# Adult Post-Transplant Malignancy Worksheet

**FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 08/31/2023**

Note: These worksheets are provided to function as a guide to what data will be required in the online TIEDI® application. Currently, in the worksheet, a red asterisk is displayed by fields that are required, independent of what other data may be provided. Based on data provided through the online TIEDI® application, additional fields that are dependent on responses provided in these required fields may become required as well. However, since these fields are not required in every case, they are not marked with a red asterisk.

## RECIPIENT INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Data Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recipient name</td>
<td></td>
</tr>
<tr>
<td>Date of birth</td>
<td></td>
</tr>
<tr>
<td>Recipient SSN</td>
<td></td>
</tr>
<tr>
<td>Recipient organ</td>
<td></td>
</tr>
<tr>
<td>TRF</td>
<td></td>
</tr>
<tr>
<td>Follow-up code</td>
<td></td>
</tr>
<tr>
<td>Transplant date</td>
<td></td>
</tr>
<tr>
<td>Follow-up center</td>
<td></td>
</tr>
<tr>
<td>Recipient Center</td>
<td></td>
</tr>
</tbody>
</table>

## DONOR RELATED

**Tumors transmitted from the donor**

Select one or more tumor types:

- [ ] Skin: squamous cell
- [ ] Skin: basal cell
- [ ] Skin: melanoma
- [ ] Kaposi’s sarcoma: cutaneous
- [ ] Kaposi’s sarcoma: visceral

### Treatment Information:

- **Diagnosis date:**

- [ ] Brain:
  - [ ] Astrocytoma
  - [ ] Medulloblastoma
  - [ ] Glioblastoma Multiforme
  - [ ] Neuroblastoma
  - [ ] Meningioma, Malignant
  - [ ] Meningioma, Benign
  - [ ] Angioblastoma
  - [ ] Other Specify

- **Diagnosis date:**

- [ ] Renal carcinoma

### Treatment Information:

- **Diagnosis date:**

- [ ] Carcinoma of vulva, perineum or penis, scrotum

### Treatment Information:

- **Diagnosis date:**

- [ ] Carcinoma of the uterus

### Treatment Information:

- **Diagnosis date:**

- [ ] Ovarian

### Treatment Information:

- **Diagnosis date:**

- [ ] Testicular

### Treatment Information:

- **Diagnosis date:**

- [ ] Esophagus

---

Copyright © 2020 United Network for Organ Sharing. All rights reserved. OPTN Use Only 090120
<table>
<thead>
<tr>
<th>Treatment Information:</th>
<th>Diagnosis date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Stomach</td>
<td></td>
</tr>
<tr>
<td>Treatment Information:</td>
<td>Diagnosis date:</td>
</tr>
<tr>
<td>☐ Small intestine</td>
<td></td>
</tr>
<tr>
<td>Treatment Information:</td>
<td>Diagnosis date:</td>
</tr>
<tr>
<td>☐ Pancreas</td>
<td></td>
</tr>
<tr>
<td>Treatment Information:</td>
<td>Diagnosis date:</td>
</tr>
<tr>
<td>☐ Larynx</td>
<td></td>
</tr>
<tr>
<td>Treatment Information:</td>
<td>Diagnosis date:</td>
</tr>
<tr>
<td>☐ Tongue, throat</td>
<td></td>
</tr>
<tr>
<td>Treatment Information:</td>
<td>Diagnosis date:</td>
</tr>
<tr>
<td>☐ Thyroid</td>
<td></td>
</tr>
<tr>
<td>Treatment Information:</td>
<td>Diagnosis date:</td>
</tr>
<tr>
<td>☐ Bladder</td>
<td></td>
</tr>
<tr>
<td>Treatment Information:</td>
<td>Diagnosis date:</td>
</tr>
<tr>
<td>☐ Breast</td>
<td></td>
</tr>
<tr>
<td>Treatment Information:</td>
<td>Diagnosis date:</td>
</tr>
<tr>
<td>☐ Prostate</td>
<td></td>
</tr>
<tr>
<td>Treatment Information:</td>
<td>Diagnosis date:</td>
</tr>
<tr>
<td>☐ Colo-rectal</td>
<td></td>
</tr>
<tr>
<td>Treatment Information:</td>
<td>Diagnosis date:</td>
</tr>
<tr>
<td>☐ Primary hepatic tumor</td>
<td></td>
</tr>
<tr>
<td>Treatment Information:</td>
<td>Diagnosis date:</td>
</tr>
<tr>
<td>☐ Metastatic liver tumor</td>
<td></td>
</tr>
<tr>
<td>Treatment Information:</td>
<td>Diagnosis date:</td>
</tr>
<tr>
<td>☐ Lung</td>
<td></td>
</tr>
<tr>
<td>Treatment Information:</td>
<td>Diagnosis date:</td>
</tr>
<tr>
<td>☐ Leukemia</td>
<td></td>
</tr>
<tr>
<td>Treatment Information:</td>
<td>Diagnosis date:</td>
</tr>
<tr>
<td>☐ Sarcomas</td>
<td></td>
</tr>
<tr>
<td>Treatment Information:</td>
<td>Diagnosis date:</td>
</tr>
<tr>
<td>☐ Other cancers</td>
<td></td>
</tr>
<tr>
<td>Specify type:</td>
<td></td>
</tr>
<tr>
<td>Treatment Information:</td>
<td>Diagnosis date:</td>
</tr>
<tr>
<td>☐ Primary unknown</td>
<td></td>
</tr>
<tr>
<td>Treatment Information:</td>
<td>Diagnosis date:</td>
</tr>
</tbody>
</table>
If other cancer, specify: 

