

## 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 these 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	
Recipient name:	Date of birth:
Recipient SSN:	Recipient organ:
TRF:	Follow-up code:
Transplant date:	
Follow-up center:	
Recipient Center:	

DONOR RELATED	
<b>Tumors transmitted from the donor</b>	
Select one or more tumor types:	
<input type="checkbox"/> Skin: squamous cell	
Treatment Information:	
Diagnosis date:	<input type="text"/>
<input type="checkbox"/> Skin: basal cell	
Treatment Information:	
Diagnosis date:	<input type="text"/>
<input type="checkbox"/> Skin: melanoma	
Treatment Information:	
Diagnosis date:	<input type="text"/>
<input type="checkbox"/> Kaposi's sarcoma: cutaneous	
Treatment Information:	
Diagnosis date:	<input type="text"/>
<input type="checkbox"/> Kaposi's sarcoma: visceral	
Treatment Information:	
Diagnosis date:	<input type="text"/>
<input type="radio"/> Astrocytoma	
<input type="radio"/> Medulloblastoma	
<input type="radio"/> Glioblastoma Multiforme	
<input type="radio"/> Neuroblastoma	
<input type="radio"/> Meningioma, Malignant	
<input type="radio"/> Meningioma, Benign	
<input type="radio"/> Angioblastoma	
<input type="radio"/> Other Specify	
Brain:	
Other specify:	<input type="text"/>
Treatment Information:	
Diagnosis date:	<input type="text"/>
<input type="checkbox"/> Renal carcinoma	
Treatment Information:	
Diagnosis date:	<input type="text"/>
<input type="checkbox"/> Carcinoma of vulva, perineum or penis, scrotum	
Treatment Information:	
Diagnosis date:	<input type="text"/>
<input type="checkbox"/> Carcinoma of the uterus	
Diagnosis date:	<input type="text"/>
<input type="checkbox"/> Ovarian	
Treatment Information:	
Diagnosis date:	<input type="text"/>
<input type="checkbox"/> Testicular	
Treatment Information:	
Diagnosis date:	<input type="text"/>
<input type="checkbox"/> Esophagus	

<b>Treatment Information:</b>	
Diagnosis date:	<input type="text"/>
<input type="checkbox"/> Stomach	
<b>Treatment Information:</b>	
Diagnosis date:	<input type="text"/>
<input type="checkbox"/> Small intestine	
<b>Treatment Information:</b>	
Diagnosis date:	<input type="text"/>
<input type="checkbox"/> Pancreas	
<b>Treatment Information:</b>	
Diagnosis date:	<input type="text"/>
<input type="checkbox"/> Larynx	
<b>Treatment Information:</b>	
Diagnosis date:	<input type="text"/>
<input type="checkbox"/> Tongue, throat	
<b>Treatment Information:</b>	
Diagnosis date:	<input type="text"/>
<input type="checkbox"/> Thyroid	
<b>Treatment Information:</b>	
Diagnosis date:	<input type="text"/>
<input type="checkbox"/> Bladder	
<b>Treatment Information:</b>	
Diagnosis date:	<input type="text"/>
<input type="checkbox"/> Breast	
<b>Treatment Information:</b>	
Diagnosis date:	<input type="text"/>
<input type="checkbox"/> Prostate	
<b>Treatment Information:</b>	
Diagnosis date:	<input type="text"/>
<input type="checkbox"/> Colo-rectal	
<b>Treatment Information:</b>	
Diagnosis date:	<input type="text"/>
<input type="checkbox"/> Primary hepatic tumor	
<b>Treatment Information:</b>	
Diagnosis date:	<input type="text"/>
<input type="checkbox"/> Metastatic liver tumor	
<b>Treatment Information:</b>	
Diagnosis date:	<input type="text"/>
<input type="checkbox"/> Lung	
<b>Treatment Information:</b>	
Diagnosis date:	<input type="text"/>
<input type="checkbox"/> Leukemia	
<b>Treatment Information:</b>	
Diagnosis date:	<input type="text"/>
<input type="checkbox"/> Sarcomas	
<b>Treatment Information:</b>	
Diagnosis date:	<input type="text"/>
<input type="checkbox"/> Other cancers	
Specify type:	<input type="text"/>
<b>Treatment Information:</b>	
Diagnosis date:	<input type="text"/>
<input type="checkbox"/> Primary unknown	
<b>Treatment Information:</b>	
Diagnosis date:	<input type="text"/>

**RECURRENCE OF PRETRANSPLANT MALIGNANCY**

Type of pre-existing tumor:

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

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:

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:

Pathology:

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

Other Specify:

