

4.6: Prostate adenocarcinoma 4.7: Renal cell carcinoma

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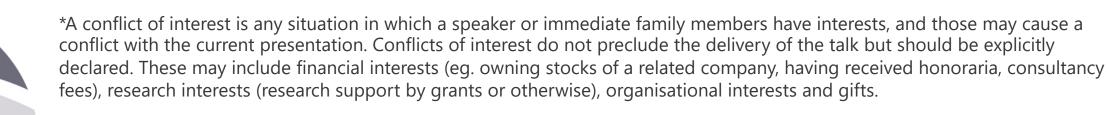






Disclosure

I declare that there are no conflicts of interest* in relation to this presentation





Increased incidence with age in male general population & in male organ donors

• - < 50 years: 0.5%

- 50-59 years: 23%

- 60-69 years: 35%

- >70 years: 45%





- 2 case reports of prostate cancer transmission with organ transplantation
 - 1 LT was diagnosed 2 months after LT

Sanchez-Montes C et al, Am J Gastroenterol 2019

- 1 case of a heart recipient

Loh E et al, Jama 1997



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- No role for active screening of potential donors (US, Rectal exam)



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• group 2 Gleason score 7 (3+4)

• group 3 Gleason score 7 (4+3)

• group 4 Gleason score 8 (4+4, 3+5, 5+3)

• group 5 Gleason score $\geq 9 (4+5, 5+4, 5+5)$



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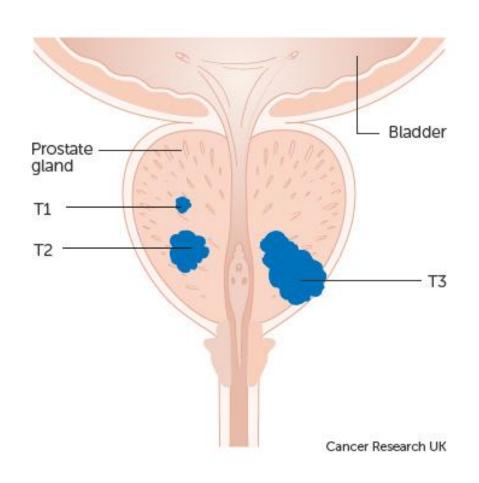


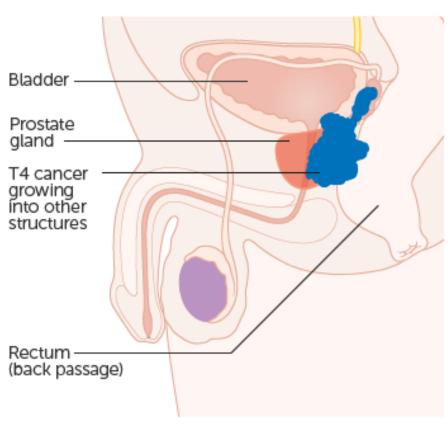
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No go for T3 and T4







Cancer Research UK



 During surgical procurement, any enlarged (pelvic) lymph node should be analysed by frozen section

No recommendation for post-mortem histologic analysis of prostate



4.7: Renal cell adenocarcinoma

- No published case of RCC transmission with LT
- Cases of RCC transmission with kidney, heart and/or lung Tx

- Detection:
 - donor US and/or CT
 - during surgery (procurement and/or back-table): frozen section

Donor with past history of RCC: whole body CT



4.7: Renal cell adenocarcinoma

- 2018 Council of Europe guidelines
- RCC < 1 cm (stage T1a AJCC 8th edn) and nucleolar grade I/II (Fuhrman grade I/II) can be considered minimal-risk for transmission;
- RCC **1-4 cm** (stage T1a AJCC 8th edn) and nucleolar grade I/II (Fuhrman grade I/II) are considered **low-risk**;
- RCC **4-7 cm** (stage T1b AJCC 8th edn) and nucleolar grade I/II (Fuhrman grade I/II) are considered **intermediate-risk**;
- RCC > 7 cm (stage T2 AJCC 8th edn) and nucleolar grade I/II (Fuhrman grade I/II) or Fuhrman grade III-IV (any T) are considered high-risk;
- T3/T4 or N+ or M+: CI to procurement & transplantation



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THANK YOU!

