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Implementation: To be determined by each Service

Change Notification UK National Blood Services No. 11 - 2014

Malignancy

Applies to the Tissue Donor Selection Guidelines Live Donors, Cord Blood Donor Selection Guidelines and Bone Marrow and PBSC Donor Selection Guidelines

Please modify the entry as follows:

Obligatory	Must not donate.
Discretionary	<p>a) If this was a basal cell carcinoma (rodent ulcer) and treatment is completed and all wounds are healed, accept.</p> <p>b) If the potential donor has a non haematological (non-clonal) premalignant condition (e.g. polyposis coli, prostatic intraepithelial neoplasia PIN or Barrett's oesophagus) that is being regularly monitored, or has had a similar condition cured and has been discharged from follow-up, accept.</p> <p>c) If the potential donor has a carcinoma in situ (e.g. cervical or vulval carcinoma in situ, ductal carcinoma in situ of the breast DCIS, or Bowen's disease) that has been cured and has been discharged from follow-up, accept.</p> <p>d) If the potential donor has had lentigo maligna refer to clinical support to ensure that they have not had lentigo maligna melanoma.</p> <p>e) Potential donors with a high risk of cancer due to family history or following genetic tests, even if had or having prophylactic surgery or on prophylactic medication (e.g. Tamoxifen), accept.</p>
See if relevant	<p><u>Basal Cell Carcinoma</u> <u>Cervical Carcinoma in Situ</u> <u>Surgery</u> <u>Transfusion</u></p>
Additional Information	<p>Many malignancies spread through the blood stream and by invading surrounding tissues. Viruses that can be spread by blood and tissue donation can also cause some malignancies. For these reasons it is considered safer not to accept blood from people who have had a malignancy. However, because basal cell carcinoma (rodent ulcer) and other Carcinomas in situ do not spread through the blood, people</p>

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who have had successful treatment may donate. Cervical carcinoma in situ would be defined as cured if treatment is complete and a follow up smear did not show abnormal cells. Regular screening smears are not defined as follow up.

Premalignant conditions are very common, particularly in older donors. Regular monitoring should prevent donors with invasive malignancy from being accepted.

Lentigo Maligna is a common skin condition of the elderly and should be considered a carcinoma in situ and the donor may be accepted once it has been cured. However Lentigo Maligna melanoma is a true malignant melanoma and the donor must be permanently deferred if they have had this condition.

Reason for change Clarification for in situ carcinoma, premalignant conditions and donors at high risk of cancer added.

Further Information

The supporting papers, JPAC 13-65 Carcinoma in situ and JPAC 13-66 Tamoxifen or Raloxifene for breast cancer, leading to this Change Notification can be found in the Document Library/Supporting Papers of the JPAC website:

<http://www.transfusionguidelines.org.uk/Index.aspx?Publication=DL&Section=12&pageid=7528>

Malignancy

Applies to the Tissue Donor Selection Guidelines Deceased Donors

Please modify the entry as follows:

Obligatory

1. Eyes:

Must not donate if.

- a) Haematological malignancy
- b) Malignant tumour of anterior segment.
- c) Ocular melanoma
- d) Ocular metastasis
- e) Retinoblastoma

2. Other Tissues:

Must not donate

Discretionary

1. Eyes

If not excluded under 'Obligatory', accept for corneas only

2. Other tissues

- a) If this was a basal cell carcinoma (rodent ulcer) and treatment is completed and all wounds are healed, accept.

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b) If the potential donor has a non haematological (non-clonal) premalignant condition (e.g. polyposis coli, prostatic intraepithelial neoplasia PIN or Barrett's oesophagus) that is being regularly monitored, or has had a similar condition cured and has been discharged from follow-up, accept.

c) If the potential donor has a carcinoma in situ (e.g. cervical or vulval carcinoma in situ, ductal carcinoma in situ of the breast DCIS, or Bowen's disease) that has been cured and has been discharged from follow-up, accept.

d) If the potential donor has had lentigo maligna refer to clinical support to ensure that they have not had lentigo maligna melanoma.

e) Potential donors with a high risk of cancer due to family history or following genetic tests, even if had or having prophylactic surgery or on prophylactic medication (e.g. Tamoxifen), accept.

f) If this was a primary non-metastasizing tumour of the central nervous system, accept.

See if relevant

Basal Cell Carcinoma
Cervical Carcinoma in Situ
Immunosuppression
Surgery
Transfusion

Additional Information

Many malignancies spread through the blood stream and by invading surrounding tissues. Viruses that can be spread by blood and tissue donation can also cause some malignancies. For these reasons it is considered safer not to accept blood from people who have had a malignancy. However, because basal cell carcinoma (rodent ulcer) and other Carcinomas in situ do not spread through the blood, people who have had successful treatment may donate. Cervical carcinoma in situ would be defined as cured if treatment is complete and a follow up smear did not show abnormal cells. Regular screening smears are not defined as follow up.

Premalignant conditions are very common, particularly in older donors. Regular monitoring should prevent donors with invasive malignancy from being accepted.

Lentigo Maligna is a common skin condition of the elderly and should be considered a carcinoma in situ and the donor may be accepted once it has been cured. However Lentigo Maligna melanoma is a true malignant melanoma and the donor must be permanently deferred if they have had this condition.

Eyes - only corneas are accepted as these are avascular and therefore are not likely to be involved in distant metastasis. The vascular parts of the eye are excluded.

Reason for change

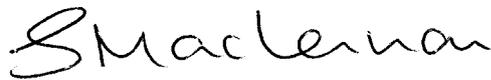
Clarification for in situ carcinoma, premalignant conditions and donors at high risk of cancer added.

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