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Implementation: To be determined by each Service

Change Notification UK National Blood Services No. 21 - 2019

Malignancy

These changes apply to the Deceased Tissue Donor Selection Guidelines.

Please make changes to the following entry:

Obligatory

1. Eyes:

Must not donate if:

- a) Haematological malignancy.
- b) Malignant tumour of anterior segment.
- c) Ocular melanoma.
- d) Ocular metastasis.
- e) Retinoblastoma.
- f) Malignant melanoma with known metastatic disease.

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. [If any systemic medical treatment was required refer to designated clinical support officer](#)

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\) Monoclonal gammopathy of uncertain significance \(MGUS\) with IgG paraproteins at <15 g/l and normal serum free light chain ratio: if diagnosed more than 12 months ago, accept](#)

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For other MGUS: refer to designated clinical support officer for individual risk assessment

See additional information section for other MGUS and smouldering myeloma

d) ~~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.~~ If the potential donor has been cured of a carcinoma in situ (CIS) and discharged from follow-up, accept. Donors who have been returned to routine screening following treatment for cervical CIS can be accepted.

Examples of CIS include cervical or vulval CIS, ductal CIS of the breast (DCIS), and Bowen's disease.

~~If the potential donor has had lentigo maligna refer to clinical support to ensure that they have not had lentigo maligna melanoma.~~ If the potential donor has had a diagnosis of melanoma in situ (including Lentigo Maligna), refer to Designated Clinical Support Officer to confirm they have not had an invasive melanoma (eg 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), ~~or on routine follow up,~~ accept.

f) ~~If this was~~ Primary ~~non-metastasizing~~ tumours of the central nervous system, ~~accept~~ with a low risk of distant metastasis are acceptable for all tissues except for sclera: See additional information section for information.

See if Relevant

[Basal Cell Carcinoma](#)
[Cervical Carcinoma in Situ](#)
[Immunosuppression](#)
[Surgery](#)
[Transfusion](#)
[Haematological Disease](#)

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.~~

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Basal cell carcinoma (rodent ulcer) does not spread through the blood, therefore people who have had successful treatment may donate.

The term carcinoma in situ (CIS) refers to a group of abnormal cells which have not invaded deeper tissue or spread to another part of the body. Donors who have been cured and discharged from follow up may donate. For cervical CIS, donors can be accepted if treatment is complete and any follow up smear, if performed, 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. However donors with a haematological clonal pre-malignant condition e.g. smouldering myeloma should not be accepted for tissue donation. Monoclonal gammopathy of uncertain significance (MGUS) with IgG paraproteins (rather than IgA or IgM) at <15 g/l and normal serum free light chain ratio has a 1% risk of progression to multiple myeloma over 25 years.

MGUS must be distinguished from smouldering myeloma, which is diagnosed when paraprotein levels are above 30 g/l and bone marrow plasma cells are >10% total nucleated cells. Donors with smouldering myeloma must not be accepted for tissue donation

~~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.~~

Melanoma in situ which has been cured by excision is not associated with a risk of metastasis. Patients with a confirmed diagnosis of melanoma in situ (i.e. Breslow thickness of 0 and no regression) do not require ongoing follow up beyond the initial post-operative appointment.

Lentigo Maligna is a form of melanoma in situ found on the head and neck. It should be distinguished from Lentigo Maligna Melanoma which is a true malignant melanoma.

Primary CNS Tumours:

(a) Refer to the Appendix V for WHO classification of tumours of the CNS (shown in the Guide to the Quality and Safety of Tissues and Cells for Human Application). Grade I and II tumours have low potential for metastasis and Grade III & IV are aggressive tumours. High grade CNS tumours need careful evaluation and those that are not spread outside CNS can be accepted except for sclera donation.

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(b) Refer to SaBTO document “Transplantation of organs from deceased donors with cancer or a history of cancer” for generic advice: <https://www.gov.uk/government/publications/transplantation-of-organs-from-donors-with-a-history-of-cancer>.

Eyes - only corneas are accepted under obligatory (1) above as these are avascular and therefore are not likely to be involved in distant metastasis. The vascular parts of the eye are excluded. The predominant mode of progression of primary tumours of the CNS is by invasion and infiltration. Due to the anatomical proximity of the CNS and orbit, these donors should be deferred from sclera donation.

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