

SDC, Table S1. Overall imaging frequency variation per year post-LT in "Standard" and "High" risk patients. Complete protocol received from 27 and 21 transplant centers, respectively.

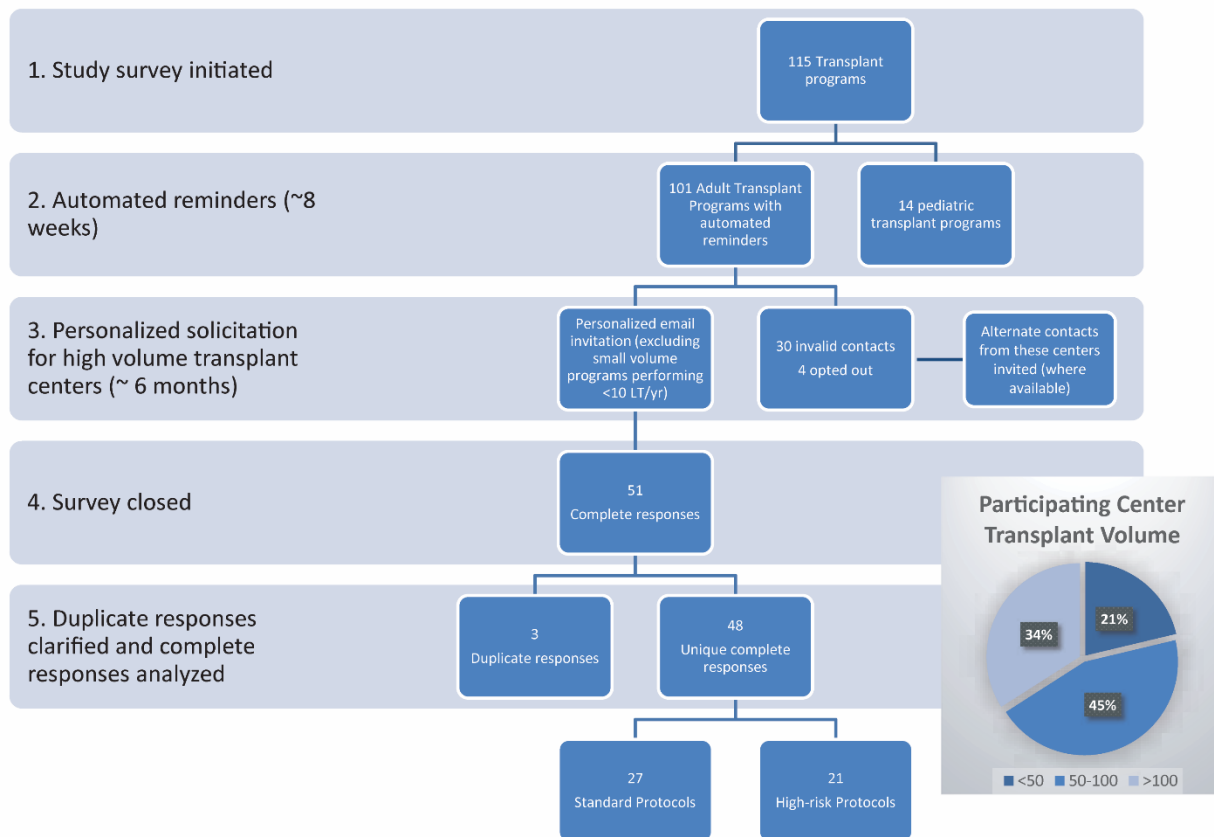
Post-LT Year	Frequency of Abdominal Imaging	No. of Centers	%
Standard Surveillance Protocol (n = 27)			
Year 1	Q3 month	11	40.74
	Q4 month	2	7.41
	Q6 month	8	29.63
	Q12 month	4	14.81
Year 2	Q3 month	4	14.81
	Q6 month	11	40.74
	Q12 month	9	33.33
	Discontinued by 2 nd Yr	6	22.22
Year 3	Q3 month	1	3.7
	Q6 month	9	33.33
	Q12 month	8	29.63
	Discontinued by 3 rd Yr	3	11.11
>3 Years	Q3 month	0	0
	Q6 month	6	22.22
	Q12 month	9	33.33
	Discontinued by 5 th Yr	13	48.15
"High-risk" Surveillance Protocol (n = 21)			
Year 1	Q3 month	15	71.43
	Q4 month	1	4.76
	Q6 month	7	33.33
	Q12 month	0	0
Year 2	Q3 month	10	47.62
	Q6 month	10	47.62
	Q12 month	1	4.76
	Discontinued by 2 nd Yr	3	14.28
Year 3	Q3 month	7	33.33
	Q6 month	10	47.62
	Q12 month	1	4.76
	Discontinued by 3 rd Yr	4	19.05
Year 4	Q3 month	7	33.33
	Q6 month	4	19.05
	Q12 month	3	14.28
	Discontinued by 4 th Yr	0	0
Year ≥ 5	Q3 month	7	33.33
	Q6 month	4	19.05
	Q12 month	3	14.28
	Discontinued by 5 th Yr	5	23.81

