

Supplementary Figure

Liver Transplantation for HCC - A Survey of Current Practices in India

- Name of your center
- What is the total number of transplants performed at your center?
 - A.<50, B.50-100, C.1000-2000, D.>2000
- What is the average number of transplants performed every year (last 3 years)?
 - A.<50, B.50-100, C.100-200, D.>200
- How many total transplants has your center performed for HCC?
 - A.<50, B.50-100, C.100-200, D.>200
- What percentage of your transplant patients had HCC?
 - A.<5%, B.5-10%, C.10-15%, D.>15%
- Which criteria does your center follow for transplant for HCC?
 - A.Milan, B.UCSF, C.Center-specific
- If it is center specific, what is your selection criteria?
- What is your preference for a Child A 43 cirrhotic patient with a solitary 4 cm HCC and good performance status?
 - A.Liver Transplantation
 - B.Surgical Resection
- What is your preferred modality for metastatic work-up prior to transplant? (Multiple answers accepted)
 - A.PET-CT, B.HRCT Chest
 - C.CECT Abdomen and Pelvis, D.Bone scan, E.Other
- Do you have different selection criteria for DDLT and LDLT for patients with HCC?
 - A.Yes, B.No
- If yes, please elaborate.
- Do you use down-staging as a bridge to transplant? A.Yes, B.No
- Do you consider patients with portal vein tumor thrombus for down-staging?
 - A.Yes, B.No
- What is your indication of using TACE?
- When do you prefer TARE over TACE?
- What is/are the indication(s) for SBRT for downstaging for LT at your center?
- Do you use atezolizumab plus bevacizumab in select patients? If so, what is your indication for the same.
- Do you follow AFP cut-off for selection of HCC patient for transplant?
 - A.Yes, B.No
- If yes, what is the cut-off for AFP?
- Do you consider downstaging based on AFP level, if they otherwise meet the set criteria for transplant with HCC?
 - A.Yes, B.No
- Do you use any other markers for HCC?
 - A.Yes, B.No
- If yes, which marker do you prefer?
- What are your criteria of successful down-staging?
- How much time do you wait after down-staging for transplant?
 - A.≤3 weeks, B.4 weeks
 - C.6 weeks, D.≥6 weeks
- What is the imaging modality of choice for surveillance of HCC patients post transplant?
 - A.USG, B.CECT
 - C.PET-CT, D.CT+Bone scan
- At what time, do you prefer to start Everolimus in the post transplant care of HCC patients?
 - A.<1 month, B.1-3 months
 - C.3-6 months, D.>6 months
 - E.Do not prefer

Supplementary Figure 1 Form for liver transplantation for hepatocellular carcinoma-A survey of current practices in India.