

Solid organ transplantation (SOT) after Paediatric cancer

Fields marked with * are mandatory.



European Reference Network

for rare or low prevalence complex diseases

 **Network**

Transplantation in Children

(ERN TRANSPLANT-CHILD)



Funded by the European Union
by the project GA-101156607

TransplantChild clinical audit on Pediatric Solid Organ Transplantation (SOT) after childhood cancer

Pediatric transplantation after cancer represents a critical and intricate facet of healthcare, demanding specialised attention due to the unique challenges posed by both cancer treatment and transplantation procedures in young patients. The definition includes individuals who 1) have survived childhood cancer, 2) have required a SOT as a cancer treatment (i.e., children with diagnosis of hepatoblastoma), 3) have required a retransplantation due to graft cancer (e.g., PTLD), and who underwent to transplantation at younger than 18 years of age.

The **main objective** of this survey is to investigate practices regarding SOT after pediatric cancer among ERN-TransplantChild members. The purpose of this survey, as with the other clinical audits promoted by the TransplantChild Clinical Audit Working Group, is to identify the clinical reality of the transplant centres and programmes included in the ERN on this topic.

Please, share this survey with your colleagues who may be interested in answering it.

Thank you for your valuable input. If you have any concerns or questions about this survey, please contact us (coordination@transplantchild.eu).

* Please, insert a valid email:

Data protection policy

Please, download and read the data protection policy:

[TransplantChild_survey_data_protection_policy.pdf](#)

I accept your Terms

*Institution:

- AUSTRIA - Centre for Pediatric Lung Transplantation, Medical University of Vienna
- BELGIUM - Princess Elisabeth Children's Hospital, Gent
- BELGIUM - University Hospital Saint-Luc, Brussels
- CROATIA - University Hospital Centre Zagreb
- DENMARK - Odense University Hospital
- DENMARK - Rigshospitalet University Hospital, Copenhagen
- ESTONIA - Tartu University Hospital
- FINLAND - HUS Helsinki University Hospital
- FRANCE - Hôpital Bicêtre - Hôpitaux de Paris
- FRANCE - Hôpital Necker Enfants Malades - Hôpitaux de Paris
- GERMANY - Medizinische Hochschule Hannover
- GERMANY - University Medical Center Hamburg-Eppendorf (UKE), Hamburg
- HUNGARY - Semmelweis University, Budapest
- IRELAND - Children's Health Ireland (CHI)
- ITALY - AOU Città della Salute e della Scienza di Torino
- ITALY - Azienda Ospedaliera di Padova
- ITALY - ISMETT Istituto Mediterraneo per i Trapianti e Terapie ad Alta Specializzazione, Palermo
- ITALY - Ospedale Papa Giovanni XXIII, Bergamo
- ITALY - Ospedale Pediatrico Bambino Gesù, Rome
- LATVIA - Children's Clinical University Hospital, Riga
- LITHUANIA - Vilnius University Hospital Santaros Klinikos
- LUXEMBOURG - Centre Hospitalier du Luxembourg
- MALTA - Mater Dei Hospital, Malta
- NORWAY - Oslo University Hospital
- Other
- POLAND - Children's Memorial Health Institute, Warsaw
- PORTUGAL - Centro Hospitalar de Lisboa Norte
- PORTUGAL - Centro Hospitalar e Universitário de Coimbra
- PORTUGAL - Santo António Local Health Unit, Porto
- SPAIN - Hospital Infantil Universitario Niño Jesús, Madrid
- SPAIN - Hospital Sant Joan de Déu, Barcelona
- SPAIN - Hospital Universitario Gregorio Marañón, Madrid
- SPAIN - Hospital Universitario La Paz, Madrid
- SPAIN - Hospital Universitario Virgen del Rocío, Sevilla
- SPAIN - Hospital Universitari Vall d'Hebron, Barcelona
- SWEDEN - Karolinska University Hospital
- SWEDEN - Sahlgrenska Universitetssjukhuset, Göteborg
- SWEDEN - Skåne University Hospital, Lund
- THE NETHERLANDS - Erasmus UMC Rotterdam

- THE NETHERLANDS - UMC Amsterdam
- THE NETHERLANDS - UMC Utrecht
- UK - King's College Hospital NHS Foundation Trust, London

Please, specify other institution name:

*** Which transplantation program is your unit dedicated to?**

- Heart
- Kidney
- Intestinal
- Lung
- Liver

*** Your occupation?:**

- Pediatrician
- Paediatric transplant surgeon
- Transplant surgeon
- Other

If other, please specify:

*** 1) Does your current SOT protocol include guidelines for the inclusion of patients with previous cancer??**

- Yes
- No
- No
- Other

If other, please specify:

*** 2) Are you aware of a national registry of cancer after SOT (after each SOT)?**

- Yes
- No
- Other

If other, please specify:

*** 3) Are you aware of national guidelines of inclusions of pediatric patients for SOT in your country?**

- Yes
- No
- Other

If other, please specify:

*** 4) Do you consider pediatric patients (age < 18 years) with cancer diagnosis as a candidate for solid organ transplantation (SOT)?**

- Yes
- No

*** 5) Do you consider pediatric patients (age < 18 years) with high recurrence risk of the primary cancer as candidate for SOT?**

- Yes
- No

*** 6) Does your centre have a special guideline for SOT after childhood cancer?**

- Yes
- No
- Other

If other, please specify:

*** 7) Is the donor selection different at your center for pediatric recipients with or without pre-transplant cancer?**

- The donor selection is not affected by previous malignancy of the recipient
- Only living donors are accepted
- Only deceased donors are accepted
- Other

If other, please specify:

*** 8) How is the timing from cancer diagnosis and SOT decided?**

- There is no rule for timing or time limitation from cancer diagnosis to SOT
- The timing is dependent on the type of the malignancy based on the recurrence risk of the cancer
- The timing is decided case-by-case depending on patients need for SOT
- Other

If other, please specify:

* 9) Do you use modified immunosuppressive protocol in pediatric SOT patients with previous cancer?

- Yes
- No

* If you answered “**Yes**”, how do you modify the immunosuppressive treatment?

- Decided case-by-case
- Minimal immunosuppressive treatment
- Other

If other, please specify:

* 10) Has your centre transplanted children (age < 18 years) with diagnosed cancer before transplantation?

- Yes
- No

* If you answered “**No**”, What is the reason for not having transplanted cancer patients?

- No patient in need for transplantation
- Centre dependent reason
- Other reason

If other, please specify:

11) How many pediatric cancer patients (age < 18 years) have undergone SOT at your center after the year 2000, by type of indication?

	Childhood cancer survivors (n)	SOT as a cancer treatment (n) (e.g. children with diagnosis of hepatoblastoma)	Retransplantation due to graft cancer (n) (e.g., PTLT)	Total (n)
Kidney	<p>*</p> <p><i>Only values of at most 100 are allowed</i></p> <input type="text"/>	<p>*</p> <p><i>Only values of at most 100 are allowed</i></p> <input type="text"/>	<p>*</p> <p><i>Only values of at most 100 are allowed</i></p> <input type="text"/>	<p>*</p> <p><i>Only values of at most 100 are allowed</i></p> <input type="text"/>

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Liver	<p>*</p> <p><i>Only values of at most 100 are allowed</i></p> <input type="text"/>	<p>*</p> <p><i>Only values of at most 100 are allowed</i></p> <input type="text"/>	<p>*</p> <p><i>Only values of at most 100 are allowed</i></p> <input type="text"/>	<p>*</p> <p><i>Only values of at most 100 are allowed</i></p> <input type="text"/>

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Heart	* <i>Only values of at most 100 are allowed</i> <input type="text"/>	* <i>Only values of at most 100 are allowed</i> <input type="text"/>	* <i>Only values of at most 100 are allowed</i> <input type="text"/>	* <i>Only values of at most 100 are allowed</i> <input type="text"/>

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Intestinal	<p>*</p> <p><i>Only values of at most 100 are allowed</i></p> <input type="text"/>	<p>*</p> <p><i>Only values of at most 100 are allowed</i></p> <input type="text"/>	<p>*</p> <p><i>Only values of at most 100 are allowed</i></p> <input type="text"/>	<p>*</p> <p><i>Only values of at most 100 are allowed</i></p> <input type="text"/>

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Lung	<p>*</p> <p><i>Only values of at most 100 are allowed</i></p> <input type="text"/>	<p>*</p> <p><i>Only values of at most 100 are allowed</i></p> <input type="text"/>	<p>*</p> <p><i>Only values of at most 100 are allowed</i></p> <input type="text"/>	<p>*</p> <p><i>Only values of at most 100 are allowed</i></p> <input type="text"/>