SUPPLEMENTAL FIGURE LEGENDS

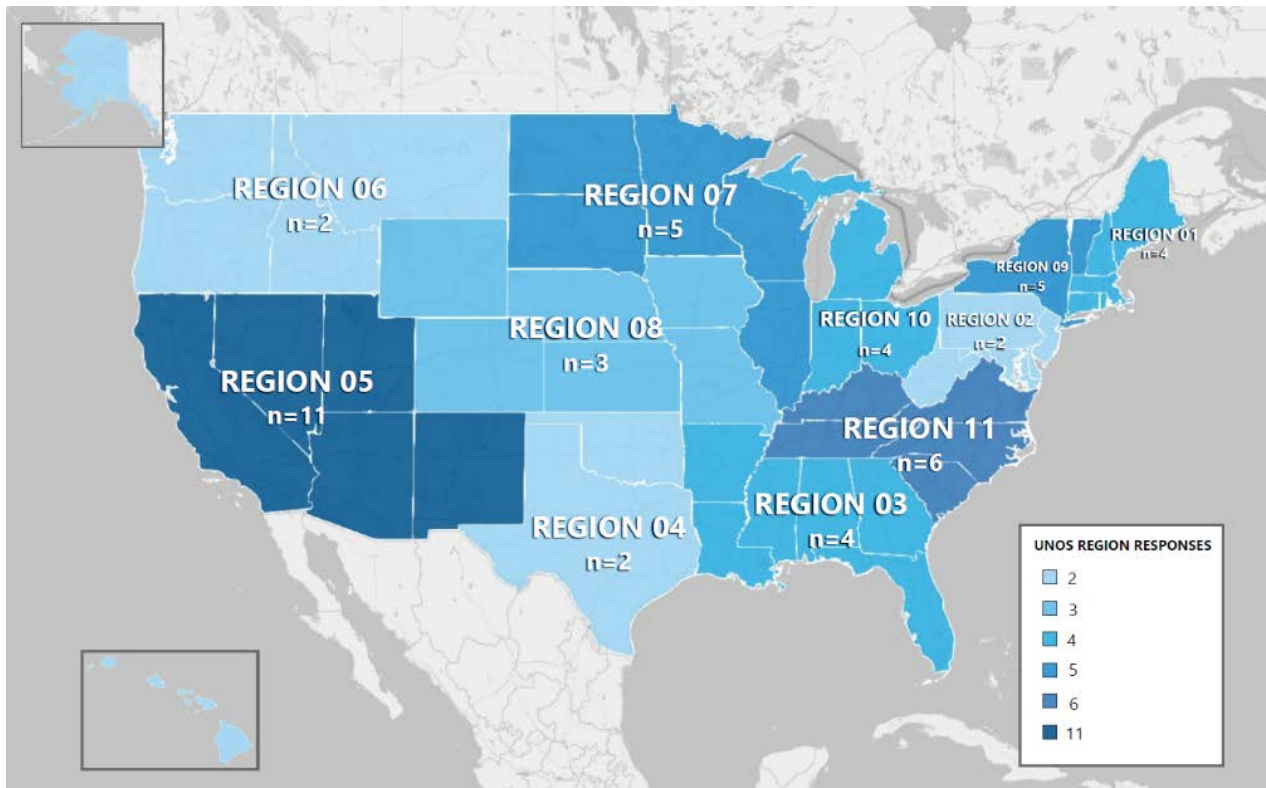
SDC, Figure S1. Flow diagram describing survey responses.

SDC, Figure S2. Heat map of transplant center participation (based on US OPTN defined donor service areas).

SDC, Figure S1



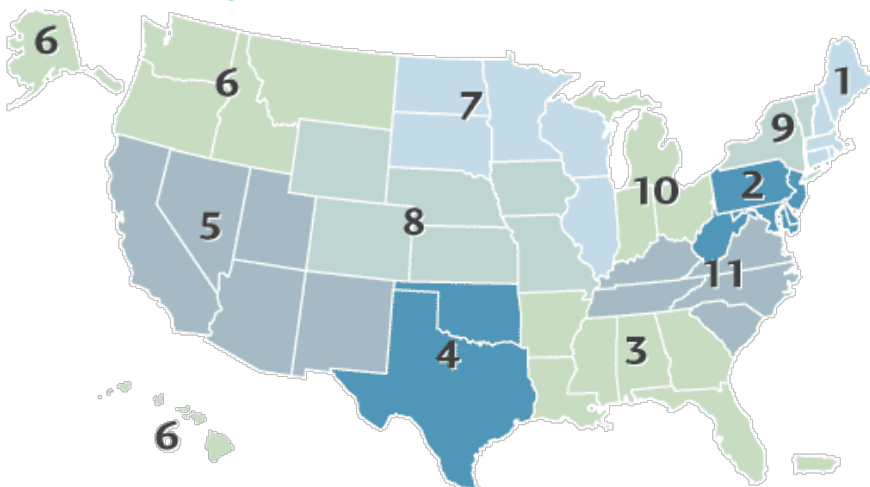
SDC, Figure S2



Post- Liver Transplant (LT) Hepatocellular carcinoma (HCC) Recurrence Surveillance Protocol

Research study to identify spectrum of screening protocols for recurrence of HCC after LT

1. Please mention the UNOS (United Network for Organ Sharing) region of your Transplant Program.



2. Name of the Transplant Center/Institute including affiliations (under confidentiality)

☐ Will provide (in comment field below)

Name

3. Your role:

☐ Medical Director

☐ Transplant Hepatologist

☐ Surgical Director

☐ Other (please specify if completing on behalf of Medical Director)

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4. How many adult liver transplants (range) are performed at your institution annually?

Post- Liver Transplant (LT) Hepatocellular carcinoma (HCC) Recurrence Surveillance Protocol

Risk stratification

5. For patients transplanted due to HCC or found to have HCC on explant (incidental), does your center have a risk stratification method for recurrence post-LT?

☐ Yes

☐ No

Other (please specify)

Post- Liver Transplant (LT) Hepatocellular carcinoma (HCC) Recurrence Surveillance Protocol

Stratification criteria

6. If yes, then please list the risk categories patients are assigned to:

☐ "High" vs "Low" risk

☐ "High" vs "Intermediate" vs "Low" Risk

Other (please specify)

7. Please list all the features used for "High" risk stratification at your center:

- | | |
|---|--|
| <input type="checkbox"/> Explant Microvascular invasion | <input type="checkbox"/> AFP level: At transplant |
| <input type="checkbox"/> Explant Outside imaging (MILAN/UCSF etc.) criteria | <input type="checkbox"/> AFP level: Post-transplant (eg. downtrend or not) |
| <input type="checkbox"/> Explant Grade of differentiation AFP level: Pre-transplant | <input type="checkbox"/> Risk stratification "Models" |

Other (please specify)

8. If AFP levels used, then describe "cut off" values used to define different risk categories (please include the timing of these values in relation to time of transplant eg. Pre, At or Post LT)?

9. If "Risk stratification Models" are used, please list the ones used at your program:

10. Do you have any surveillance protocol in practice for HCC patients post LT?

☐ Yes ☐

No

Post- Liver Transplant (LT) Hepatocellular carcinoma (HCC) Recurrence Surveillance Protocol

Surveillance Protocols

11. If yes, please describe the protocol used for HCC surveillance post-LT at your institution ("standard" protocol for all patients without risk stratification)

	CT	CT	MRI Chest/Abdomen/Pelvis	MRI	AFP
	Chest/Abdomen/Pelvis		Abdomen/Pelvis		
Frequency	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please describe the protocol (in detail):

12. Do you have any different (more intense) surveillance protocol for HCC in patients stratified as "high risk" for recurrence?

☐ Yes ☐

No

☐ Maybe

Post- Liver Transplant (LT) Hepatocellular carcinoma (HCC) Recurrence Surveillance Protocol

High Risk Protocol

13. Please describe the "High Risk" protocol used at your institution (imaging/blood tests type and frequency):

	CT Abdomen	CT	MRI Abdomen	MRI	AFP
	Chest/Abdomen/Pelvis		Chest/Abdomen/Pelvis		
Frequency	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please describe the protocol (in detail):

14. In patients transplanted for HCC, is an effort made to use mTOR as part of the immunosuppression regimen when possible?

☐

Y

e

s

☐

N

o

☐ Always

☐ Yes, only in those deemed high risk for recurrence

15. Would your institution be willing to participate in a study evaluating HCC screening/surveillance protocols and interested in sharing or contributing patient data?

☐

Y

e

s

☐

N

o

Post- Liver Transplant (LT) Hepatocellular carcinoma (HCC) Recurrence Surveillance Protocol

Contact information

16. Please provide contact information (under confidentiality). If "yes" to previous question, you will be asked to estimate the number of HCC recurrence cases at your institution from the years 2014-2017.

Name

Role

(Med

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or

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Direct

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Institution

State/Province



Email