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Implementation: To be determined by each Service

Change Notification UK National Blood Services No. 02 - 2019

Malignancy

This change applies to the Whole Blood and Component Donor Selection Guidelines

Obligatory

Must not donate.

Discretionary

a) If this was a non metastasized basal cell carcinoma (rodent ulcer) and local treatment is completed and all wounds are healed: **accept**. ~~and~~ If any systemic medical treatment **was required and** has been completed at least 24 months previously, **accept**.

b) If the potential donor has a non haematological (non-clonal) premalignant condition (e.g. polyposis coli 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, prostatic intraepithelial neoplasia PIN or Bowen's disease) that has been cured and has been discharged from follow-up, accept.~~ **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), prostatic intraepithelial neoplasia (PIN) and Bowen's disease.

~~d) 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 DCSO to confirm they have not had an invasive melanoma (eg Lentigo Maligna Melanoma). Donors who have already been cleared by a DCSO can be accepted.

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**.

See if Relevant

Haematological Disease
Surgery
Cervical Carcinoma in Situ

Continued

*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.~~

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. Clonal blood disorders are dealt with differently - see Haematological Disease.

~~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 (ie 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.

<i>Information</i>	This is a requirement of the Blood Safety and Quality Regulations 2005.
<i>Reason for change</i>	Clarification regarding Carcinoma in Situ. A link to the entry for Cervical Carcinoma in Situ entry has been added.

A-Z index changes: Add Adenocarcinoma and CIS



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