

附录1 NCCN 证据和共识的类别

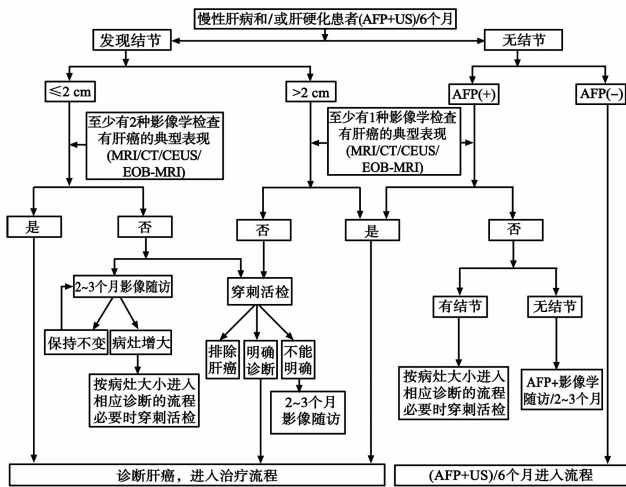
- 1类: 基于高水平证据提出的建议, 专家组一致同意;
- 2A类: 基于低水平证据提出的建议, 专家组一致同意;
- 2B类: 基于低水平证据提出的建议, 专家组基本同意, 无明显分歧;
- 3类: 基于任何水平证据提出的建议, 专家组意见存在明显分歧。

附录2 Child - Pugh 肝功能分级

| 观测指标         | 评分  |       |     |
|--------------|-----|-------|-----|
|              | 1   | 2     | 3   |
| 肝性脑病(分期)     | 无   | 1~2   | 3~4 |
| 腹腔积液         | 无   | 少量    | 中等量 |
| 白蛋白(g/L)     | >35 | 28~35 | <28 |
| 凝血酶原时间延长(秒)  | <4  | 4~6   | >6  |
| 总胆红素(μmol/L) | <34 | 34~50 | >50 |

注: 5~6分为A级; 7~9分为B级; 10~15分为C级。

附录3 肝细胞癌诊断路线图<sup>[4]</sup>



注: CEUS 为超声造影, 使用超声对比剂实时观察正常组织和病变组织的血流灌注情况; EOB - MRI 为肝细胞特异性对比剂 Gd - EOB - DTPA 增强磁共振扫描; AFP(+) 为超过血清 AFP 检测正常值。

附录4 原发性肝细胞癌 TNM 分期(AJCC 第8版)

T 原发肿瘤

- T<sub>x</sub>: 原发肿瘤无法评估
- T<sub>0</sub>: 无原发肿瘤的证据
- T<sub>1</sub>: 单发肿瘤最大径 ≤ 2 cm, 或单发肿瘤最大径 > 2 cm 且无血管侵犯
- T<sub>1a</sub>: 单发肿瘤最大径 ≤ 2 cm
- T<sub>1b</sub>: 单发肿瘤最大径 > 2 cm 且无血管侵犯
- T<sub>2</sub>: 单发肿瘤最大径 > 2 cm 且有血管侵犯, 或多发肿瘤, 最大径均 ≤ 5 cm
- T<sub>3</sub>: 多发肿瘤, 且至少有一个最大径 > 5 cm
- T<sub>4</sub>: 无论肿瘤数目和大小, 累及门静脉的主要分支或肝静脉; 或肿瘤直接侵犯除胆囊外的临近器官, 或穿透脏层腹膜

N 区域淋巴结

- N<sub>x</sub>: 区域淋巴结无法评估
- N<sub>0</sub>: 无区域淋巴结转移
- N<sub>1</sub>: 有区域淋巴结转移

M 远处转移

- M<sub>0</sub>: 无远处转移
- M<sub>1</sub>: 有远处转移

| 分期    | T               | N              | M              |
|-------|-----------------|----------------|----------------|
| I A   | T <sub>1a</sub> | N <sub>0</sub> | M <sub>0</sub> |
| I B   | T <sub>1b</sub> | N <sub>0</sub> | M <sub>0</sub> |
| II    | T <sub>2</sub>  | N <sub>0</sub> | M <sub>0</sub> |
| III A | T <sub>3</sub>  | N <sub>0</sub> | M <sub>0</sub> |
| III B | T <sub>4</sub>  | N <sub>0</sub> | M <sub>0</sub> |
| IV A  | 任何 T            | N <sub>1</sub> | M <sub>0</sub> |
| IV B  | 任何 T            | 任何 N           | M <sub>1</sub> |

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