



- Cancer**
- CNS
  - GI
  - Lymph
  - ENT
  - Pulmonary
  - Renal
  - Breast
  - Reproductive
  - Skin
  - Other
  - Unknown

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**Specify support withdrawn**

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**Specify**

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## Transplant

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**Was the patient transplanted ?**

- Yes
- No

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**Transplant date**