Kidney Post Transplant Malignancy

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℠ 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/UNOS Policies 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℠ 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 correct. The transplant date is determined by the beginning of organ anastomosis. For a multi-organ transplant procedure, the transplant date for each organ is determined by the transplant date of the first organ transplanted.

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.

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.

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

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. If the month and year for any date is known but the exact day is unknown, enter a 15 for the day (i.e. the middle of the month). This field is **required**.

Treatment Information**:** Select the type of treatment used for this type of tumor by clicking on the checkbox beside the treatment type.

Surgical resection tumor

Chemotherapy: Select the type of treatment from the drop-down list. If **Other, specify** is selected, enter the name of the treatment in the **Other specify** field. (List of Chemotherapy codes)

CHOP
MACOP-B
Pro-Mace-CytaBOM
M-BACOD
5FU/Gemzar
5FU/Leucovorin
5FU/Leucovorin/CPT-11
5FU/Mitomycin
ACDA
Adriamycin
Anedia
Bleomycin/Cisplatin/Etoposide
Carboplatin/Etoposide
Carboplatin/Taxol/Gemcitabine
Carboplatin/VP-16
Cisplatin/VP-16
Cyclophosphamide
Cyclophosphamide/Prednisone
Cytoxan
Cytoxan/Adriamycin
Cytoxan/Onkovin/Adriamycin/Prednisone
DHAP
Doxorubicin
Doxorubicin/and/Streptozocin
EPOCH
Etoposide/Doxorubicin/Vincristine
Etropralide/Ifosfamide
Eulexin/Lupron
Gemcitabine
Leucovorin/Methotrexate
Lupron
Melphazan/Prednisone
Methotrexate
Mitomycin/Carboplatin
Navelbine/Taxol
Nilandron
Tamoxifen
Taxol/5FU/Carb
Taxol/Adriamycin
Taxol/Carboplatin
Taxol/Carboplatin/Zofran
Topotecan
Vidarabine/Cisplatin/Dexamethasone

Vincristine
Vincristine/Prednisone
VP16
VP16/Etoposide
Carboplatin/Gemcitabine
Other, specify

Radiation

Immunotherapy: Select the type of treatment from the drop-down list. If **Other, specify** is selected, enter the name of the treatment in the **Other specify** field. (List of Immunotherapy codes)

Hormonal Therapy
Interferon Alpha
Prednisone
Rituximab
Other, specify

Other Treatment Specify: Enter the name of any other tumor treatment that was given.

Outcome: Select the outcome from the drop-down list.

Alive, **Free of Tumor**
Alive with Tumor
Dead, due to tumor
Dead, other causes

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**.

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

If Other Cancer, Specify: Enter the type of pre-existing tumor in the **Other specify** field.

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**.

Skin: If **squamous cell**, **basal cell** and/or **melanoma** skin tumors are selected, complete the following section:

Sites: Select the site(s) affected by clicking on the checkbox next to the site.

Single
Multiple

Site Location: Indicate the area by selecting **Lips/Head/Neck**, **Extremities** or **Trunk**.

Spread: Indicate if the skin malignancy has spread by selecting **None**, **Nodes** and/or **Other**. If **Other** is selected, enter the location.

# of occurrences: Enter the number of occurrences during the follow-up period. If the number of occurrences during the follow-up period is unavailable, select the reason from the status (**ST**) drop-down list (**Missing**, **Unknown, N/A**, **Not Done**).

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. (List of Brain Tumor codes)

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

Renal carcinoma - Specify Site(s): Enter the site(s) in the space provided.

Carcinoma of vulva, perineum or penis, scrotum

Carcinoma of uterus: Select the type of carcinoma from the drop-down list. (List of Uterine Carcinoma codes)

Cervix, **invasive**
Cervix, **in situ**
Body, **Endometrium**

Ovarian

Testicular

Esophagus

Stomach

Small intestine

Pancreas

Larynx

Tongue, throat

Thyroid

Bladder

Breast

Prostate

Metastatic Liver Tumor - Specify Original Site: Select the original site from the drop-down list. If **Other** is selected, enter the site in the **Other specify** field. (List of Metastatic Liver Tumor codes)

Stomach Adenocarcinoma
Colon Adenocarrcinoma
Breast Carcinoma
Pancreas Carcinoma
Bronchial Carcinoma
Carcinoid (Neuroendocrine)
Other

Lung (include bronchial): Indicate either **Small Cell** or **Non-small Cell**.

Leukemia: Select the leukemia type from the drop-down list. (List of Leukemia codes)

AML (acute myelocytic leukemia)
ALL (acute lymphocytic leukemia)
MDS (myelodysplasia syndrome)
CML (chronic myelocytic leukemia)
CLL (chronic lymphocytic leukemia)
Other

Sarcomas (excluding Kaposi's)

Site(s): Enter the site(s).

Specify type: Select the type of sarcoma from the drop-down list. If **Other** is selected, enter the type in the **Other specify** field. (List of Sarcoma codes)

Fibrosarcoma
Liposarcoma
Leiomyosarcoma
Rhabdomyosarcoma
Angiosarcoma
Malignant Hemangiopericytoma

Neurofibrosarcoma
Neuroblastoma
Chondrosarcoma
Osteosarcoma
Ewing's sarcoma
Other

If **Other Cancers** is selected, enter the **Site(s)** and the type of cancer in the spaces provided (this field is **required**).

Primary Unknown: Select if the type of tumor is unknown.

The Treatment Information must be completed when a type of tumor is selected from the Post Transplant De Novo Solid Tumor section of the record. All applicable fields must be completed.

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. (List of Pathology codes)

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

collection of information, including suggestions for reducing this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or paperwork@hrsa.gov.