Date of recurrence (post tx): 

POST TRANSPLANT DE NOVO SOLID TUMOR
Select one or more tumor types:

☐ Skin: squamous cell
  Treatment Information:
  Diagnosis date: 

☐ Skin: basal cell
  Treatment Information:
  Diagnosis date: 

☐ Skin: melanoma
  Treatment Information:
  Diagnosis date: 

☐ Kaposi’s sarcoma: cutaneous
  Treatment Information:
  Diagnosis date: 

☐ Kaposi’s sarcoma: visceral
  Treatment Information:
  Diagnosis date: 

☐ Brain: 
  ☐ Astrocytoma
  ☐ Medulloblastoma
  ☐ Glioblastoma Multiforme
  ☐ Neuroblastoma
  ☐ Meningioma, Malignant
  ☐ Meningioma, Benign
  ☐ Angioblastoma
  ☐ Other Specify
  Treatment Information:
  Diagnosis date: 

☐ Renal carcinoma
  Treatment Information:
  Diagnosis date: 

☐ Carcinoma of vulva, perineum or penis, scrotum
  Treatment Information:
  Diagnosis date: 

☐ Carcinoma of the uterus
  Treatment Information:
  Diagnosis date: 

☐ Ovarian
  Treatment Information:
  Diagnosis date: 

☐ Testicular
  Treatment Information:
  Diagnosis date: 

☐ Esophagus
  Treatment Information:
  Diagnosis date: 

☐ Stomach
  Treatment Information:
  Diagnosis date: 

☐ Small intestine
  Treatment Information:
  Diagnosis date: 

Copyright © 2020 United Network for Organ Sharing. All rights reserved. OPTN Use Only  090120
☐ Pancreas
Treatment Information:
  Diagnosis date:

☐ Larynx
Treatment Information:
  Diagnosis date:

☐ Tongue, throat
Treatment Information:
  Diagnosis date:

☐ Thyroid
Treatment Information:
  Diagnosis date:

☐ Bladder
Treatment Information:
  Diagnosis date:

☐ Breast
Treatment Information:
  Diagnosis date:

☐ Prostate
Treatment Information:
  Diagnosis date:

☐ Colo-rectal
Treatment Information:
  Diagnosis date:

☐ Primary hepatic tumor
Treatment Information:
  Diagnosis date:

☐ Metastatic liver tumor
Treatment Information:
  Diagnosis date:

☐ Lung
Treatment Information:
  Diagnosis date:

☐ Leukemia
Treatment Information:
  Diagnosis date:

☐ Sarcomas
Treatment Information:
  Diagnosis date:

☐ Other cancers
  Site(s):
  Treatment Information:
  Diagnosis date:

☐ Primary unknown
Treatment Information:
  Diagnosis date:

**POST TX LYMPHOPROLIFERATIVE DISEASE AND LYMPHOMA**

Diagnosis date:

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

Other Specify: