

2007 Post Transplant Malignancy Changes for OMB Clearance

| SECTION | FIELD | MODIFICATION/ADDITION | RATIONALE |
|---|--|--|----------------------|
| Donor Related | Immunosuppression | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Treatment | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Treatment outcome | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| Post Tx Lymphoproliferative Disease and Lymphoma | Clonality | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Predominant cell type | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Epstein-Barr virus (EBV) status of tumor | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Anatomy | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Lymph nodes | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Extranodal sites | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Treatment | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Ann Arbor Stage | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Treatment best response | This question will be optional for adult and pediatric recipients. | No longer necessary. |

2007 Post Transplant Malignancy Changes for OMB Clearance

| SECTION | FIELD | MODIFICATION/ADDITION | RATIONALE |
|--|---|--|----------------------|
| Recurrence of Pretransplant Malignancy | If skin number of occurrences in follow-up period | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | If colo-rectal, Duke's Classification | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | If Lymphoma, type | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | If Leukemia, type | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | If other cancer, specify | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Pre-existing treatment date | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Pre-existing treatment | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Sites affected | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Immunosuppression | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Treatment of recurrent tumor | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Treatment of recurrent tumor outcome | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| Post Transplant De Novo Solid Tumor | Skin, sites | This question will be optional for adult and pediatric recipients. | No longer necessary. |

2007 Post Transplant Malignancy Changes for OMB Clearance

| SECTION | FIELD | MODIFICATION/ADDITION | RATIONALE |
|---------|---|--|----------------------|
| | Skin, site location | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Skin, spread | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Skin number of occurrences | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Renal carcinoma, sites | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Carcinoma of the uterus type | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Colo-rectal Duke's Classification | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Primary hepatic tumor, specify type | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Metastatic liver tumor, specify original site | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Lung (include bronchial) | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Leukemia, type | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Sarcomas, site | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Sarcomas, specify type | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Other cancers, specify type | This question will be optional for adult and pediatric recipients. | No longer necessary. |

2007 Post Transplant Malignancy Changes for OMB Clearance

| SECTION | FIELD | MODIFICATION/ADDITION | RATIONALE |
|---------|-------------------------|--|----------------------|
| | Outcome | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Sites affected | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Immunosuppression | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Treatment | This question will be optional for adult and pediatric recipients. | No longer necessary. |
| | Best treatment response | This question will be optional for adult and pediatric recipients. | No longer necessary. |