Plane (Using PRIOF	R Imaging)	Longest diame	eter in	cranio-caudal direction (Usi	ng PRIOR Imaging)	Contrast phase used	for prior imaging measurements
Short	Axis cm [33]	Long Axis].			cm	[35]	O late arterial O delayed / equilibrium	O portal venous [36] O hepatobiliary
		DIAGNOSISE	BY ALL AVAILAE	BLEINFORM	/IATIO	N (UNOS and/or other	information ava	ailable)	
informatio	Considering all information available, O Yes O Yes (HCC definitely NOT present) - 100% (HCC definitely							□pwi	
	fo.1			[00]				F1 F 1	1.42

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

/	ACRII	N Study	6690
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E-MRI <u>U</u>	NTREATED Lesion	Interpretation F	orm					institution institution No			•	
If this is a r	evised or corrected form, p	olease Vbox.					Pa	articipant Ini	tials	Ca	ase No	
	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)			C)	(SI : e-contrast: SI ate Arterial	Ť				se O	hyperintense hyperintense
[1]	Highest-# Segment: [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6]		ass E4	[13]	Phase: SI ortal Venous Phase: SI	[16] [17] [18] [19] [20]	A. O hypo B. O homo	ment relative to printense O	isointen heteroge	st? O No O	O Yes hyperintense
7	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b	☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10]	O Cla	ass E5A ass E5A-g ass E5B	E	Delayed/ Equilibrium Phase: SI	[21] [22] [23] [24]	A O hypo B. O homo C. Enhance D. Pseudoc	ogenous O ment relative to p	isointen heteroge re-contra lo O Ye	eneous est? O No	hyperintense O Yes
	Running # [3]	Segment 7 [11]	O Class E5B-g		н	epatobiliary Phase: SI	[57] [58] [59]	B. O homogenous O heterogeneous				hyperintense D Yes
Bi-dime	nsional Measurements of (Using CURRENT Imagin	TAXIOI I IOIIC	mage# Ser	ries #		er in cranio-c gCURRENTIma		I direction	Lesion defini	ition		phase used surements
Short Axis	[25] Long Axis	[26]	[27]	[28]		cm		[29]	O well defined O moderately defined		D late arterial D portal venous	[31] O delayed/equilibrium O hepatobiliary
				PRIOR IMAG	NG COMP	ARISON			1 🗆	Not availa	able _[32]	
	jing other than the most nterval imaging) used for			O No O Y	es: Provide	date of prior imag	jing		_ (mm-dd-yyyy) _[46]			
Bi-di	mensional Measurements on A	Axial Plane (Using PRIOR	Imaging)	Longest diamete	in cranio-ca	audal direction (U	Ising P	RIOR Imaging)	Contrast phase	used for	prior imaging	measurements
Short	Axis . cm [33]	Long Axis	cm [34]			cm		[35]	O late arterial O delayed / equi	ilibrium	O portal O hepat	
		DIAGNOSIS B	Y ALL AVAILAE	BLEINFORMA	TION (UNC	OS and/or othe	er info	ormation ava	ilable)			
information	Considering all nformation available, s HCC present? Probability of presence of HCC (Scale of 0-100%): O No O Yes Probability of presence of HCC (Scale of 0-100%): O No O Yes (Mark all that apply) Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? O No O Yes (Mark all that apply) In this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? Is this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? In this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? O No O Yes (Mark all that apply) In this particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging?											
			entinuo to rono	"4 4ha may4 laa	-n -n +h-	nov4 none (oc	onnl	licable)				

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

F-MRI UNTREATED Lesion Interpretation Form

	ACRII	N Study	6690
PΙ	ACE	LABEI	HERE

Institution No. _

Institution ____

L-mixi <u>ontricated</u> Lesion interpretation form							Participant Initials Case No				
If this is a r	evised 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	Classification of (Class E4 = Not an (Class E5A/E5A-g = T1 S (Class E5B/E5B-g = T2 S	HCC) Stage HCC)	`			tense O hyperintense			
[1]	Highest-# Segment: [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden)	segment #s) Segment 1 [4] Segment 2 [5] Segment 3 [6] Segment 4a [7]	O Class E4	O Class E5A O Class E5A-g O Class E5B		[16] B. O homo [17] C. Enhance [18] A O hypo [19] B. O homo [20] C. Enhance	ogenous O hetero ment relative to pre-con intense O isoin ogenous O hetero ment relative to pre-con	orgeneous trast? O No O Yes tense O hyperintense orgeneous trast? O No O Yes			
8	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b	☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10]	O Class E5B			[22] B. O homo [23] C. Enhance [24] D. Pseudoc	B. O homogenous O heterogeneous C. Enhancement relative to pre-contrast? O No O Yes				
	Running # [3]	☐ Segment 7 [11] ☐ Segment 8 [12]	O Class E5B	3-g	Hepatobiliary Phase: SI	[58] B. O homo	B. O homogenous O heterogeneous				
Bi-dime	nsional Measurements or (Using CURRENT Imagin	- Axiai Fiane	Axial Measurements Image # Series #	Longest	(Using CURRENT Imaging) Lesion definition Contrast phase used for measurements						
Short Axis	[25] Long Axis	[26]	[27] [28]		[29] O well defined [30] O moderately defined O poorly defined O portal venous O hepatobiliary						
			PRIO	RIMAGING	COMPARISON		☐ Not av	ailable _[32]			
Was imag (90 day ii	ing other than the most nterval imaging) used for	recent time point im this lesion size com	naging O No	O Yes:	Provide date of prior imag	ing	_ (mm-dd-yyyy) _[46]				
Bi-di	mensional Measurements on A	Axial Plane (Using PRIOR	R Imaging) Longest	t diameter in	cranio-caudal direction (U	sing PRIOR Imaging)	Contrast phase used	for prior imaging measurements			
Short	Axis . cm [33]	Long Axis] cm ^[34]		cm	[35]	O late arterial O delayed / equilibrium	O portal venous [36] O hepatobiliary			
		DIAGNOSISB	BY ALL AVAILABLE INI	FORMATIC	ON (UNOS and/or othe	r information ava	ailable)				
Considering all information available, O No Probability of presence of HCC (Scale of 0-100%): Is this post of HCC (Scale of 0-100%):				% of HCC) based or	assessment (presen n imaging other tha st-contrast imaging?	n	□pwi				

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 TREATED Lesion Interpretation Form

If this is a revised or corrected form, please $\sqrt{\text{box}}$.

	ACRI	N Study	y 669	90
PL	ACE	LABE	LH	ERE

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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 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

esion 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 ne 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) <u>Treated</u> Lesion Table Scan Not Completed _[55]			5]	No treated lesions identified [54] Reader ID: (Site use on						(Site use only)						
ion # ord #)	MRI Lesion ID (Highest-# Segment)	Additional Ir Segmen	t(s)		Classification of Lesion (E4 = No HCC)		Lesion Signal Features (SI = Signal Intensity compared to liver background)									
Lesion (record	(Running#)	(If applicable, mark a involved segm		(E5T	= Yes HCC))	T1 Pre-contrast: S			- 71	ointense	0	isointense			yperintense · .
	Highest-# Segment: [2]	☐ Segmen	[7]		[13]		Late Arterial Phase: SI	[15] [16]	В. (O hom	ointense ogenous		isointense heterogene	eous	O h	yperintense O Yes
	(Choose the highest-# Segment involved and NOT the segment # with the greatest	☐ Segmen ☐ Segmen	[9]				Portal Venous	[17]			ointense	O	pre-contrast isointense		O h	yperintense
1	tumor burden)	☐ Segmen	t 4a _[7]		E4		Phase: SI	[19] [20]			ogenous ement re		heterogene pre-contrast			O Yes
	O 1 O 5 O 2 O 6 O 3 O 7	☐ Segmen	[0]	0	E5T		Delayed/ Equilibrium	[21] [22]	A. B.	- 71	ointense nogenous	0	isointense heterogene		O h	yperintense
-	O 4a O 8 O 4b	☐ Segmen	[9]				Phase: SI	[23] [24]	D.	Pseudo	capsule'	? 0		Yes		O Yes
	Running # [3]	☐ Segmen ☐ Segmen	[11]			Hepatobili Phase: \$		[57] [58] [59]	В.	O hon	ointense nogenous	0	isointense heterogen pre-contrast	eous		nyperintense O Yes
Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging) Axial Measurements Image # Series #				gest d	liameter in cranio-ca (Using CURRENT Imag		•			n defini	tion		pha	se used		
Short Axis	[25] Long Axis	[26] cm	[27		[28]		cm			[29]		efined rately defi defined		e arterial rtal venous		[31] ayed/equilibrium patobiliary
				Р	RIOR IMAG	SINGC	COMPARISON Not available [32]									
	ing other than the most re sterval imaging) used for th			? [45]	O No O	Yes:	Provide date of prior imag	ing			_ (mm-da	<i>-уууу)</i> _[46]				
Bi-di	mensional Measurements on Ax	tial Plane (Using PF	RIOR Imaging) Lo	ongest diame	ter in c	ranio-caudal direction (U	sing F	PRIOR I	maging)	Contr	ast phase	used for pr	ior imagi	ng me	asurements
Short	Axis cm [33]	Long Axis		m ^[34]			cm			[35]		O late ar O delaye	erial d / equilibriun		rtal ve patobil	
		DIAGNOSI	SBYALLA	VAILABL	EINFORM/	ATION	I (UNOS and/or other	rinfo	rmatio	on ava	ilable)					
Specific type of ablation (mark all that apply)	☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52]	Considering all information available, is HCC present?	O No O Yes 0%	(HCC definit	resence of HC ely NOT prese initely present	ent) -	[38]	% (1	presend	e of HC ing other post-ce	r assessi CC) baseder than to contrast	d	□T2 _[□ DW	Chemical		maging _[40]
	0	ue to report the	novt looier	on the n	ovt none (licable) If reporting	io e		4	.4!	- 64 6-		_	_	

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 $\sqrt{\text{box}}$.

