



RFA - Follow up Data Collection Sheet

Patient Data _____ months after RFA

Please fax to (216) 445-7653

First Name

Last Name

MI

Date of RFA - Surgery

Month

Day

Year

Vital status

Alive Dead

Since last Follow up

New lesions outside the liver

Within the Liver

- Resolving lesions
- Recurrent lesions
- New lesions
- Existing lesions

Date of Death

Month

Day

Year

Tumormarker

1. _____
Type eg CEA Value

2. _____
Type eg Calcitonin Value

Cause of death

related to Tumor?

Yes No

- Liver failure
- Extra-hepatic disease
- Other