Malignancy

These changes apply to the Whole Blood and Component Donor Selection Guidelines

Please make the following changes to the entry:

**Discretionary:**

a) If this was a non metastasized basal cell carcinoma (rodent ulcer) and local treatment is completed and all wounds are healed, accept. 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 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 squamous cell CIS of the skin (also known as intraepithelial squamous cell carcinoma or Bowen’s disease).

d) 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 (e.g. 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.

**Reason for change:**

A link to the entry for Cervical Dysplasia entry has been added. Addition of the terms squamous cell carcinoma in situ of the skin and intraepidermal squamous cell carcinoma.

\Continued
A-Z Index changes

Add the following entries as links to this entry:

- Squamous cell carcinoma in situ (CIS) of the skin
- Intraepithelial squamous cell carcinoma

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