	ACRIN	N Study	6690
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Institution	Institution No
Participant Initials	Case No

1st UNOS Update (90 day) Treated Lesion Table Scan Not Completed [55]					☐ No treated lesions	ider	ntified _[54]	R	eader ID):		(Site use only)	
ion # ord #)	MRI Lesion ID (Highest-# Segment)	Additional Involved Segment(s)	Classification (E4 = No		Lesion Signal Features (SI = Signal Intensity compared to liver background)								
Lesion (record	(Running#)	(If applicable, mark any additiona involved segment #s)	(E5T = Ye	s HCC)	T1 Pre-contrast: SI	[14]	O hypo	ointense	0	isointense	0	hyperintense	
	Highest-# Segment: [2] (Choose the highest-#	☐ Segment 1 [4] ☐ Segment 2 [5]		[13]	Late Arterial Phase: SI	[15] [16] [17]	A. O hypoB. O homC. Enhance	ogenous	O O ative to p	isointense heterogeneo re-contrast?		hyperintense O Yes	
2	Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segment 3 [6] ☐ Segment 4a [7]	O E4		Portal Venous Phase: SI	[18] [19] [20]	A O hypo B. O hom C. Enhance	ogenous	O O ative to p	isointense heterogeneo re-contrast?		hyperintense O Yes	
	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8	☐ Segment 4b _[8] ☐ Segment 5 _[9]	O E5T		Delayed/ Equilibrium Phase: SI	[21] [22] [23]	B. O hom	0	O O ative to p	isointense heterogeneo re-contrast?		hyperintense O Yes	
	O 4b	☐ Segment 6 [10]			Filase. Si	[24] [57]	D. Pseudo		0 N 0		es O	h	
	Running # [3]	☐ Segment 7 [11] ☐ Segment 8 [12]			Hepatobiliary Phase: SI	[58] [59]	A O hyp B. O hom C Enhance	nogenous	0	isointense heterogened re-contrast?	ous	hyperintense O Yes	
			Longest o	liameter in cranio-ca (Using CURRENT Imag	udal			definiti	Co	ntrast p	hase used urements		
Short Axis	[25] cm Long Axis	[26] [:	[28]		cm		[29]	O well def O modera O poorly	ately define	ed O late a		[31] delayed/equilibrium hepatobiliary	
			PRIOR	IMAGING	COMPARISON Not available [32]								
	jing other than the most renterval imaging) used for t		n? [45]	O Yes:	Provide date of prior imagin	ng		_ (mm-dd-y		Ľ	<u>, , , , , , , , , , , , , , , , , , , </u>		
Bi-di	mensional Measurements on Ax	xial Plane (Using PRIOR Imagin	ng) Longest	diameter in c	ranio-caudal direction (Us	ing PR	RIOR Imaging)	Contras	st phase	used for prio	r imaging	measurements	
Short	Axis cm [33]	Long Axis	cm ^[34]		cm		[35]	1	late arte delayed	rial / equilibrium	O portal O hepat		
		DIAGNOSISBYALL	AVAILABLEINF	ORMATION	I (UNOS and/or other	infor	mation ava	ilable)					
Specific type of ablation (mark all that apply)	☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52]	information O No available, O Yes 0%	obability of presence 6 (HCC definitely NC) 0% (HCC definitely	OT present) -		6 (pi on dy	this particular resence of HC n imaging othe namic post-co naging?	C) based er than thi	ent	O No O Yes (Mark a T1 C T2 _{[41} DWI	hemical Sh	ly) nift Imaging _[40]	

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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Institution	Institution No
Participant Initials	Case No

1st UNOS I	st UNOS Update (90 day) <u>Treated</u> Lesion Table Scan Not Completed [55]						s ide	ntified [54]	F	Reader ID):		(Site use only)
ion # ord #)	MRI Lesion ID (Highest-# Segment)	Additional I Segmen		Classification (E4 = No		Lesion Signal Features (SI = Signal Intensity compared to liver background)							
Lesion :	(Running#)	(If applicable, mark involved segn		(EST = Yes		T1 Pre-contrast: S	[14]	O hy	pointense	0	isointense	0	hyperintense
	Highest-# Segment: [2] (Choose the highest-#	☐ Segmer	nt 1 [4]		[13]	Late Arterial Phase: SI	[15] [16] [17]	A O hy B. O ho C. Enhan	mogenous	O O ative to p	isointense heterogeneo re-contrast?		hyperintense O Yes
3	Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segmer	nt 3 _[6]	O E4		Portal Venous Phase: SI	[18] [19] [20]	A O hypothesis A O host B. O host C. Enhan	mogenous	O O ative to p	isointense heterogeneo re-contrast?		hyperintense O Yes
	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b	☐ Segmer☐ Segmer☐ Segmer	nt 5 _[9]	O E5T		Delayed/ Equilibrium Phase: SI	A O hy B . O ho	O hypointense O isointense O hyperintense O homogenous O heterogeneous nhancement relative to pre-contrast? O No O Yes					
	Running # [3]	☐ Segmer	nt 7 [11]			Hepatobiliary Phase: SI	[24] [57] [58] [59]	A O hy B. O ho	rpointense omogenous	O N O O lative to p	isointense heterogened	O	hyperintense O Yes
Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging) Axial Measurements Longest Image # Series #			Longest o	tameter in cranio-caudal direction (Using CURRENT Imaging) Lesion definition for measure									
Short Axis	[25] cm Long Axis	[26] cm	[27	[28]		[29] O well defined [30] O moderately defined O poorly defined O poorly defined							
				PRIOR	IMAGING C	OMPARISON					ot available	321	
	ing other than the most interval imaging) used for			? _[45] O No	O Yes:	Provide date of prior imagi	ing		(mm-dd-)	уууу) _[46]	•	•	
Bi-di	mensional Measurements on A	xial Plane (Using Pl	RIOR Imaging)) Longest	diameter in c	ranio-caudal direction (Us	sing P	RIOR Imaging	Contra	st phase	used for pric	or imaging	measurements
Short	Axis cm [33]	Long Axis	cr	n ^[34]		cm		[3) late arte) delayed	rial / equilibrium		venous ^[36] obiliary
		DIAGNOSI	SBYALLA	VAILABLEINF	ORMATION	(UNOS and/or other	info	rmation av	ailable)				
Specific type of ablation (mark all that apply)	☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52]	Considering all information available, is HCC present?	O No O Yes 0%	bability of presence (HCC definitely NC % (HCC definitely	T present) -		% (F o d	s this particul oresence of H n imaging ot ynamic post- naging?	ICC) based her than th	nent	O No O Yes (Mark a T1 C T2 _{[4:} DWI	hemical Sh	ly) iift Imaging _[40]

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 $\sqrt{\text{box}}$.

ACRIN Study 6690
PLACE LABEL HERE

Institution	Institution No
Participant Initials	Case No

1st UNOS l	Jpdate (90 day) <u>Treat</u>	eted [55]	☐ No treated lesion	s ide	ntified [54]	ı	Reader II	D:		(Site use only)			
on # ord #)	MRI Lesion ID (Highest-# Segment)	Additional I Segmer		Classification (E4 = No		Lesion Signal Features (SI = Signal Intensity compared to liver background)							
Lesion (record	(Running#)	(If applicable, mark involved segr		(E5T = Ye	s HCC)	T1 Pre-contrast: S			ypointense	0	isointense	С) hyperintense
	Highest-# Segment: [2]	☐ Segme	nt 1 [4]		[13]	Late Arterial Phase: SI	[15] [16] [17]	B. O h	ypointense omogenous ncement re		isointense heterogene pre-contrast	ous	hyperintense O Yes
4	Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segme	nt 3 _[6]	O E4		Portal Venous Phase: SI	[18] [19] [20]	B. O h	ypointense omogenous		isointense heterogene pre-contrast	ous	hyperintense O Yes
	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b	☐ Segme ☐ Segme ☐ Segme	nt 5 _[9]	O E5T		Delayed/ Equilibrium Phase: SI	[21] [22] [23]	A O h B. O h C. Enha	ypointense omogenous ncement re	O O elative to p	isointense heterogene pre-contrast	cous ? O No	
	Running # [3]	□ Segme □ Segme	nt 7 [11]			Hepatobiliary Phase: SI	[24] [57] [58] [59]	A O h B . O h	docapsule hypointense nomogenous ancement r	0	isointense heterogene pre-contrast	eous	O Yes
Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging) Axial Measurements Image # Series #				Longest	Locion dotinition						phase used surements		
Short Axis	[25] cm Long Axis	[26]	[27	[28]		cm		[29	O mode	lefined erately defin y defined			[31] O delayed/equilibrium O hepatobiliary
				PRIOR	RIMAGING	COMPARISON			<u>'</u>	□ N	ot available	[32]	
	ing other than the most interval imaging) used for			O No	O Yes:	Provide date of prior imagi	ing		(mm-do	<i>l-yyyy)</i> _[46]			
Bi-di	mensional Measurements on A	xial Plane (Using P	RIOR Imaging) Longest	t diameter in o	cranio-caudal direction (Us	sing P	RIOR Imagin	g) Conti	ast phase	used for pri	ior imagin	g measurements
Short	Axis cm [33]	Long Axis	cr	m ^[34]		cm		I	[35]	O late arte O delayed	erial I / equilibrium		al venous [36] atobiliary
		DIAGNOS	SBYALLA	VAILABLEINF	ORMATION	(UNOS and/or other	info	rmation a	vailable)				
Specific type of ablation (mark all that apply) TACE [50] Unknown [51] Other [52] [53] [53] [53] [37] Cryoablation [47] Radioembolization [48] information available, is HCC present? [53] [37] [37] Considering all information available, is HCC present? [48] (NO No O Yes (Mark all that apply)) Probability of presence of HCC (Scale of 0-100%): 0 No O Yes (Mark all that apply) 1 Sthis particular assessment (presence of HCC) based on imaging other than this dynamic post-contrast imaging? [40] 1 Chemical Shift Imaging [40] 1 Chemi													

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 $\sqrt{\text{box}}$.

	ACI	RIN	Stud	y 6	690	
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Institution	Institution No
Participant Initials	Case No

1st UNOS (Jpdate (90 day) <u>Treat</u>	ted _[55]	☐ No treated lesion	s ide	ntified [54]	R	teader ID):		(Site use only)			
ion # ord #)	MRI Lesion ID (Highest-# Segment)	Additional I Segmer		Classification (E4 = No		(SI	= Sig	Lesic gnal Intensit	on Signal ty compa			ound)	
Lesion (record	(Running#)	(If applicable, mark involved segr		(E5T = Yes	,	T1 Pre-contrast: S	[14]	O hyp	oointense	0	isointense	0	hyperintense
	Highest-# Segment: [2]	☐ Segme	nt 1 [4]		[13]		[15] [16] [17]	A O hyp B. O hor C. Enhand	mogenous	O O ative to p	isointense heterogened re-contrast?		hyperintense O Yes
5	Segment involved and NOT the segment # with the greatest tumor burden)	□ Segme □ Segme	nt 3 _[6]	O E4		Portal Venous Phase: SI	[18] [19] [20]	A O hyp B. O hor C. Enhance	mogenous	O O ative to p	isointense heterogeneo		hyperintense O Yes
	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b	☐ Segme ☐ Segme ☐ Segme	nt 5 _[9]	O E5T		Delayed/ Equilibrium Phase: SI	[21] [22] [23] [24]	A O hypointense O isointense B. O homogenous O heterogenec C. Enhancement relative to pre-contrast?				O	hyperintense O Yes
	Running # [3]	☐ Segme	nt 7 _[11]			Hepatobiliary Phase: SI	[57] [58] [59]	A O hy B. O ho	pointense mogenous	ON O O ative to p	isointense heterogenee ire-contrast?	O	hyperintense O Yes
Bi-dimer	Bi-dimensional Measurements on Axial Plane Axial Measurements Long					diameter in cranio-ca		direction	Lesion	definiti	on		hase used
	(Using CURRENT Imaging	1)	Image#	Series #		(Using CURRENT Imag	ging)		Losion	domini	on fo	or meas	urements
Short Axis	Long Axis	[26]	[27	[28]	[28]						[31] delayed/equilibrium hepatobiliary		
				PRIOR	IMAGING	OMPARISON				□ No	ot available	321	
	ing other than the most interval imaging) used for			O No	O Yes:	Provide date of prior imag	ing		(mm-dd-y		,		
Bi-di	mensional Measurements on A	xial Plane (Using P	RIOR Imaging) Longest	diameter in d	cranio-caudal direction (U	sing P	RIOR Imaging	Contras	st phase	used for pric	or imaging	measurements
Short	Axis cm [33]	Long Axis	cr	n ^[34]		cm		[35) late arte) delayed	rial / equilibrium		l venous ^[36] tobiliary
		DIAGNOS	SBYALLA	VAILABLEINF	ORMATION	N (UNOS and/or other	info	rmation ava	ailable)				
Specific type of ablation (mark all that apply)	☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52]	Considering all information available, is HCC present?	O No O Yes 0%	bability of presenc (HCC definitely NC % (HCC definitely	T present) -	•	% (F o d	s this particula presence of H n imaging oth lynamic post-o naging?	CC) based ner than thi	ent	O No O Yes (Mark a T1 C T2 _{[4:} DWI	hemical Sh	ly) nift Imaging _[40]

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 $\sqrt{\text{box}}$.

