1. Hilar CCA Survey

PLEASE FILL IN ONE QUESTIONNAIRE FOR EACH PATIENT THAT UNDERWENT LIVER TRANSPLANTATION FOR HILAR CHOLANGIOCARCINOMA.

	What is your center's name and what are the patient initials and/or date of birth?			
Name o	of Medical Center			
City				
Country				
Patient	initials			
Male/Fe	emale			
	birth (please in the DD.MM.YYYY)			
2. Da	te of transplantation?			
	DD MM YYYY			
Date				
* 3.	What was the indication for liver transplantation?			
О н	lilar cholangiocarcinoma (CCA)			
© c	Other disease (for example PSC) but hilar cholangiocarcinoma was found incidentally			
O A	cute liver failure			
O If	the diagnosis was NOT hilar CCA, you can end the survey for this patient and press "done".			
4. Wa	as surgical or percutaneous biopsy of the tumor performed BEFORE			
transplantation?				
OY	'es			
O N	do .			
O U	Jnknown			
5. Was there a previous attempt for surgical resection of the tumor BEFORE				
trans	splantation?			
O Y	res es			
O N	lo Company of the Com			
O U	Jnknown			
6. Wa	as the patient treated with neo-adjuvant therapy?			
O N	lo			
	Inknown			
O U				
	es (please specify the type of neo-adjuvant therapy)			

)	No
)	Unknown
	Yes (please specify the type adjuvant therapy)
V	What was the definitive histopathological diagnosis? T status:
	1
	2
)	3
)	4
V	What was the definitive histopathological diagnosis? N status:
	0
)	1
	2
)_	Was the distal bile duct resection-margin tumor free?
	Yes
	No
ı	Was mTor inhibitor part of immunosuppression in maintenance?
	No
	Yes
	Unknown
	Has there been evidence for recurrence of hilar CCA after liver transplantation?
)	Yes, please specify the date of recurrence of hilar CCA (format DD.MM.YYYY)
}_	What was the last date of follow-up?
	DD MM YYYY se fill in the last / / / / / / / / / / / / / / / / / / /
١.	What was the status at last follow-up?
	Alive

Thank you for completing this survey!	
Participating centers are welcomed as co-author according to the regulations for ELTR-based studies and publications.	