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Implementation: To be determined by each Service

## Change Notification UK National Blood Services No. 22 - 2019

# Malignancy

These changes apply to the Cell and Live Tissue Donor Selection Guidelines

Please make changes to the following entry:

*Obligatory*

**Must not donate.**

*Discretionary*

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) 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.

~~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 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.

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See if Relevant

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

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*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. ~~However donors with a haematological clonal pre-malignant condition should 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 (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.

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*Reason for Change*

~~Clarification for in-situ carcinoma, premalignant conditions and donors at high risk of cancer added.~~ Advice has been added for basal cell carcinoma treated systemically

*Donor Information*

~~The supporting papers, JPAC 13-65 Carcinoma in situ and JPAC 13-66 Tamoxifen or Raloxifene for breast cancer, leading to this Change Notification can be found in the Document Library/Supporting Papers of the JPAC website.~~

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