	ACI	RIN	Stud	y 6	690	
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Institution	Institution No
Participant Initials	Case No

1st UNOS l	Jpdate (90 day) <u>Treat</u>	ted _[55]	□ No treated lesions identified [54] Reader ID: (Site use only							(Site use only)			
Lesion # (record #)	MRI Lesion ID (Highest-# Segment)	Additional I Segmen	t(s)	Classification (E4 = No	HCC)			ınal Intensi	ty compa				
Les (res	(Running#)	(If applicable, mark involved segn		(E5T = Ye	s HCC)	T1 Pre-contrast: S	[14]		pointense	0	isointense		- ''
	Highest-# Segment: [2] (Choose the highest-#	☐ Segmer	٠, ا		[13]	Late Arterial Phase: SI	[16] [17]	A O hyl B. O hol C. Enhan	mogenous cement re		isointense heterogene ere-contrast	eous	O Yes
6	Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segmer		O E4		Portal Venous Phase: SI	[18] [19] [20]	A O hyp B. O hor C. Enhan	mogenous		isointense heterogene re-contrast	eous) hyperintense O Yes
	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b	☐ Segmer	nt 5 _[9]	O E5T		Delayed/ Equilibrium Phase: SI	[21] [22] [23]	B. O ho	cement re	elative to p	isointense heterogen ore-contras	eous	O Yes
	Running # [3]	☐ Segmer☐ Segmer☐ Segmer	nt 7 [11]			Hepatobiliary Phase: SI	[24] [57] [58] [59]	B. O ho	pointense mogenous	0	isointens heterogen pre-contras	eous	O Yes
Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging) Axial Measurements Image # Series #				Longest	Locion dotinition				phase used surements				
Short Axis	[25] cm Long Axis	[26] cm	[27	[28]	O moderately defined O late arte						[31] O delayed/equilibrium O hepatobiliary		
		,		PRIOR	IMAGING	COMPARISON				□ N	ot available	[32]	
	ing other than the most interval imaging) used for			O No	O Yes:	Provide date of prior imagi	ing		(mm-dd	<i>l-уууу)</i> _[46]			
Bi-di	mensional Measurements on A	xial Plane (Using Pl	RIOR Imaging) Longest	diameter in d	cranio-caudal direction (U	sing P	RIOR Imaging) Contr	ast phase	used for p	ior imagir	g measurements
Short	Axis cm [33]	Long Axis	cr	m ^[34]		cm		[3:		O late arte O delayed	erial I / equilibriur		tal venous [36] atobiliary
		DIAGNOSI	SBYALLA	VAILABLEINF	ORMATION	N (UNOS and/or other	info	rmation av	ailable)				
Specific type of ablation (mark all that apply)	☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52]	Considering all information available, is HCC present?	O No O Yes 0%	bability of presence (HCC definitely NO % (HCC definitely	OT present) -	•	% (r o d	s this particul presence of H n imaging otl ynamic post- naging?	CC) based ner than t	ment (□T2 □ DV	Chemical	oply) Shift Imaging _[40]

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 $\sqrt{\text{box}}$.

	ACF	RIN S	Stud	y 60	690	
PΙ	AC	ELA	ABF		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:										D:		(;	Site use only)			
Lesion # (record #)	MRI Lesion ID (Highest-# Segment)	Additional II Segmen			ntion of Lesion = No HCC)	Lesion Signal Features (SI = Signal Intensity compared to liver background)										
Lec (rec	(Running#)	(If applicable, mark a involved segment)		(E5T	= Yes HCC)	T1 Pre-c	ontrast: S	[14]		hypoir		0	isointens	Э	O hy	/perintense
	Highest-# Segment: [2]	☐ Segmen	nt 1 [4] nt 2 [5] nt 3 [6]		[1		Arterial ase: SI	[15] [16] [17]	A O B. O C. Enl	homog	genous	O O ative to p	isointens heterogen ore-contras	eous	,	perintense O Yes
7	(Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segmer			E4		l Venous ase: Sl	[18] [19] [20]	A O B. O	homog	genous	O O	isointens heterogen	eous		/perintense
	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8	☐ Segmer	nt 4b _[8]	0	O EST		elayed/ ilibrium ase: SI	[21] A O hypo [22] B. O homo			ntense genous	0	isointens heterogen	e eous	O hy	yperintense O Yes
	O 4b Running # [3]	☐ Segmer☐ Segmer☐ Segmer☐	nt 7 [11]				atobiliary ase: SI	[24] [57] [58] [59]	A O hypointense O isointense B. O homogenous O heterogeneous					e neous		yperintense O Yes
						diameter in cranio-caudal direction (Using CURRENT Imaging) Lesion definition				Contrast for me	phas					
Short Axis	[25] Long Axis	[26] cm	[27	1	[28]	[29] O well defined [30] O moderately defined O poorly defined						[31] ayed/equilibrium atobiliary				
		,		PI	RIORIMAGING	COMPARIS	ON			· ·		□ N	ot availabl	e _[32]		
Was imag (90 day ir	jing other than the most interval imaging) used for	ecent time point	imaging comparison?	? _[45]	O No O Yes	Provide date	of prior imagi	ng		((mm-dd-y			E- 1		
Bi-di	mensional Measurements on A	xial Plane (Using PF	RIOR Imaging)) Lo	ngest diameter ir	cranio-caudal	direction (U	sing P	RIOR Imag	ging)	Contra	st phase	used for p	rior imagi	ng mea	asurements
Short	Axis . cm [33]	Long Axis		n ^[34]			cm			[35]) late arte) delayed	erial I / equilibriu		rtal ven patobili	
		DIAGNOSI	SBYALLA	VAILABLE	INFORMATIO	N (UNOS ar	nd/or other	info	rmation	availa	able)					
Specific type of ablation (mark all that apply)	☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52]	Considering all information available, is HCC present?	O No O Yes 0%	(HCC definite	esence of HCC (Sely NOT present) initely present):			% (F	s this parti presence on imaging ynamic po maging?	of HCC g other) based than th	ent (□T2 □ D\	Chemical		maging _[40]

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 $\sqrt{\text{box}}$.

	ACF	RIN S	Stud	y 60	690	
PΙ	AC	ELA	ABF		HERE	

Institution	 Institution No.	
Participant Initials _	 Case No.	— J

1st UNOS Update (90 day) Treated Lesion Table Scan Not Completed [55]					No treated lesions identified [54] Reader ID: (Site use only							(Site use only)	
Lesion # (record #)	MRI Lesion ID (Highest-# Segment)	Additional II Segmen			on of Lesion	(SI	= Sig	Lesio gnal Intensity	n Signal y compai			ound)	
(Running#)		(If applicable, mark any additional involved segment #s)		(E5T = Y	'es HCC)	T1 Pre-contrast: S	[14]	O hyp	ointense	0	isointense	0	hyperintense
	Highest-# Segment: [2]	☐ Segmen	t 1 [4]		[13]	Late Arterial Phase: SI	[15] [16] [17]	B. O hom	nogenous	O O ative to p	isointense heterogened re-contrast?		hyperintense O Yes
8	Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segmer	t 3 _[6]	O E4) E4	Portal Venous Phase: SI	[18] [19] [20]	A O hyporal B. O hom	nogenous	O O ative to p	isointense heterogened		hyperintense O Yes
	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8	☐ Segmer	t 5 _[9]	O E5T		Delayed/ Equilibrium	[21] [22] [23]	A. O hyp B. O hon	ointense nogenous	0	isointense heterogened re-contrast?	O	hyperintense O Yes
	O 4b Running # [3]	☐ Segmer☐ Segmer				Phase: SI Hepatobiliary	[24] [57]	D. Pseudo		0 N		Yes O	hyperintense
		☐ Segmer				Phase: SI	[58] [59]	B. O hor	0	O ativo to r	heterogene		O Yes
Bi-dimensional Measurements on Axial Plane Axial Measurements				Series #	S Longest diameter in cranio-caudal direction				definition Contrast phase used for measurements				
[25] [26] [27] Short Axis] [2	8]	cm		[29]	O well det O modera O poorly	ately define	ed O late		[31] delayed/equilibrium hepatobiliary	
				PRIC	OR IMAGING C	COMPARISON				□ No	ot available	[32]	
Was imaging other than the most recent time point imaging (90 day interval imaging) used for this lesion size comparison?[45]													
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.					measurements								
Short Axis													
		DIAGNOSI	SBYALLA	VAILABLEIN	FORMATION	(UNOS and/or other	rinfo	rmation ava	ilable)				
Specific type of ablation (mark all that apply) The probability of presence of HCC (Scale of 0-100%): One of ablation (mark all that apply) The probability of presence of HCC (Scale of 0-100%): One of ablation (mark all that apply) Other of presence of HCC (Scale of 0-100%): One of ablation (mark all that apply) One of the probability of presence of HCC (Scale of 0-100%): One of ablation (presence of HCC) based on imaging other than this dynamic post-contrast imaging? One of the probability of presence of HCC (Scale of 0-100%): One of the probability of presence of HCC (Scale of 0-100%): One of the probability of presence of HCC (Scale of 0-100%): One of the presence of HCC) based on imaging other than this dynamic post-contrast imaging? One of the presence of HCC (Scale of 0-100%): One of the prese						ly) iift Imaging _[40]							

Continue to the R4 form

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

E-MRI Loc

ACRIN Study 6690 PLACE LABEL HERE

E-MRI Local Overall Interpretation For	Institution	Institution No	
If this is a revised or corrected form, please $\sqrt{\text{box}}$		Participant Initials	Case No
	t following the interpretation and documentation of the treated and st's completion of the MRI Local Interpretation, MRI Untreated Les		
	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]	
 Were there additional Class E4 lesions that No Yes 	were not reported? [5] [Protocol only requires the reporting	of up to 5 (five) Class E4 les	ions]
2. Was there any imaging evidence of macrova	ascular 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? $_{[12]}$

Comments:

O No

O Yes

Initials of person completing the form

⁻ [11] Date form completed (mm-dd-yyyy)

[8,9]

S4 AF

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

Blaghoold of Frepatocolidian Carolinents	a and Error Handplanation		
E-MRI Local Overall Interpretation Form			Institution No
If this is a revised or corrected form, please \sqrt{bc}	Participant Initials	Case No	
	ist following the interpretation and documentation of the treated and ugist's completion of the MRI Local Interpretation, MRI Untreated Lesio		
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]	
Were there additional Class E4 lesions tha No Yes	t were not reported? [5] [Protocol only requires the reporting of	up to 5 (five) Class E4	lesions]
2. Was there any imaging evidence of macros O No O Yes	vascular invasion by tumor? $_{ m [6]}$		
3. Is the participant within Milan criteria? [7] O No (complete 3a) O Yes			
3a. If outside Milan criteria will the patien O No O Yes	t be allowed to stay on the HCC-exception list? [12]		

Initials of person completing the form

Date form completed (mm-dd-yyyy)

Comments: _

[8,9]

S4 A P

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

Diagnosis of Hepatocellular Carcinoma and Liver Transplantation	T LACE LADEL HERE				
E-MRI Local Overall Interpretation Form	Institution	Institution No			
If this is a revised or corrected form, please $\sqrt{\text{box}}$.	Participant Initials	Case No			
Instructions: The form is completed by the radiologist following the interpretation and documentation of the treated and bottom of the form applies to this form and the radiologist's completion of the MRI Local Interpretation, MRI Untreated Les					
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]				
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? O No O Yes 					
Comments:					
		[8,9]			
[10]					

S4 A Prosponents

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

E-MRI Local Overall Interpretation Form

If this is a revised or corrected form, please $\sqrt{\text{box}}$.

