

## Post-Transplant Malignancy (PTM) Record Field Descriptions

The Post-Transplant Malignancy (PTM) record is generated after a malignancy has been reported in the Transplant Recipient Follow-up (TRF) record. The record should be completed by the transplant center responsible for the follow-up of the recipient at the time the cancer was reported. If the patient has more than one follow-up record because of a multi-organ transplant, the malignancy only needs to be reported in one of the follow-up records. If it is reported in more than one, only one PTM record will be generated.

If **Yes** was selected for Post Transplant Malignancies, along with one or more of the post-transplant malignancies listed on the TRF record, the following sections will display in the Post-Transplant Malignancy record: Donor Related, Recurrence of Pretransplant Malignancy, Post Transplant De Novo Solid Tumor and/or Post Tx Lymphoproliferative Disease and Lymphoma.

To change the section of the malignancy record that was generated, access the TRF record and select **No** to the section that is not needed, and select **Yes** to the section of the malignancy record that is needed. To delete the malignancy record, re-access the TRF record and select **No** in the Post Transplant Malignancies field.

**Note:** If no information is available about the malignancy except the fact that they were treated, contact the UNet<sup>SM</sup> Help Desk at 1-800-978-4334. They will have the PTM record validated.

The PTM must be completed within 30 days from the record generation date. See [OPTN Policy](#) for additional information. Use the search feature to locate specific policy information on Data Submission Requirements.

To correct information that is already displayed in an electronic record, call the UNet<sup>SM</sup> Help Desk at 1-800-978-4334.

### Recipient Information

**The following fields reported in the recipient's last completed TRF record display.**

**Recipient name:** Verify the last name, first name and middle initial of the transplant recipient.

**Date of birth:** Verify the recipient's date of birth.

**Recipient SSN:** Verify the recipient's social security number.

**Recipient organ:** Verify the type of organ transplanted.

**TRF:** Verify the Transplant Recipient Follow-up record number from which this malignancy record was generated.

**Follow-up code:** Verify the TRF Follow-up Code for the record from which this malignancy record was generated.

**Transplant date:** Verify that the displayed transplant date is the date of the beginning of the first anastomosis. If the operation started in the evening and the first anastomosis began early the next morning, the transplant date is the date that the first anastomosis began. The transplant is considered complete when the cavity is closed and the final skin stitch/staple is applied.

**Follow-up center:** Verify that the follow-up center listed is responsible for the follow-up of the recipient at the time the cancer was reported.

**Recipient center:** Verify that the transplant center listed is where the transplant procedure took place.

### Donor Related

**This section will only display if Yes was selected for Donor Related on post transplant malignancies listed in the TRF record.**

**Tumors transmitted from the donor**

In most instances the donor does not have a history of cancer and transmission of cancer is unexpected. This occurrence is usually discovered when multiple recipients of organs from a single donor develop the same cancer (e.g. Melanoma). It may also occur when the clinical (not histological) diagnosis of primary brain cancer is made when, in fact, the donor had a metastatic brain cancer from an occult (concealed from observation) primary site.

**Diagnosis date:** Enter the date of diagnosis using the standard 8-digit format of MM/DD/YYYY. The date must fall within the follow-up period and after the transplant date that is displayed. This field is **required**.

**Type of Tumor:** Select the type from the drop-down list. This field is **required**.

**Primary to the transplanted organ**

**Not primary to the transplanted organ**

**Type:** Select the type from the drop-down list. This field is **required**.

**Skin, squamous cell**

**Skin, basal cell**

**Skin, melanoma**

**Kaposi's sarcoma: cutaneous**

**Kaposi's sarcoma: visceral**

**Brain**

**Renal carcinoma – specify site(s)**

**Carcinoma of vulva, perineum or penis, scrotum**

**Carcinoma of the uterus**

**Ovarian**

**Testicular**

**Esophagus**

**Stomach**

**Small Intestine**

**Pancreas**

**Larynx**

**Tongue, throat**

**Thyroid**

**Bladder**

**Breast**

**Prostate**

**Colo-rectal**

**Primary hepatic tumor**

**Metastatic liver tumor**

**Lung**

**Leukemia**

**Sarcomas**

**Other cancers**

**Primary unknown**

If **Brain** is selected, indicate the type of brain malignancy. If **Other, specify** is selected, enter the name of the type of brain malignancy in the **Other specify** field.

- Astrocytoma**
- Medulloblastoma**
- Glioblastoma Multiforme**
- Neuroblastoma**
- Meningioma/malignant**
- Meningioma/benign**
- Angioblastoma**
- Other specify**

If **Other cancers** is selected, enter text to describe the site of the other cancer in provided space.