*** 12.1) Has your centre performed pediatric kidney transplantation after**

- Solid tumor
- Hematopoietic stem cell transplantation
- Both

*** 12.2) Has your centre performed pediatric liver transplantation after**

- Solid tumor
- Hematopoietic stem cell transplantation
- Both

*** 12.3) Has your centre performed pediatric heart transplantation after**

- Solid tumor
- Hematopoietic stem cell transplantation (HSCT)
- Both

*** 12.4) Has your centre performed pediatric intestinal transplantation after**

- Solid tumor
- Hematopoietic stem cell transplantation (HSCT)
- Both

*** 12.5) Has your centre performed pediatric lung transplantation after**

- Solid tumor
- Hematopoietic stem cell transplantation (HSCT)
- Both

13) What has been the cause for organ failure and SOT? (please answer with number)

	Cancer itself (n)	Cancer treatment related organ failure (n)	Organ failure not related to cancer or cancer treatment (n)	Not known (n)	Other cause, (n)
Kidney	* <i>Only values of at most 100 are allowed</i> <input type="text"/>	* <i>Only values of at most 100 are allowed</i> <input type="text"/>	* <i>Only values of at most 100 are allowed</i> <input type="text"/>	* <i>Only values of at most 100 are allowed</i> <input type="text"/>	* <i>Only values of at most 100 are allowed</i> <input type="text"/>

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Heart	* <i>Only values of at most 100 are allowed</i> <input type="text"/>	* <i>Only values of at most 100 are allowed</i> <input type="text"/>	* <i>Only values of at most 100 are allowed</i> <input type="text"/>	* <i>Only values of at most 100 are allowed</i> <input type="text"/>	* <i>Only values of at most 100 are allowed</i> <input type="text"/>

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Intestinal	* <i>Only values of at most 100 are allowed</i> <input type="text"/>	* <i>Only values of at most 100 are allowed</i> <input type="text"/>	* <i>Only values of at most 100 are allowed</i> <input type="text"/>	* <i>Only values of at most 100 are allowed</i> <input type="text"/>	* <i>Only values of at most 100 are allowed</i> <input type="text"/>

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Lung	* <i>Only values of at most 100 are allowed</i> <input type="text"/>	* <i>Only values of at most 100 are allowed</i> <input type="text"/>	* <i>Only values of at most 100 are allowed</i> <input type="text"/>	* <i>Only values of at most 100 are allowed</i> <input type="text"/>	* <i>Only values of at most 100 are allowed</i> <input type="text"/>

If other cause, please specify:

3000 character(s) maximum

*** 14.1) Has the patient had recurrence of the primary cancer after kidney transplantation?**

- Yes
- No
- Data not available

If Yes, please specify the number

Only values between 1 and 100 are allowed

*** 14.2) Has the patient had recurrence of the primary cancer after liver transplantation?**

- Yes
- No
- Data not available

If Yes, please specify the number

Only values between 1 and 100 are allowed

*** 14.3) Has the patient had recurrence of the primary cancer after heart transplantation?**

- Yes
- No
- Data not available

If Yes, please specify the number

Only values between 1 and 100 are allowed

*** 14.4) Has the patient had recurrence of the primary cancer after intestinal transplantation?**

- Yes
- No
- Data not available

If Yes, please specify the number

Only values between 1 and 100 are allowed

*** 14.5) Has the patient had recurrence of the primary cancer after lung transplantation?**

- Yes
- No

Data not available

If Yes, please specify the number

Only values between 1 and 100 are allowed

*** 15.1) Are you aware of secondary malignancies after kidney transplantation in pediatric patients having had cancer before SOT?**

- Yes
 No
 Data not available

If Yes, please specify the number

Only values between 1 and 100 are allowed

*** 15.2) Are you aware of secondary malignancies after liver transplantation in pediatric patients having had cancer before SOT?**

- Yes
 No
 Data not available

If Yes, please specify the number

Only values between 1 and 100 are allowed

*** 15.3) Are you aware of secondary malignancies after heart transplantation in pediatric patients having had cancer before SOT?**

- Yes
 No
 Data not available

If Yes, please specify the number

Only values between 1 and 100 are allowed

*** 15.4) Are you aware of secondary malignancies after intestinal transplantation in pediatric patients having had cancer before SOT?**

- Yes
 No
 Data not available

If Yes, please specify the number

Only values between 1 and 100 are allowed

*** 15.5) Are you aware of secondary malignancies after lung transplantation in pediatric patients having had cancer before SOT?**

- Yes
- No
- Data not available

If Yes, please specify the number

Only values between 1 and 100 are allowed

Thank you for your time!



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