ACRIN Study 6690 PLACE LABEL HERE

Institution	Institution No
Participant Initials	Case No

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]	

Initials of person completing the form

Date form completed (mm-dd-yyyy)

S4 ACRIN A Prospe Contrast-

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

E-MRI Local Overall Interpretation Form

If this is a revised or corrected form, please $\sqrt{\text{box}}$.

ACRIN Study 6690 PLACE LABEL HERE

Institution	Institution No.
Participant Initials	Case No.

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]

Comments: _____

Initials of person completing the form

O Yes

Date form completed (mm-dd-yyyy)

S4 AF

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

E-MRI Local Overall Interpretation Form

If this is a revised or corrected form, please $\sqrt{\text{box}}$.

ACRIN Study 6690 PLACE LABEL HERE

Institution	Institution No
Participant Initials	Case No.

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]	

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:

Initials of person completing the form

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

Diagnosis of Hepatocellular Carcinoma a	nosis of Hepatocellular Carcinoma and Liver Transplantation PLACE LABEL HERE		LABEL HERE
E-MRI Local Overall Interpretation Form	n	Institution	Institution No
If this is a revised or corrected form, please $\sqrt{\text{box}}$.		Participant Initials	Case No
	following the interpretation and documentation of the treated and t's completion of the MRI Local Interpretation, MRI Untreated Les		
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]	
O No O Yes 2. Was there any imaging evidence of macrovas O No O Yes	vere not reported? [5] [Protocol only requires the reporting scular invasion by tumor? [6]		
3. Is the participant within Milan criteria? [7] O No (complete 3a) O Yes			
3a. If outside Milan criteria will the patient b O No O Yes	e allowed to stay on the HCC-exception list? [12]		
Comments:			
			[8,9]
[10]			

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

Diagnosis of Hepatocellular Carcinoma a	nd Liver Transplantation	PLACI	E LABEL HERE
E-MRI Local Overall Interpretation Form	n	Institution	Institution No
If this is a revised or corrected form, please $\sqrt{\text{box}}$.		Participant Initials	Case No
	following the interpretation and documentation of the treated and under the second second completion of the MRI Local Interpretation, MRI Untreated Lesion		
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]	
O No O Yes 2. Was there any imaging evidence of macrovas O No O Yes	ere not reported? [5] [Protocol only requires the reporting of cular invasion by tumor? [6]	ap 13 0 (1110) Oldos E+ 10310	vj
3. Is the participant within Milan criteria? [7] O No (complete 3a) O Yes			
3a. If outside Milan criteria will the patient b O No O Yes	e allowed to stay on the HCC-exception list? [12]		
Comments:			
			[8,9]
Initials of person completing the form		 Date	form completed (mm-dd-yyyy)

S4 A Pros

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

E-MRI Local Overall Interpretation Form

If this is a revised or corrected form, please $\sqrt{\text{box}}$.

ACRIN Study 6690 PLACE LABEL HERE

Institution	Institution No
Participant Initials	Case No.

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]	

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:

Initials of person completing the form

Date form completed (mm-dd-yyyy)

S4 ACRII

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

E-MRI Local Overall Interpretation Fo	rm	Institution	Institution No.
If this is a revised or corrected form, please $\sqrt{\text{bo}}$	x	Participant Initials	Case No.
	st following the interpretation and documentation of the treated and un gist's completion of the MRI Local Interpretation, MRI Untreated Lesion		
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]	
Were there additional Class E4 lesions that No Yes	were not reported? $_{[5]}$ [Protocol only requires the reporting of ι	up to 5 (five) Class E4 lesions]	
2. Was there any imaging evidence of macrov O No O Yes	rascular invasion by tumor? [6]		
3. Is the participant within Milan criteria? [7] O No (complete 3a)			

3a. If outside Milan criteria will the patient be allowed to stay on the HCC-exception list? $_{\left[12\right]}$

O No

O Yes

O Yes

Initials of person completing the form

Date form completed (mm-dd-yyyy)

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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

E-MRI Local Overall Interpretation Form

If this is a revised or corrected form, please $\sqrt{\text{box}}$.

ACRIN Study 6690 PLACE LABEL HERE

Institution	Institution No
Participant Initials	Case No.

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]	

Comments:

[8,9]

Initials of person completing the form

[10]

Date form completed (mm-dd-yyyy)

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

CT Local Interpretation Form

CT Local Interpretation Form	Institution	Institution No
f this is a revised or corrected form, please $\sqrt{\text{box.}}$	Participant Initials	Case No
nstructions: the form is completed after each serial imaging visit (90 day intervals) by the site radiologist reading ite's designated transplant coordinator / research staff. The CT Local Interpretation form is completed by the radio he appropriate forms. Continue to report lesions on the CT Untreated Lesion Interpretation, the CT Treated Lesion	logist following the review and documentation	on of the treated and untreated lesions on
O 1st UNOS update (timepoint) [1] O 1st UNOS update (90 day) O 2nd UNOS update (180 day) O 3rd UNOS update (270 day) O 6th UNOS update (540 day) O 9th UNOS update (810 day) O Post Ablation Imaging (protocol requirement additional imaging: not used for UNOS update)	☐ SCAN NOT COMPLETE	ED _[16]
2. Date of imaging: (mm-dd-yyyy) [2]		
5. Date of interpretation: (mm-dd-yyyy) [3] 5. Reader ID: [4] 6. 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	

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

CT	UNTREAT	ED Lesion	Interpretation	Form
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If this is a revised or corrected form, please $\sqrt{\text{box}}$.

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PLACE LABEL HERE	

TLACE LADEL 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 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

		6, 7, and 8 then 8 would be assigned			nd the additional involved seg				
UNTREA	TED LESION TABL	E ☐ SCAN NOT CO	MPLETED [55]		REATED 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)	(Class 4/4g (Class 5A/5A-g	on of Lesion = Not an HCC) = T1 Stage HCC) = T2 Stage HCC)			Attenuation Featurered to liver background		
[1]	Highest-# Segment: (Choose the highest-# Segment involved and NO	Segment 2		ass 4 ^[13] ass 4g	Pre-contrast (Optional) [14]	O hypoati O not per	9	uating O	hyperattenuating
		☐ Segment 4a [7]	O Cla	ass 5A	Late Arterial [15] Phase [16]	A O hypoattB. O homoge	· ·	-	hyperattenuating
1	O 1 O 3 O 2 O 6 O 3 O 7 O 4a O 8	5 Segment 4b [8] 7 □ Segment 5 [9]	O Class 5A-g		Portal Venous [18] Phase [19]	A O hypoatt	· ·	Ü	hyperattenuating
_	0 4b Running # [3]	☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]		ass 5B ass 5B-g	Delayed / [21] Equilibrium [22] Phase [24]	A. O hypoattB. O homogeC. Pseudocar	enous O heteroge	•	hyperattenuating
Bi-dime	nsional Measurements (Using CURRENT Ima	OII Axiai i iaile	Measurement # Series		ameter in cranio-caud (Using CURRENT Imaging		Lesion definition		t phase used asurements
Short Axis	[25] cm Long A	axis cm	[27]	[28]	cm	[29]	O well defined [30] O moderately defined O poorly defined	O late arto O portal v O delayed	
		<u>'</u>	PR	IOR IMAGING CO	OMPARISON		☐ Not ava	ailable [32]	
		st recent time point imaging or this lesion size comparis		No O Yes: P	rovide date of prior imaging _		_ (mm-dd-yyyy) _[46]		
Bi-di	mensional Measurements of	on Axial Plane (Using PRIOR Ima	ging) Lon	gest diameter in cra	nio-caudal direction (Using	PRIOR Imaging)	Contrast phase used	for prior imagi	ng measurements
Short	Axis cm	Long Axis	cm [34]		cm	[35]	O late arterial O port	al venous Od	[36] lelayed / equilibrium
		DIAGNOSIS BY AL	LAVAILABLE	INFORMATION	(UNOS and/or other in	formation ava	ailable)		
	g all information S HCC present? O Ye		·	•	[38] % present):	of HCC) base	llar assessment (presend d on anything other that post-contrast imaging?	1 O Yes, sp	pecify:[44]
	Continue to report the part locion on the part page (as applicable). If reporting is complete continue to the T2 form								

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T <u>UNTREATED</u> Lesion Interpretation Form							estitution Institution		
this is a re	evised or corrected form, p	please Vbox.				Participant Init	tials	Case No.	
				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 (Class 4/4g = N (Class 5A/5A-g = 7 (Class 5B/5B-g = 7	lot an HCC) Γ1 Stage HCC)			Attenuation Features ed to liver background)		
[1] Highest-# Segment: [2] (Choose the highest-# Segment involved and NOT		☐ Segment 1 [4] ☐ Segment 2 [5]	O Class		Pre-contrast (Optional)	O hypoatto O not perf	•	uating O hyperattenuating	
	the segment # with the greatest tumor burden)	☐ Segment 3 [6] ☐ Segment 4a [7]	O Class	Late		[15] A O hypoatto	Ü		
2 0 1 0 5 0 2 0 6 0 3 0 7 0 4a 0 8 0 4b Running # [3]	☐ Segment 4b [8] ☐ Segment 5 [9]	O Class	5A-g	Portal Venous Phase	[18] A O hypoatto		0 71 0		
		☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	O Class O Class		Delayed / Equilibrium	[21] A O hypoatto [22] B. O homoge [24] C. Pseudocap	enous O heteroge	0 71 0	
Bi-dime	nsional Measurements or (Using CURRENT Imagin	Axiai i iaiic	Measurements # Series #	(Using CURRENT Imaging) Lesion definition for massive			Contrast phase used for measurements		
Short Axis	[25] Long Axis	[26] cm	[27] [28		cm	[29]	O well defined [30] O moderately defined O poorly defined	O late arterial [31] O portal venous O delayed / equilibrium	
	,	·	PRIO	RIMAGINGCO	OMPARISON	,	☐ Not ava	ailable _[32]	
Was imag (90 day ii	ging other than the most nterval imaging) used for	recent time point imaging this lesion size comparis	O No	O Yes: P	rovide date of prior imagi	ng	. (mm-dd-yyyy) _[46]		
Bi-di	imensional Measurements on A	Axial Plane (Using PRIOR Imag	ging) Longes	t diameter in cra	nio-caudal direction (Us	sing PRIOR Imaging)	Contrast phase used f	for prior imaging measurements	
Short	t Axis . cm [33]	Long Axis .	cm [34]		cm	[35]	O late arterial O porta	[36] al venous O delayed / equilibrium	
		DIAGNOSISBYAL	LAVAILABLEIN	FORMATION	(UNOS and/or other	r information ava	ilable)		
	ng all information is HCC present? O Yes	Probability of presence 0% (HCC definitely NOT p	`	,	[38] present):	% of HCC) bases	lar assessment (presenced on anything other than post-contrast imaging?	O Yes, specify:	