#### Recurrence of Pretransplant Malignancy

**This section will only display if Yes was selected for Recurrence of Pretransplant Malignancy on post transplant malignancies listed in the TRF record.**

The patient has a past history of cancer, and develops the same type of cancer post-transplantation. This does not apply to basal cell or squamous cell carcinoma of the skin, unless it recurs in the original site. The patient has a cancer in an explanted (removed) organ (usually liver or maybe kidney), and later develops a recurrence of the same type of cancer. For example, the patient has a hepatocellular carcinoma of the native liver (hepatoma), which is resected at the time of transplantation, and develops a recurrent hepatocellular carcinoma (at any site, at any time).

**Type of pre-existing tumor:** Select type of pre-existing tumor from the drop-down list. This field is required. If **Other Cancer, Specify** is selected, enter the type of pre-existing tumor in the **Other specify** field.

- Skin (Squamous, Basal Cell)**
- Skin - Melanoma**
- Genitourinary - Bladder**
- Genitourinary - Uterine Cervix**
- Genitourinary - Uterine Body (endometrial & choriocarcinoma)**
- Genitourinary - Vulva**
- Genitourinary - Ovarian**
- Genitourinary - Testicular**
- Genitourinary - Prostate**
- Genitourinary - Kidney**
- Gastrointestinal - Stomach**
- Gastrointestinal - Small Intestine**
- Gastrointestinal - Carcinoid**
- Gastrointestinal - Colo-Rectal**
- Gastrointestinal - Liver/Biliary Tract (incidental time of hepatectomy)**
- Gastrointestinal - Liver/Biliary tract, not incidental**
- Gastrointestinal - Pancreas**
- Thyroid**
- Breast**
- Tongue/Mouth,Pharynx**
- Larynx**
- Lung (include bronchial)**
- Leukemia**
- Lymphoma**
- Other Cancer, Specify**

**Date of recurrence (post-tx):** Enter the date, using the standard 8-digit format of MM/DD/YYYY, the cancer recurred. This date must be after the transplant date and fall within the follow-up period that is displayed. This field is required.

### Post Transplant De Novo Solid Tumor

**This section will only display if Yes was selected for Post Transplant De Novo Solid Tumor on post transplant malignancies listed in the TRF record.**

This includes all new malignant tumors except Post Transplant Lymphoproliferative Disease. This includes all skin cancers, sarcomas, adenocarcinomas, hematological malignancies, and many cancers with special names. It does not include benign tumors such as nevi, adenomas, or fibromas. Usually, the description should include the type of cancer (e.g. squamous cell, adenocarcinoma), and the organ involved.

**Select the one or more tumor types:** Select all tumor types that apply to the patient by clicking on the checkbox next to the type. This field is **required**.

**Kaposi's sarcoma: cutaneous**

**Kaposi's sarcoma: visceral**

**Brain:** Select the specific type of brain tumor from the drop-down list. If **Other Specify** is selected, enter the type of tumor in the **Other specify** field.

- Astrocytoma**
- Medulloblastoma**
- Glioblastoma Multiforme**
- Neuroblastoma**
- Meningioma, Malignant**
- Meningioma, Benign**
- Angioblastoma**
- Other Specify**

**Carcinoma of vulva, perineum or penis, scrotum**

**Ovarian**

**Testicular**

**Esophagus**

**Stomach**

**Small intestine**

**Pancreas**

**Larynx**

**Tongue, throat**

**Thyroid**

**Bladder**

**Breast**

**Prostate**

**Diagnosis date:** Enter the date using the standard 8-digit format of MM/DD/YYYY. The date must fall within the follow-up period and after the transplant date that is displayed.

### Post Transplant Lymphoproliferative Disease and Lymphoma

**This section will only display if Yes was selected for Post TX Lymphoproliferative Disease and Lymphoma on post transplant malignancies listed in the TRF record.**

Lymphoid growths that occur in organ transplant patients, in which evidence of Epstein-Barr virus (EBV) can be demonstrated; a family of lesions that straddle the border between infection and neoplasia (tumors). The spectrum runs from infectious mononucleosis to clonal proliferation of lymphoid cells to gross tumor formation and malignancy. PTLDs must be distinguished from sporadic lymphomas or non-EBV-associated lymphadenopathies, which may also be seen in the transplant population.

**Diagnosis date:** Enter the date using the standard 8-digit format of MM/DD/YYYY. The date must fall within the follow-up period and after the transplant. This field is **required**.

**Pathology:** Select the pathology of the disease from the drop-down list. This field is **required**. If **Other, Specify** is selected, enter the disease in the **Other Specify** field.

**Polymorphic Hyperplasia**  
**Polymorphic PTLD(lymphoma)**  
**Monomorphic PTLD(lymphoma)**  
**Multiple Myeloma, Plasmacytoma**  
**Hodgkin's Disease**  
**Other, Specify**