Vancouver CoastalHealth
Promoting wellness. Ensuring care.

LIVER TUMOUR ROUNDS

Please complete and email to VGHLTR@vch.ca

Today's Date: LTR discussion Date:	Referring Physician: Dr. **PRIORITY:** ☐ Urgent (Next meeting) ☐ Standard (Within 2 weeks) ☐ Elective

PATIENT INFORMATION

Patient Name:	Date of Birth:	City:
PHN:	Cerner MRN:	BCCA ID:

Question(s) for LTR to address: (Required)

PATIENT HISTORY (include HBV/HCV, prior Rx(s), current Rx + duration, contraindications or comorbidities of note)

Current Treatment (If Any):

☐ NO IMAGE REVIEW (For Management Only)

Images to be reviewed Confirmed/Suspected Malignancy - Within 6 weeks Other - Within 3 months	Date of Images	Location of Images (Hospital)

☐ Comprehensive review of previous imaging is required:
Example: CT abdo 2022-2024

Date of Bloodwork (within 1 month*):

*bolded labs are required

Bilirubin (T)	µmol/L
(D)	µmol/L
Albumin	g/L
INR	
Creatinine	µmol/L
Platelets	x 10^9/L
AFP	µg/L
CEA	µg/L
CA19-9	kU/L

Notes:

Ascites ☐
Encephalopathy ☐
Child-Pugh
MELD

RADIOLOGY USE: ☐ FILM INTERPRETATION