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

CT <u>UNT</u>	CT <u>UNTREATED</u> Lesion Interpretation Form							nstitution No
this is a re	evised or corrected form, p	olease √box.				Participant Init	ials(Case No
			UNTR	EATED LES	IONTABLE		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)	egment(s) (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC) (Class 5B/5B-g = T2 Stage HCC)				attenuation Features and to liver background)	
[1]	Highest-# Segment: [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7]	O Class O Class	4g	(Optional)	O hypoatte O not perfo	ormed	nating O hyperattenuating
3	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b	☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11]	gment 5 [9] gment 6 [10]		Delayed /	A O hypoatte B. O homoger A O hypoatte B. O homoger B. O homoger	nous O heteroger	neous O hyperattenuating
Bi-dimensional Measurements on Axial Plane Axial Measurer			Measurements		Equilibrium	C. Pseudocaps	0	Yes Contrast phase used for measurements
Short Axis	(Using CURRENT Imagin	[26]	e# Series # [27] [28]		cm	[29]	O well defined [30] O moderately defined O poorly defined	O late arterial [31] O portal venous O delayed / equilibrium
	·	·	PRIO	RIMAGINGCO	OMPARISON		☐ Not ava	ilable [32]
Was imag (90 day ii	ging other than the most nterval imaging) used for	recent time point imagin this lesion size compari	o No Son? [45]	O Yes: Pr	rovide date of prior imagir	ng	(mm-dd-yyyy) _[46]	
Bi-di	mensional Measurements on A	Axial Plane (Using PRIOR Ima	aging) Longes	t diameter in cra	nio-caudal direction (Us	ing PRIOR Imaging)	Contrast phase used for	or prior imaging measurements
Short	t Axis . cm [33]	Long Axis	cm [34]		cm	[35]	O late arterial O porta	[36] al venous O delayed / equilibrium
		DIAGNOSIS BY A	LL AVAILABLE IN	FORMATION	(UNOS and/or other	information avai	lable)	
	og all information is HCC present? [37] O No O Yes	Probability of presence	`	,	[38] present):	0/ of HCC) based	ar assessment (presence on anything other than ost-contrast imaging? [3	O Yes, specify:
		Contin			the next page (as a			

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

CT <u>UNT</u>	 <u>REATED</u> Lesion Inte	erpretation Form			Institution		Institution No.									
this is a r	evised or corrected form, p	blease Vbox.				Participant Init	ials	Case No.								
			<u>UNTR</u>	<u>EATED</u> LES	SION 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 (Class 4/4g = N (Class 5A/5A-g = 1 (Class 5B/5B-g = 1	lot an HCC) T1 Stage HCC)			Attenuation Feature ed to liver background									
[1]	(Choose the highest-# Segment involved and NOT Segment 2 [5]		O Class O Class			O hypoatte	J	uating O hyperattenuating								
	the segment # with the greatest tumor burden) Segment 3 [6] Segment 4a [7]	☐ Segment 4a [7]	O Class 5A		Late Arterial [A O hypoatte	9	0 71 0								
4	O 2 O 6 O 3 O 7 O 4a O 8	O 2 O 6	O Class	5A-g	Portal Venous (A O hypoatte	0	0 71 0								
	Running #		O Class 5B O Class 5B-g		Equilibrium	A O hypoatte B O homoger C Pseudocaps	nous O heteroge									
Bi-dime	nsional Measurements or (Using CURRENT Imagin	Axiai i iaile	Measurements # Series #		ameter in cranio-ca (Using CURRENT Imag		Lesion definition	Contrast phase used for measurements								
Short Axis	[25] Long Axis	[26] cm	[27] [28		cm		O well defined [30] O moderately defined O poorly defined	O late arterial [31] O portal venous O delayed / equilibrium								
	,	,	PRIO	RIMAGINGCO	OMPARISON		☐ Not ava	ailable [32]								
	ging other than the most interval imaging) used for			O Yes: P	rovide date of prior imagir	ıg	(mm-dd-yyyy) _[46]									
Bi-di	mensional Measurements on A	Axial Plane (Using PRIOR Imag	ging) Longes	t diameter in cra	nio-caudal direction (Usi	ing PRIOR Imaging)	Contrast phase used	for prior imaging measurements								
Short	: Axis cm	Long Axis	cm [34]		cm	[35]	O late arterial O port	[36] al venous O delayed / equilibrium								
		DIAGNOSIS BY AL	LAVAILABLEIN	FORMATION	(UNOS and/or other	information avai	lable)									
	g all information S HCC present? O No O Yes	Probability of presence 0% (HCC definitely NOT p	`	•		0/ of HCC) based	ar assessment (presend on anything other that post-contrast imaging?	O Yes, specify:								
		Continu	•		. • `	,		Continue to report the next lesion on the next page (as applicable). If reporting is complete, continue to the T3 form.								

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

CT <u>UNT</u>	REATED Lesion Inte	erpretation Form		Institution		stitution No			
this is a re	evised or corrected form, p	please Vbox.			Participant Initials	Ca	ase No		
	UNTREATED LESION TABLE Reader ID: (Site use only)								
Lesion # (record #)	CT Lesion ID (Highest-# Segment) (Running#)	# Segment) (Class 4/4g = Not an HCC) (Class 5A/5A-g = T1 Stage HCC)				uation Features liver background)			
[1]	(Choose the highest-# Segment 1 Segment 2 [5]		O Class 4 [13] Pre-contrast (Optional)		O hypoattenuatii	1			
tumor burden)	☐ Segment 3☐ Segment 4a[7]	O Class 5A	Late Arterial (Phase	A O hypoattenuation B. O homogenous	ng O isoattenuat O heterogene	" "			
5	Segment 4b [8] O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b Running # [3] □ Segment 4b [8] □ Segment 5 [9] □ Segment 6 [10] □ Segment 7 [11] □ Segment 8 [12]	☐ Segment 5 [9]	O Class 5A-g	Portal Venous i	A O hypoattenuatii B. O homogenous	ng O isoattenuat O heterogene			
		O Class 5B O Class 5B-g	Equilibrium	A O hypoattenuatii B. O homogenous C. Pseudocapsule?	O heterogene	ous			
Bi-dime	nsional Measurements or (Using CURRENT Imagin	I Axiai Fialle		ameter in cranio-ca (Using CURRENT Imag		ion definition	Contrast phase used for measurements		
Short Axis	. cm Long Axis	[26] cm	[27] [28]	cm	O mo	ell defined [30] oderately defined orly defined	O late arterial [31] O portal venous O delayed / equilibrium		
			PRIOR IMAGING CO	MPARISON		☐ Not availa	able _[32]		
	ging other than the most interval imaging) used for			ovide date of prior imagir	ng(<i>mm-</i>	dd-yyyy) _[46]			
Bi-di	mensional Measurements on A	Axial Plane (Using PRIOR Imag	ging) Longest diameter in cra	nio-caudal direction (Us	ing PRIOR Imaging) Cor	ntrast phase used for	prior imaging measurements		
Short	: Axis cm [33]	Long Axis	cm [34]	cm	^[35] O la	ate arterial O portal v	[36] venous O delayed / equilibrium		
		DIAGNOSIS BY AL	LAVAILABLE INFORMATION (UNOS and/or other	information available	e)			
	og all information O No O Yes		of HCC (Scale of 0-100%): resent) — 100% (HCC definitely p	[38]	0/2 of HCC) based on a	sessment (presence anything other than contrast imaging?	O No O Yes, specify:		
		Continu	ue to report the next lesion on If reporting is complete, con		• • •				

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CT <u>UNT</u>	T <u>UNTREATED</u> Lesion Interpretation Form					Institution		Institution N o	
f this is a r	evised or corrected form, p	olease √box.				Participant Init	ials(Case No	
			<u>UN</u>	<u>ITREATED</u> LES	SIONTABLE		Reader ID:		(Site use only)
Lesion # (record #)						ttenuation Features d to liver background)			
[1]	Highest-# Segment: [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden) O 1 0 5	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8]	0 0	Class 4 [13] Class 4g Class 5A	Pre-contrast (Optional) Late Arterial [1] Phase	O not perfo	nuating O isoattenu	uating O	hyperattenuating
6	O 2 O 6 O 3 O 7 O 4a O 8 O 4b Running # [3]	☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	0 0	Class 5A-g Class 5B Class 5B-g	Delayed / [2	9] B. O homoger	nuating O isoattent ous O heteroge	neous O	hyperattenuating
					ameter in cranio-ca (Using CURRENT Imagi		Lesion definition		phase used surements
Short Axis	. Cm Long Axis	[26]	[27]	[28]	cm		O well defined [30] O moderately defined O poorly defined		
			P	RIORIMAGINGCO	OMPARISON		☐ Not ava	ailable [32]	
Was imag (90 day i	ging other than the most nterval imaging) used for	recent time point imaging this lesion size comparis	on? _[45]	O No O Yes: P	rovide date of prior imagin	g	(mm-dd-yyyy) _[46]		
Bi-di	mensional Measurements on A	Axial Plane (Using PRIOR Imag	ging) Lo	ongest diameter in cra	nio-caudal direction (Usi	ng PRIOR Imaging)	Contrast phase used f	or prior imaging	g measurements
Short	t Axis cm [33]	Long Axis	cm [34]		cm	[35]	O late arterial O porta	al venous Ode	[36] layed / equilibrium
		DIAGNOSISBYAL	LAVAILABL	EINFORMATION	(UNOS and/or other	information avai	lable)		
	og all information O No O Yes	Probability of presence 0% (HCC definitely NOT p	`	,		% of HCC) based	ar assessment (presenc on anything other than ost-contrast imaging?	O Yes, spe	cify:[44]
		Contin	•		the next page (as a	,			

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CT <u>UNT</u>	REATED Lesion Inte	erpretation Form			itution No		
f this is a r	evised or corrected form, p	please √box.	Participant Initials	Cas	e No		
			<u>UNTREATED</u> LES	SIONTABLE		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)			uation Features liver background)	
7 Bi-dime	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] Insional Measurements or (Using CURRENT Imagin	II Axiai Fialle		(Optional) Late Arterial Phase Portal Venous Phase Delayed / Equilibrium	B. O homogenous A O hypoattenuati B. O homogenous A O hypoattenuati B. O homogenous A O hypoattenuati B. O homogenous C. Pseudocapsule? Les	ng O isoattenuating O heterogeneou ng O isoattenuating O heterogeneou ng O isoattenuating O heterogeneou O No O Yes sion definition	g O hyperattenuating is g O hyperattenuating is g O hyperattenuating
Short Axis	cm Long Axis	s cm		cm		orly defined	O portal venous O delayed / equilibrium
			PRIOR IMAGING CO	OMPARISON		☐ Not availabl	e _[32]
(90 day i	ging other than the most interval imaging) used for	recent time point imaging this lesion size comparis	O No O Yes: P	rovide date of prior imagir	ng(<i>mm</i> -	dd-yyyy) _[46]	
Bi-di	mensional Measurements on A	Axial Plane (Using PRIOR Imag	ging) Longest diameter in cra	ınio-caudal direction (Us	ing PRIOR Imaging) Cor	ntrast phase used for pr	rior imaging measurements
Short	: Axis cm	Long Axis	cm ^[34]	cm	^[35] O la	ate arterial O portal ver	[36] nous O delayed / equilibrium
		DIAGNOSIS BY AL	LAVAILABLE INFORMATION	(UNOS and/or other	information available	e)	
	og all information O No O Yes	,	of HCC (Scale of 0-100%): resent) — 100% (HCC definitely		% Is this particular as of HCC) based on a this dynamic post-	anything other than	O No O Yes, specify:
	Continue to report the next lesion on the next page (as applicable). If reporting is complete, continue to the T3 form.						

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CT <u>UNT</u>	REATED Lesion Into	erpretation Form				Institution		Institution No.
this is a re	evised or corrected form, p	please √box.				Participant in	nitials	Case No.
			UNTI	REATED LES	IONTABLE		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)	Classificatio (Class 4/4g = (Class 5A/5A-g = (Class 5B/5B-g =	Not an HCC) T1 Stage HCC)			Attenuation Feature	
[1]	Highest-# Segment: [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6]	O Clas		Pre-contrast (Optional)	O not pe	erformed O isoatte	nuating O hyperattenuating
8	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8 O 4b	☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10]	O Clas	ss 5A ss 5A-g	Portal Venous [1 Phase [1	9] B. O homog	ttenuating O isoatte	geneous nuating O hyperattenuating geneous
	Running # [3]	☐ Segment 7 [11] ☐ Segment 8 [12]	0 0.00	ss 5B ss 5B-g		A O hypoa B O homog C Pseudoca	genous O heterog	nuating O hyperattenuating geneous D Yes
Bi-dime	nsional Measurements or (Using CURRENT Imagin	II Axiai Fialle	Measurements # Series #		ameter in cranio-ca Using CURRENT Imagi		Lesion definition	Contrast phase used for measurements
Short Axis	[25] cm Long Axis	s cm	[27]	28]	cm	[29]	O moderately defined O poorly defined	O portal venous O delayed / equilibrium
			PRIC	OR IMAGING CO	MPARISON		☐ Not av	vailable [32]
	ing other than the most nterval imaging) used for			No O Yes: Pi	ovide date of prior imagin	g	(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						for prior imaging measurements		
Short Axis				cm	[38	O late arterial O por	[36] rtal venous O delayed / equilibrium	
		DIAGNOSIS BY AL	LAVAILABLEII	NFORMATION (UNOS and/or other	information av	ailable)	
Considerin available, i	g all information S HCC present? O No O Yes	Probability of presence 0% (HCC definitely NOT p				% of HCC) has	ular assessment (preser ed on anything other that post-contrast imaging?	an O Yes, specify:

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

СТ	TREATED	Lesion	Interpretation	Form

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tills is a revised of corrected form, please v	DUA.	

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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 <u>TREATED</u> class 4 or 5 liver lesion identified. <u>Record all class 5 lesions</u>, and <u>maximum of (5) class 4 lesions</u>. 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)**.

	esion 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 UNO	S Update (90 day)	Treated Le	sion Table	☐ Scan Not	Completed [5	55] ☐ No Treated Lo	esions Identif	ied [54] Reader ID): (Site use only)		
Lesion # (record #)	CT Lesion ID (Highest-# Segment) (Running#)	Segm (If applicab	al Involved nent(s) lle, mark any ved segment #s)	(Class 4 =	on of Lesion = No HCC) = Yes HCC)			Attenuation Fea ed to liver backs			
	Highest-# Segment: [2] (Choose the highest-#	☐ Segn	nent 1 [4]	2 [5] 3 [6] 4a [7] 0 Class 4		Pre-contrast (Optional)	O hypoat O not per		pattenuating O hyperattenuating		
	Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segn	[0]			O Class 4		Late Arterial [15] Phase [16]	A O hypoat B. O homog	9	pattenuating O hyperattenuating eterogeneous
'	O 1 O 5 O 2 O 6 O 3 O 7	☐ Segn	nent 4b _[8] nent 5 _[9]			Portal Venous[18] Phase [19]	A O hypoat B. O homog	· ·	pattenuating O hyperattenuating eterogeneous		
	O 4a O 8 O 4b Running # [3]	☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]				Delayed / [21] Equilibrium [22] Phase [24]	A O hypoat B. O homog C. Pseudoca	enous O he	pattenuating O hyperattenuating oterogeneous O Yes		
Bi-dimer	nsional Measurements on Ax (Using CURRENT Imaging)	tial Plane	Axial Meas	surements Series #	(Using CURRENT Imaging) Lesion definition		ion Contrast phase used for measurements				
Short Axis	. cm Long Axis		[27]	[28]		[29] O well defined [30] O late arterial O moderately defined O portal venous O delayed / equilibri					
				PRIOR	RIMAGINGCO	MPARISON		□ No	ot available [32]		
	ing other than the most recenterval imaging) used for this			O No	O Yes: Pr	rovide date of prior imaging	J	(mm-dd-yyyy) _[46]			
Bi-di	mensional Measurements on Axial	Plane (Using P	RIOR Imaging)	Longest	diameter in cra	nio-caudal direction (Usin	g PRIOR Imaging	Contrast phase	used for prior imaging measurements		
Short	Axis cm [33]	Long Axis	cm	[34]		cm	[35	O late arterial O	[36] portal venous O delayed / equilibrium		
		DIAGNOS	ISBY ALL AV	AILABLE INF	ORMATION (UNOS and/or other in	nformation ava	ailable)			
Specific type of ablation (mark all that apply)	Cryoablation [47] Radioembolization [48] Radiofrequency [49] TACE [50] Unknown [51] Other [52]	Considering all information available, is HCC present?	O No O Yes 0% (H	ability of presence HCC definitely NC (HCC definitely		of 0-100%): %	Is this particula (presence of H on anything of dynamic post-of imaging?	CC) based Cher than this C	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

If this is a revised or corrected form, please $\sqrt{\text{box}}$.

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Institution	Institution No
Participant Initials	Case No.

1st UNO	S Update (90 day)	Treated Lesion Table	☐ Scan Not (Completed [5	55] ☐ No Treated L	esions Identif	ied [54] Rea	ader 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 = No HCC) (Class 5T = Yes HCC)			(Compar		n Features background)	
	Highest-# Segment: [2] (Choose the highest-#	☐ Segment 1 [4] ☐ Segment 2 [5]		[13]	Pre-contrast (Optional)	O hypoat O not per	•) isoattenua	iting O	hyperattenuating
2	Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segment 3 [6] ☐ Segment 4a [7]	O Clas	ss 4	Late Arterial [15] Phase [16]	A O hypoat B. O homog	•		Ü	hyperattenuating
	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8	☐ Segment 4b [8] ☐ Segment 5 [9]	O Class 5T		Portal Venous[18] Phase [19]	A O hypoat B. O homog	Ü		Ü	hyperattenuating
	O 4a O 8 O 4b Running # [3]	 ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12] 			Delayed / [21] Equilibrium [22] Phase [24]	A. O hypoat B. O homog C. Pseudoca	enous C		eous	hyperattenuating
Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging) Axial Measurements Longest of Image # Series #				meter in cranio-cau Using CURRENT Imagir		Lesion d	lefinition		t phase used easurements	
Short Axis	[25] Long Axis	[26] [27]	[28]		[29] O well defined [30] O moderately defined O poorly defined		O late art O portal v O delaye	[01]		
			PRIOR	IMAGING CO	MPARISON		l	☐ Not avail	able _[32]	
	ing other than the most rece nterval imaging) used for this		O No	O Yes: Pr	ovide date of prior imaging	g	(mm-dd-yyy	y) _[46]		
Bi-di	mensional Measurements on Axial	Plane (Using PRIOR Imaging)	Longest	diameter in cra	nio-caudal direction (Usin	ng PRIOR Imaging	Contrast	phase used fo	r prior imag	ing measurements
Short	Axis . cm [33]	Long Axis cm	[34]		cm	[35	O late arte	erial Oportal	venous O de	[36] elayed / equilibrium
		DIAGNOSIS BY ALL AV	AILABLEINFO	ORMATION (UNOS and/or other i	nformation ava	ailable)			
Specific type of ablation (mark all that apply)	☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52]	information O No available, O Vas 0% (F	ability of presence HCC definitely NOT (HCC definitely p	T present) -	of 0-100%): %	Is this particula (presence of H on anything of dynamic post-o imaging?	CC) based her than this contrast	O No	specify	[44]

Continue to report the next lesion on the next page (as applicable). If reporting is complete, continue to T4 form.

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

[37]

CT TREATED Lesion Interpretation Form

	ACRI	N Study	6690
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Institution No.

Institution_

	is is a revised or corrected form, please $\sqrt{\text{box.}}$						Participant Ini	itials	Case No.			
st UNOS	S Update (90 day)	Treated Lesion	n Table _	☐ Scan Not	Completed _{[5}	55] No Treated I	Lesions Identifi	ied [54] Reader	ID:		(Site use only)	
Lesion # (record #)	CT Lesion ID (Highest-# Segment) (Running#)	Additional Ir Segment (If applicable, n additional involved	nt(s)	Classification (Class 4 = (Class 5T =	No HCC)		(Compare	Attenuation For				
	Highest-# Segment: [2] (Choose the highest-#	☐ Segment			[13]	Pre-contrast (Optional)	O hypoat O not per	•	isoattenuatin	g O	hyperattenuating	
3	Segment involved and NOT the segment # with the greatest tumor burden)	e greatest Segment 3 [6]		O Class 4		Late Arterial [15] Phase						
	O 1 O 5 O 2 O 6 O 3 O 7	☐ Segment	☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]		O Class 5T Portal Venous18 Phase [19] Delayed / [21] Equilibrium [22] Phase [24]		1	A O hypoattenuating O isoattenuating O hyperattenuating B. O homogenous O heterogeneous				
	O 4a O 8 O 4b Running # [3]	☐ Segment					B. O homogenous O heterogeneous				hyperattenuating	
Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging)			urements Series #		l ameter in cranio-ca (Using CURRENT Imagi		Lesion defir	nition		phase used asurements		
Short Axis	[25] Long Axis	[26]	[27]	[28]		cm	[29]	O well defined O moderately defined O poorly defined		O late arte O portal ve O delayed	[01]	
				PRIOR	IMAGING CO	MPARISON			Not availab	le _[32]		
	jing other than the most rece nterval imaging) used for this			O No	O Yes: Pi	rovide date of prior imagir	ng	(mm-dd-yyyy) _{[41}	6]			
Bi-dir	mensional Measurements on Axial	Plane (Using PRIO	OR Imaging)	Longest	diameter in cra-	nio-caudal direction (Us	ing PRIOR Imaging)) Contrast phas	se used for p	orior imagii	ng measurements	
Short	Axis . cm [33]	Long Axis	cm	[34]		cm	[35	O late arterial	O portal ver	ious O de	[36] layed / equilibrium	
		DIAGNOSISE	BY ALL AVAI	ILABLEINF	ORMATION (UNOS and/or other	information ava	ailable)				
Specific type of ablation (mark all that apply)	Cryoablation [47] Radioembolization [48] Radiofrequency [49] TACE [50] Unknown [51] Other [52]		O No O Yes 0% (HCC	cc definitely NO			Is this particula (presence of Hoon anything of dynamic post-of imaging?	CC) based ther than this	O No O Yes, spe	cify	[44]	

Continue to report the next lesion on the next page (as applicable). If reporting is complete, continue to T4 form.

[38]

[39]

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

is HCC

present?

[37]

O Yes

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CT TREA	ATED Lesion Interpreta		Institution		Institution No				
f this is a re	evised or corrected form, pleas		Participant Ini	tials	Case No				
st UNO	t UNOS Update (90 day) Treated Lesion Table Scan Not Completed [55] No Treated Lesions Identified [54] Reader ID: (Site use only)								
Lesion # (record #)	CT Lesion ID (Highest-# Segment) (Running#)	Additional Involve Segment(s) (If applicable, mark ar additional involved segmen	(Classi (Classi (Classi	ification of Lesion lass 4 = No HCC) ass 5T = Yes HCC)		(Compare	Attenuation Fe		
	## Highest-# Segment: [2]			[13]	Pre-contrast (Optional)	O hypoatt O not per	· ·	isoattenuating O	hyperattenuating
1				O Class 4	Late Arterial [1] Phase		· ·	isoattenuating O heterogeneous	hyperattenuating
4				O Class 5T	Portal Venous Phase [1]	-		isoattenuating O heterogeneous	hyperattenuating
	O 4a O 8 O 4b Running # [3]	☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]		Delayed / Equilibrium 122 Phase 124		B. O homogenous O heterogeneous			hyperattenuating
Bi-dimer	nsional Measurements on Ax (Using CURRENT Imaging)	xial Plane Axial Image	Measureme # Serie		iameter in cranio-caudal direction (Using CURRENT Imaging) Lesion definition Contrast phase used for measurements				
Short Axis	[25] Long Axis	[26] cm	[27]	[28]	cm	[29]	O well defined O moderately def O poorly defined		
	·			PRIOR IMAGING CO	OMPARISON			Not available [32]	
	ing other than the most recenterval imaging) used for this			O No O Yes: P	rovide date of prior imag	jing	_ (mm-dd-yyyy) _{[46}	6]	
Bi-di	mensional Measurements on Axial	Plane (Using PRIOR Image	ging)	Longest diameter in cra	nnio-caudal direction (U	Ising PRIOR Imaging)	Contrast phas	se used for prior imag	ing measurements
Short	Axis . cm [33]	Long Axis	cm [34]		cm	[35]	O late arterial	O portal venous O d	[36] elayed / equilibrium
		DIAGNOSISBYAL	LAVAILABI	LE INFORMATION ((UNOS and/or othe	r information ava	nilable)		
Specific type of ablation	☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50]	information O No	•	presence of HCC (Scale		Is this particula (presence of Ho on anything otl	CC) based	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.

[38]

0% (HCC definitely NOT present) - 100% (HCC definitely present):

(mark all

that apply)

TACE [50]

Unknown [51]

Other [52]

[39]

dynamic post-contrast imaging?

T3

ACRIN 6690

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Institution	Institution No	
Participant Initials	Case No	

1st UNO	S Update (90 day)	Treated Les	sion Table	☐ Scan No	t Completed	_{55]} 🗆 No	Treated Le	esions Identif	ied [54] Reade	er ID:		(Site use only)
Lesion # (record #)	CT Lesion ID (Highest-# Segment) (Running#)	Segm (If applicabl	I Involved ent(s) le, mark any yed segment #s)	(Class 4	on of Lesion = No HCC) = Yes HCC)				Attenuation led to liver ba)	
	Highest-# Segment: [2] (Choose the highest-# Segment involved and NOT		☐ Segment 1 [4] ☐ Segment 2 [5]		[13]		ntrast onal)	O not per	O hypoattenuating O isoattenuating O hyperattenuating O not performed			
5	the segment # with the greatest tumor burden)	☐ Segment 3 [6] ☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9]	O Class 4 O Class 5T		Late A Pha	rterial [15] se [16]	A O hypoat	hypoattenuating O isoattenuating O hyperattenuating homogenous O heterogeneous				
	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8				Portal V Pha	/enous(18) se [19]	A O hypoati	5 71 5				
	O 4b Running # [3]	☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]				Delayed / [21] A O hypo Equilibrium [22] B. O homo Phase [24] C. Pseudoc			genous O heterogeneous			
Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging) Axial Measure Image # S			Series #		meter in c		dal direction	Lesion def	inition		t phase used easurements	
[25] [26] [27]			[28]	ı	Ш.	[29] O well defined [30] O late arterial O moderately defined O portal venous O delayed / equilibrium			venous			
				PRIO	RIMAGINGCO	AGING COMPARISON Not available [32]						
	ing other than the most rece nterval imaging) used for this			O No	O Yes: Pi	rovide date of	prior imaging		(mm-dd-yyyy) _[[46]		
Bi-diı	mensional Measurements on Axial	Plane (Using Pl	RIOR Imaging)	Longes	st diameter in cranio-caudal direction (Using PRIOR Imaging) Contrast phase used for prior imaging measurements							
Short	Axis . cm [33]	Long Axis	cm	[34]		<u> </u>	cm	[35	O late arteria	I O portal v	enous Od	[36] elayed / equilibrium
		DIAGNOSI	SBYALLAV	AILABLEIN	FORMATION (UNOS and/	or other in	formation ava	ailable)			
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?	O No 0% (F	bility of presen		of 0-100%): [38]	%	Is this particula (presence of Hoon anything of dynamic post-of imaging?	CC) based her than this	O No O Yes, s	pecify	[44]

Continue to report the next lesion on the next page (as applicable).

If reporting is complete, continue to T4 form.

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CT TREATED Lesion Interpretation Form

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ACRIN Study 6690 PLACE LABEL HERE

Institution	Institution No
Participant Initials	Case No.

1st UNO	S Update (90 day)	<u>Treated</u> Lesion Table	☐ Scan No	t Completed [5	55] ☐ No Treated L	esions	Identified	1 _[54] R	leader ID):		(Site use only)
Lesion # (record #)	CT Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s	(Class 4 (Class 5T	on of Lesion = No HCC) = Yes HCC)		_	esion Attorned					
	Highest-# Segment: [2] (Choose the highest-# Segment involved and NOT the segment # with the greatest tumor burden)	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6]	0 0	[13]	Pre-contrast (Optional) [14] Late Arterial [15] Phase [16]	0 A 0	not perform hypoattent homogeno	med	O iso	pattenuating pattenuating sterogeneous	0	hyperattenuating
6	O 1 O 5 O 2 O 6 O 3 O 7 O 4a O 8	☐ Segment 4a [7] ☐ Segment 4b [8] ☐ Segment 5 [9] ☐ Segment 6 [40]	O Class 4 O Class 5T		Portal Venous 18] Phase [19]	A О B . О	hypoattenu	uating	O iso	pattenuating	0	hyperattenuating
	O 4b Running # [3]	Segment 7 [11] Segment 8 [12]			Delayed / [21] Equilibrium [22] Phase [24]	в. О	hypoattenu homogeno eudocapsu	ous		oattenuating terogeneous O Yes	0	hyperattenuating
Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging) Axial Measurements Long Image # Series #					meter in cranio-cau Using CURRENT Imagin		ection	Lesion	definiti	ion		phase used asurements
Short Axis	[25] cm Long Axis	[26] [27] cm	[28]		[29] O well defined [30] O late arterial O moderately defined O portal venous O delayed / equilibrium				enous			
			PRIO	RIMAGINGCO	MPARISON				□ No	ot available	[32]	
	ing other than the most recenterval imaging) used for this		O No	o O Yes: Pr	ovide date of prior imaging	j	(1	mm-dd-y	ууу) _[46]			
Bi-di	mensional Measurements on Axial	Plane (Using PRIOR Imaging)	Longes	st diameter in cra	nio-caudal direction (Usin	ng PRIOR	Imaging)	Contras	t phase	used for pri	or imagi	ng measurements
Short	Axis cm [33]	Long Axis cr	n ^[34]		cm		[35]	O late a	rterial O) portal venou	ıs O de	[36] layed / equilibrium
		DIAGNOSIS BY ALL A	/AILABLE IN	FORMATION (UNOS and/or other in	nformat	ion availa	able)				
Specific type of ablation (mark all that apply)	☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52] [53]	information O No available, O Yes 0%	ability of present HCC definitely No. (HCC definitely		of 0-100%): %	(preser	particular a nce of HCC) thing other ic post-conf g?) based than th	0) No) Yes, specil	fy	[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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1st UNO	S Update (90 day)	<u>Treated</u> Lesion Table	☐ Scan No	t Completed [5	No Treated L	esions	Identified	[54] Rea	ader ID:		(Site use only)
Lesion # (record #)	CT Lesion ID (Highest-# Segment) (Running#)	Additional Involved Segment(s) (If applicable, mark any additional involved segment #s	(Class 4 (Class 5T	on of Lesion = No HCC) = Yes HCC)		_			n Feature backgrour	~	
	Highest-# Segment: [2] (Choose the highest-# Segment involved and NOT	☐ Segment 1 [4] ☐ Segment 2 [5] ☐ Segment 3 [6]		[13]	Pre-contrast (Optional) [14]	0	not perform	ned			hyperattenuating hyperattenuating
7	tumor burden)	O Cla		Phase [16] Portal Venous 18] Phase [19]	A O	homogenou hypoattenu homogenou	ating C) isoatten	uating O	hyperattenuating	
	O 4a O 8 O 4b Running # [3]	☐ Segment 6 [10] ☐ Segment 7 [11] ☐ Segment 8 [12]	O Gie	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Delayed / [21] Equilibrium [22] Phase [24]	в. О	hypoattenu homogenou eudocapsul	ıs C) heteroge	0	hyperattenuating
Bi-dimensional Measurements on Axial Plane (Using CURRENT Imaging) Axial Measurements Image # Series #			1		meter in cranio-cau Jsing CURRENT Imagin		ction	esion d	efinition		st phase used easurements
Short Axis	[25] Long Axis	[26] [27]	[28]		[29] O well defined [30] O late arterial [31] O moderately defined O poorly defined O delayed / equilibrium				venous		
	·		PRIO	RIMAGINGCO	MPARISON				☐ Not ava	nilable [32]	
	ing other than the most recenterval imaging) used for this		O No	O Yes: Pr	ovide date of prior imaging	j	(n	nm-dd-yyy	y) _[46]		
Bi-di	mensional Measurements on Axial	Plane (Using PRIOR Imaging)	Longes	t diameter in cra	nio-caudal direction (Usin	ng PRIOR	Imaging)	Contrast	phase used	for prior imag	ging measurements
Short	Axis . cm [33]	Long Axis cn	า [34]		cm		[35]) late arte	rial O porta	I venous O o	[36] lelayed / equilibrium
		DIAGNOSIS BY ALL A	/AILABLE INF	ORMATION (UNOS and/or other in	nformat	ion availa	ble)			
Specific type of ablation (mark all that apply)	☐ Cryoablation [47] ☐ Radioembolization [48] ☐ Radiofrequency [49] ☐ TACE [50] ☐ Unknown [51] ☐ Other [52] ☐ [53]	information O No available, O Yes 0% (ability of presen HCC definitely N (HCC definitely		of 0-100%): %	(preser	particular as nce of HCC) thing other ic post-cont g?	based than this rast	O No	specify	[44]

Continue to report the next lesion on the next page (as applicable).

