

Treatments for skin cancer

A range of treatments is available:

If someone has one skin cancer (squamous cell carcinoma or basal cell carcinoma) then the likely recommendation will be to...

- cut out the spot (excision biopsy), which makes the diagnosis and treats the problem at the same time
- provide advice on how to prevent further skin cancers.

If someone has more than one skin cancer, then the following will be considered...

- cutting out the spots
- gradually reducing the amount of immunosuppression. Careful monitoring is needed, because without immunosuppression the body will reject the kidney
- using special creams on areas of sun-damaged skin that are particularly prone to cancer to reduce the risk of cancer developing
- using drugs that can reduce the risk of skin cancer. These drugs often have side effects, so a balance between benefits and risks must be achieved
- reinforcing advice on how to prevent skin cancer
- regular follow up appointments in the dermatology/plastic surgery clinic.

Further information



The National Kidney Federation

www.nkf@kidney.org.uk

The NKF provides a helpful leaflet:

Skin care in Renal Transplant Patients.

Copies can be obtained from: The National Kidney Federation, The Point, Coach Road, Shireoaks, Worksop, Notts S81 8BW. Telephone: 0800 1690936

There are many useful sources of information on the Internet. The following examples are particularly helpful...

British Association of Dermatologists

www.bad.org.uk

See Patient Information pages. A very comprehensive site which includes guidance leaflets for both patients with an organ transplant and patients awaiting an organ transplant.

International Transplant Skin Cancer Collaborative

www.itsc.org

See Patient Info pages. The transplant medication side-effects page lists eight immunosuppressants and their skin-related side-effects.

Skin Care in Organ Transplant Patients

www.scopnetwork.org

SCOP is European partner to ITSCC. See Patient Info pages.

UK Skin Cancer Working Party

(British Association of Dermatologists)

www.bad.org.uk

See Patients pages. No focus on transplant patients, but otherwise a very comprehensive site.



Addenbrooke's Kidney Patients Association

Leaflet funded by the AKPA Jill Wood Award. Written by Dr John Firth, Consultant Physician and Nephrologist at Addenbrooke's Hospital, in collaboration with the Departments of Dermatology and Plastic Surgery.

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For further copies of this leaflet please email:

renaltransplantcoordinators@addenbrookes.nhs.uk

Copies can also be downloaded from www.akpa.org.uk

For information about AKPA please email info@akpa.org.uk

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Transplants: the risk to the skin

Why are transplant patients at high risk of skin cancer?

Sun and transplant drugs are a bad combination.



Sun

- Ultraviolet (UV) radiation from the sun is a cause of skin cancer
- The UV sunlight damages cells in the skin, most obviously when you get sunburnt. It also makes the cells more likely to become cancerous many years later
- In very sunny parts of the world, eg. Australia, skin cancer is much commoner than it is in the UK



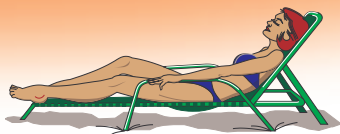
Transplant drugs

- The drugs you take to prevent your body from rejecting (reacting badly against) your kidney transplant do so by suppressing your immune system
- Your immune system is designed to fight infection, but it also detects and destroys cells that become cancerous
- This is the reason that the drugs that stop your body from rejecting your new kidney can increase your chances of getting some sorts of cancer, including skin cancer

This applies to everyone who has got a transplant now or who has had a transplant in the past. It also applies to those who are taking immunosuppressive drugs for other reasons, or who have done so in the past.

How do you reduce your chances of getting skin cancer?

- Do not get sunburnt
- Do not 'try to get a tan'
- Never use a sun bed



From May to the end of August (in the UK) try to stay out of the sun between 11.00am and 3.00pm, when the sun is strongest. If you do go out into strong sunlight, and even if the day is over-cast...

- use a sunscreen cream on all exposed skin daily, Sun Protection Factor (SPF) 30 or higher in summer and SPF 15 in winter
- wear a hat, preferably one with a brim
- wear long sleeves rather than short sleeves.

How to check your skin for skin cancer and what to do if you find something

Use your eyes...



- once a month look closely at your skin. Use a mirror to look at your back, or get someone else to help you
- you will notice a variety of spots: we all have them. Most are not serious at all
- if one spot looks different from the others or you have concerns that it is growing, speak to a doctor about it. Discuss it when you next attend the transplant clinic or contact your GP.

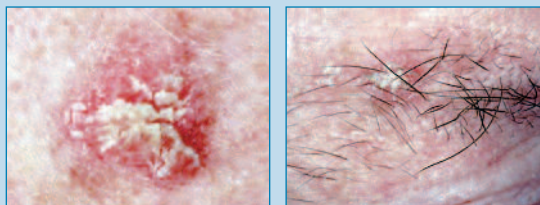
Why does skin cancer matter for transplant patients?

Skin cancers vary from things that are a mild nuisance to things that can be life-threatening, although thankfully this is rare.

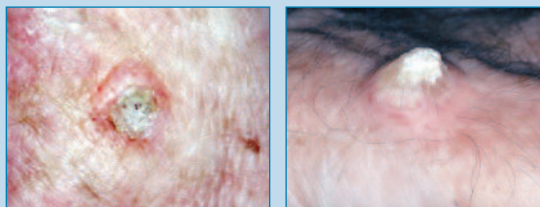
In transplant patients skin cancers tend to occur on areas that have been exposed to the sun, eg. head, neck, hands, forearms.

The commonest types are:

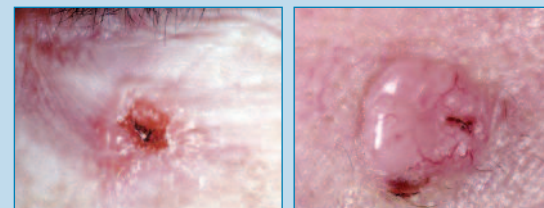
Rough scaly patches of skin called **actinic keratoses** are pre-malignant, meaning that they can turn into cancer. Fortunately the risk is very small at approximately 1/1000.



Squamous cell carcinomas are scaly or ulcerated bumps that get bigger and bigger if not treated, and can sometimes spread elsewhere in the body.



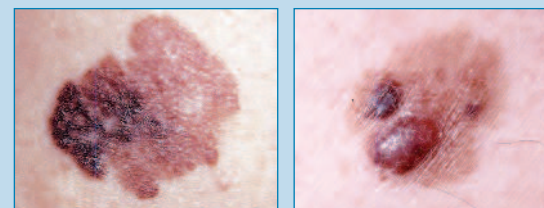
Basal cell carcinomas are red, pearly bumps that grow slowly. They very rarely spread anywhere else in the body.



Two other sorts of skin problem are worth noting:

Warts are common, caused by viruses, and not dangerous in the way that skin cancer is.

Melanomas are skin cancers that start in moles and are suspected if a mole changes in size, shape or colour. They are only slightly more common in patients with transplants than in patients with normal kidneys.



N.B. Skin cancers can be very varied in their appearance and these pictures show only a few examples.