# Pediatric Post-Transplant Malignancy Worksheet

**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 those required fields may become required as well. However, since those fields are not required in every case, they are not marked with a red asterisk.

## Recipient Information

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

## Donor Related

Tumors transmitted from the donor

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

- [ ] Brain: Meningioma,Malignant

- [ ] Meningioma,Benign

- [ ] Angioblastoma

- [ ] Other Specify

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
<table>
<thead>
<tr>
<th>Treatment Information</th>
<th>Diagnosis date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stomach</td>
<td></td>
</tr>
<tr>
<td>Small intestine</td>
<td></td>
</tr>
<tr>
<td>Pancreas</td>
<td></td>
</tr>
<tr>
<td>Larynx</td>
<td></td>
</tr>
<tr>
<td>Tongue, throat</td>
<td></td>
</tr>
<tr>
<td>Thyroid</td>
<td></td>
</tr>
<tr>
<td>Bladder</td>
<td></td>
</tr>
<tr>
<td>Breast</td>
<td></td>
</tr>
<tr>
<td>Prostate</td>
<td></td>
</tr>
<tr>
<td>Colo-rectal</td>
<td></td>
</tr>
<tr>
<td>Primary hepatic tumor</td>
<td></td>
</tr>
<tr>
<td>Metastatic liver tumor</td>
<td></td>
</tr>
<tr>
<td>Lung</td>
<td></td>
</tr>
<tr>
<td>Leukemia</td>
<td></td>
</tr>
<tr>
<td>Sarcomas</td>
<td></td>
</tr>
<tr>
<td>Other cancers</td>
<td></td>
</tr>
<tr>
<td>Specify type:</td>
<td></td>
</tr>
<tr>
<td>Primary unknown</td>
<td></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:  

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<table>
<thead>
<tr>
<th>Disease</th>
<th>Treatment Information</th>
<th>Diagnosis date</th>
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</thead>
<tbody>
<tr>
<td>Pancreas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Larynx</td>
<td></td>
<td></td>
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<tr>
<td>Tongue, throat</td>
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<tr>
<td>Sarcomas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other cancers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site(s):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary unknown</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### POST TX LYMPHOPROLIFERATIVE DISEASE AND LYMPHOMA

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