If reporting is complete, continue to T4 form.

##

8

Lesion (record

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

Treated Lesion Table

Additional Involved

Segment(s)

(If applicable, mark any

additional involved segment #s) ☐ Segment 1 [4]

☐ Segment 2 [5]

☐ Segment 3 [6]

☐ Segment 4a

☐ Segment 4b [8]

☐ Segment 5 [9]

☐ Segment 6 [10]

CT TREATED Lesion Interpretation Form

If this is a revised or corrected form, please $\sqrt{\text{box}}$.

CT Lesion ID

(Highest-# Segment)

(Running#)

Highest-# Segment: [2]

(Choose the highest-# Segment involved and NOT

the segment # with the greatest

tumor burden)

0 1 0 5

0 2 0 6

0 3 0 7

O 4a O 8

O 4b

1st UNOS Update (90 day)

	ACRII	N Study	6690
PΤ	ACE	LABEI	HERE

ant Allocation			PLACE LABEL HERE									
			Inst	Institution			ı	Institution No				
					Participant Initials			Case No				
[☐ Scan Not Completed [55] ☐ No Treated Lesions Identified [54] Reader ID: ☐ (Site use only)											
)	Classification of Lesion (Class 4 = No HCC) (Class 5T = Yes HCC) Lesion Attenuation Features (Compared to liver background)											
		[13]	Pre-contrast (Optional)	4]	0	hypoat not per	tenuating formed	0	isoattenu	uating	0	hyperattenuating
	O Class 4		Late Arterial [18] Phase	Í .	. O	hypoat	tenuating enous	0	isoattenu heteroge		0	hyperattenuating
	O Class 5T		Portal Venous Phase [19	1	. O	hypoat	tenuating enous	0	isoattenu heteroge	J	0	hyperattenuating
		Delayed / [2] Equilibrium [2] Phase [2]	2] B	3. 0	hypoat homogo eudocar		0 0 0 N	isoattenu heteroge	•	0	hyperattenuating	
Series # Longest diameter in cranio-caudal direction (Using CURRENT Imaging) Les		Lesion	defi	inition			phase used asurements					
	1											

	Running # [3]	☐ Segm	nent 7 [11] nent 8 [12]			Equilibrium Phase	[22] [24]	B. O homoge C. Pseudocap		heterogeneous O Yes	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Bi-dimer	nsional Measurements on Ax (Using CURRENT Imaging)	ial Plane	Axial Mea	surements Series #		ameter in cran (Using CURRENT			Lesion defir	ition	Contrast phase used for measurements
Short Axis	[25] Long Axis	cm	[27]	[28]			cm	[29]	O well defined O moderately de O poorly defined	fined (O late arterial O portal venous O delayed / equilibrium
				PRIO	R IMAGING CO	MPARISON				Not available	[32]
	ing other than the most rece nterval imaging) used for this			O No	O Yes: P	rovide date of prior	imaging		_ (mm-dd-yyyy) _{[46}	6]	
Bi-di	mensional Measurements on Axial	Plane (Using Pl	RIOR Imaging)	Longes	st diameter in cra	nio-caudal direction	on (Using	PRIOR Imaging)	Contrast phas	se used for pr	rior imaging measurements
Short	Axis cm [33]	Long Axis	cm	[34]		cm	1	[35]	O late arterial	O portal veno	[3 ous O delayed / equilibrium
		DIAGNOSI	SBYALLAV	AILABLEIN	FORMATION (UNOS and/or o	other in	formation ava	ilable)		
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?	O No O Vas 0% (I	ability of presen		e of 0-100%): ————————————————————————————————————	%	Is this particula (presence of HC on anything oth dynamic post-or imaging?	CC) based ner than this	O No O Yes, spec	cify[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

CT Local Overall Interpretation Form

ACRIN Study 6690 PLACE LABEL HERE

Institution No. _

Institution _____

Ci Local Overall interpretation form		Participant Initials	Case No
If this is a revised or corrected form, please $\sqrt{\text{box.}}$			
	ollowing the interpretation and documentation of the treated and uses completion of the CT Local Interpretation, CT Untreated Lesion I		
	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]		
O Yes 2. Was there any imaging evidence of macrovas O No O Yes	cular invasion by tumor? _[6]		
3. Is the participant within Milan criteria? [7] O No O Yes			
3a. If outside Milan criteria will the patient bO NoO Yes	pe allowed to stay on the HCC-exception list? [12]		
Comments:			
			[8, 9]
[10]			
Initials of person completing the form		Date for	m completed (mm-dd-yyyy)

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 LABEI	L HERE
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Institution	Institution No.
Participant Initials	Case No
`	

Transplant Form

If this is a revised or corrected form, please $\sqrt{\text{box}}$.

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? $_{\scriptscriptstyle{[1]}}$
 - 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: $_{[3]}$
 - Deceased donor
 - O Living donor adult

COMMENTS: _____ [4, 5]

Initials of person completing the form 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

ACRIN Study 6690

PLACE LABEL HERE

Institution No. -

Seri	al Ima	aging Visit	Form			Participant Ir	nitiale	Case No
If this	s is a r	evised or corr	rected form, please $\sqrt{\text{box}}$.			T di tioipant ii	iiiais	
imagi "first imagi	ing tech choice" ing mod	nologist, resea to diagnose Ho ality/exam is co	rch associate, etc.) with the a CC de-novo or update a given	appropi n patiei e (SOC	riate source dent's HCC-exce c) imaging for	ocuments. Eacleption MELD poi the purposes of	h transplant center of ints on the liver trans this trial. The term "	rch staff (i.e. transplant coordinator, considers either CT or MR as their splant waitlist every 90-days. This complementary imaging" is used in an.
				ı	Part I. UN	OS Listing		
1.	UNOS	S Listing Upd	late (Timepoint): [1]					
	0	1st UNOS upo	date (90) day	0	4 th UNOS up	date (360) day	0	7 th UNOS update (630) day
	0	2 nd UNOS up	date (180) day	0	5 th UNOS up	date (450) day	0	8th UNOS update (720) day
	0	3 rd UNOS upo	date (270) day	0	6 th UNOS up	date (540) day	0	9th UNOS update (810) day
2.	What	imaging was	s used for the UNOS upda	ate: [2	1			
	0	СТ	Date of CT imagir		•		(mm-dd-yyyy) [2]	
	0	MRI	Date of MR imagin	ng:			(mm-dd-yyyy) [4]	
	0	Not complete					[4]	
	2a.	Reason ima	aging for UNOS listing up	date	was not con	npleted: [5]		
			duling problems	_		vithdrew consen	nt	
		O Went	to transplant	0	Participant de	eath		
		O Remo	ved from waitlist	0	Participant re	efusal		
		O Contra	aindication to contrast agent	Ο	Adverse ever	nt (Refer to the	protocol for AE rep	orting requirements)
		_	al reason	0	Other, specif	у		[6]
		O Unkno	own					
			Part II.	Study	-Related Co	mplementary	/ Imaging	
3.	Whic	h study-relat	ed complementary imagi	ng* w	as performe	ed: 🖂		
			aging is the study-related ima				standard of care im	aging
	0	СТ	Date of CT imagir	na:	_	_	(mm-dd-yyyy) [8]	
	0	MRI	Date of MR imagin	•			(mm-dd-yyyy) [8]	
	0		ed (Complete a protocol devi				(<i>IIIII</i> dd yyyy) [9]	
	3a.	Reason con	nplementary imaging was	s not o	completed:	:40]		
			duling problems	_		יוטן vithdrew consen	nt	
		_	to transplant	_	Participant de			
		_	ved from waitlist	_	Participant re			
		O Contra	aindication to contrast agent	Ο				orting requirements)
		O Medic	al reason	0	Other, specif	у		[11]
		O Unkno	own					- •

Institution _

1 of 3

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

O ' - I		111-14	
Seriai	Imaging	VISIT	Form

	/	
If this is a revised or corrected form, please $\sqrt{}$	box.	

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PLACE LABEL HERE

Diagnosis of Hepatoceilular Carcinoma and Liver Transplant Allocation	Institution	Institution No
Serial Imaging Visit Form this is a revised or corrected form, please $\sqrt{\text{box.}}$	Participant Initials	Case No.

Part III. Post-Ablation Imaging Did the participant undergo local ablative therapy since the last update? $_{\left[12\right]}$ NOTE: Biopsy of the ablative area prior to ablation is strongly encouraged, although not mandated. No (Continue to Q5) 0 Yes (Complete Q4a) (Complete ablation form) 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) If yes, will the imaging also be used to update the UNOS HCC exception MELD points? $_{\tiny{[14]}}$ 4b. 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] Date weighed: ____-_ (mm-dd-yyyy) _[17] 6. Is the participant currently receiving sorafenib (or other comparable anti-angiogenic therapy)? $_{[18]}$ O Yes 7. Participants current HCC MELD score: __

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
Asparate [24] aminotransferase (AST)	O No, specify:	 (mm-dd-yyyy) [26]	[27]	units/L
Alanine aminotransferase (ALT)	O No, specify:		[31]	units/L
Alkaline [32] phosphate (alkphos)	O No, specify:	 (mm-dd-yyyy) _[34]	[35]	units/L
Serum alpha [36] fetoprotein (AFP)	O No, specify:		[39]	ng/mL
Serum creatinine [40]	O No, specify:	(mm-dd-yyyy) [42]	[43]	mg/dL
Total bilirubin [44]	O No, specify:	 (mm-dd-yyyy) [46]	[47]	mg/dL
Serum albumin [48]	O No, specify:	 (mm-dd-yyyy) _[50]	[51]	g/dL
Internal normalized ratio (INR)	O No, specify:	 (mm-dd-yyyy) _[54]	[55]	



ACRIN Study 6690

PLACE LABEL HERE

Multiphase Contrast-Enhanced-MRI for Diagnosis of Hepatocellular Carcinoma and			TEACE DADEL HERE			
Liver Transp	plant Allocation	Institution	Institution No			
Serial Imaging Visit I	,		Participant Initials_	Case No		
this is a revised or corr	ected form, please $\sqrt{\text{box.}}$					
	Part IV. R	equired	Values (continued)			
		•	· ,			
	Please as	ssess the	e following items:			
	Ascites [56]	A **				
	Addition	O Mild	vere			
	[57]	O Noi	ne			
	Hepatic encephalopathy	1	ade I-II (or suppressed with medica	tion)		
		O Gra	ade III-IV (or refractory)			
	Metabolic MELD Sco (calculated during web of		Child-Pugh Score (calculated during web enti	y)		
	•	[58]	· · · · · · · · · · · · · · · · · · ·	[59]		
			Filtration Rate (eGFR)			
	_		ula, refer to form completion instru			
			sted as ≥ 60 mL/min/1.73 m ²			
			mL/min/1.73 m ²	[60]		
	□eGR	Fis≥60 m	nL/min/1.73 m ² _[65]			
OMMENTS:						
				[61-62]		



ACRIN Internal Form Design Tracking (FDT)

Data Management Representative (DM)	Forms Designer (FD)
Study Number	Form Type

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