



INFORMATION ABOUT SKIN CANCER FOR PATIENTS WITH AN ORGAN TRANSPLANT

What are the aims of this leaflet?

This leaflet has been written to help you understand the risk of developing skin cancer after receiving an organ transplant. It explains the importance of early detection and treatment of skin cancers. It describes the main types of precancerous and cancerous skin growths, how you can reduce the risk of getting skin cancer, and how skin cancer can be treated.

If you are going to have, or have had an organ transplant, it is important that you take good care of your skin. This is because people having transplants are more at risk of developing skin cancer than other people.

This leaflet gives you some advice on looking after your skin and provides information on:

- The importance of early detection of skin cancers
- The importance of early treatment of skin cancers
- The way to decrease the risk of skin cancers

Why am I more at risk from skin cancer?

If you have had a transplant you will be given immunosuppressive drugs to prevent you rejecting the transplanted organ. These work by dampening down your immune (defence) system. However, these treatments also increase the risk of skin cancer and some benign tumours and infections.

How likely am I to get skin cancer?

All transplant patients are at risk of developing skin cancer and the risk increases with time. For instance, twenty years after transplantation, more than half of all transplant patients will have had a skin cancer. Whilst all

transplant patients are at risk, some are more likely than others to develop skin cancer. Patients with any of the following are at a higher risk than others:

- Fair skin that burns easily
- Light coloured eyes: blue, grey or hazel
- Naturally blonde or red hair
- Numerous freckles
- Outdoor work or heavy sun exposure in the past
- History of skin cancer

The darker your skin colouring, the less likely you are to develop skin cancer.

How can I spot signs of skin cancer?

Treatment will be much easier if your skin cancer is detected early. Check all of your skin for changes once a month. You may need to use a mirror. A friend or family member can help you with this.

You should see your doctor if you have any marks on your skin which are:

- Growing
- Bleeding
- Changing in appearance in any way
- Never healing completely

Below, we describe what skin cancers and related lesions look like.

- ***Actinic keratoses (also known as solar keratoses)***: Skin cancers may be preceded by a pre-cancerous condition known as actinic keratoses. These are usually pink or red spots, with a rough surface, which appear on skin that is exposed to the sun. The head, face, backs of the hands and forearms are most often affected. Actinic keratoses may be easier to feel (as they are rough) than they are to see. Although most actinic keratoses will never become cancerous, treatment is advisable to minimise the possibility.
- ***Basal cell carcinoma (and rodent ulcer)***: Most basal cell carcinomas are painless. People often first become aware of them as a scab that bleeds occasionally and does not heal completely. Some basal cell carcinomas are very superficial and look like a scaly flat red mark: others show a white pearly rim surrounding a central crater. If left for years, the latter type can erode the skin, eventually causing an ulcer - hence the name *'rodent ulcer'*. Other basal cell carcinomas are quite lumpy, with

one or more shiny nodules crossed by small but easily seen blood vessels.

- **Squamous cell carcinoma:** A squamous cell carcinoma usually appears as a scaly or crusty area of skin, with a red, inflamed base. It may look like an irritated wart, or break down to form a bleeding ulcer. Most small squamous cell carcinomas are not painful, but pain in a growing lump is a suspicious sign for squamous cell carcinoma. They occur most often on the head, neck, ears, lips, back of the hands and forearms. This is the most frequent type of skin cancer in organ transplant patients.
- **Melanoma:** Melanomas are much rarer, but are the most serious type of skin cancer. They are usually an irregular brown or black spot, which may start in a pre-existing mole or appear on previously normal skin. Any change in a mole, or any new mole occurring for the first time after the age of thirty, should be shown to your doctor.

Remember, if you see **any change** in your skin - whether an ulcer or a spot - you must tell your doctor or nurse. Any skin problem that does not heal should be shown to a skin specialist (dermatologist).

How is skin cancer diagnosed?

If your doctor thinks that the mark on your skin needs further investigation, a small piece of the abnormal skin (a biopsy), or the whole area (an excision), will be removed and examined under the microscope. You will be given a local anaesthetic beforehand to numb the area.

How can I reduce the risk of getting skin cancer?

There are many ways in which you can help to reduce your chance of getting skin cancer, these are:

- Learn how to recognise their early signs
- Examine your skin regularly for these signs
- Get an annual check from your doctor or nurse
- Protect yourself from the sun
- Do not use sunlamps and sunbeds

Exposure to the sun is the main cause of skin cancer in organ transplant patients. This does not just mean sunbathing; you expose yourself to the sun each time you do any outdoor activities, including gardening, walking, sports, or even a long drive in the car. The sun is a problem all year round, not just in summer.

You can take some simple precautions to protect your skin:

- Cover up; wear a sun hat, long sleeves and trousers in sunny weather.
- Stay in the shade, particularly between 11 am and 3 pm.
- When outdoors, use a sunscreen of Sun Protection Factor (SPF) 30 or above, and star rating *** or ****, that protects against both Ultraviolet A and Ultraviolet B, and apply it every 2 to 3 hours.
- Remember that winter sun, such as on a skiing holiday, can contain just as much of the damaging ultra-violet light as summer sun.
- Do not use sunbeds or sunlamps.
- Consider purchasing UV protective swim and beach wear which can particularly assist in protecting the trunk when swimming on holiday.

Can skin cancer be cured?

Most skin cancers, if treated early, can be cured. That is why it is important to report any new or changing skin lesion to your doctor.

Basal cell carcinomas can be cured in almost every case and seldom, if ever, spread to other parts of the body. Treatment may be more complicated if they have been neglected for a very long time, or if they are in an awkward place - such as near the eye, nose or ear.

In a few cases, squamous cell carcinoma and melanoma may spread (metastasise) to lymph glands and other organs.

How can skin cancer be treated?

- **Surgery:** Most skin cancers are excised (cut out) under a local anaesthetic. After an injection to numb the skin the tumour is cut away along with some clear skin around it. Sometimes a small skin graft is needed.
- **Curettage and cautery:** This is another type of surgery, done under local anaesthetic, in which the skin cancer is scraped away (curettage) and then the skin surface is sealed (cautery).
- **Cryotherapy:** Freezing the skin cancer with a very cold substance (liquid nitrogen).
- **Creams:** These can be applied to the skin. The two used most commonly are 5-fluorouracil (Efudix) and imiquimod (Aldara).

- **Photodynamic therapy:** This involves applying a cream to the skin cancer under a dressing for 4 to 6 hours. A special light is then shone on to the area and this destroys the skin cancer.
- **The removal of lymph nodes:** This is usually undertaken only if the cancer has spread there, causing them to enlarge.
- **Radiotherapy:** X-rays are shone onto the area containing the skin cancer. It may also be used to relieve symptoms when a skin cancer has spread to other parts of the body.
- In some patients with more serious types of skin cancer, it may be advised that their immunosuppressant medication is reduced or stopped. In some circumstances, retinoid pills may be prescribed.

Remember

Most skin cancers can be avoided if you follow these basic rules:

- Check your skin for changes regularly
- Report any skin changes to your doctor or nurse promptly
- Always protect yourself from the sun
- Do not use sunlamps or sunbeds

Where can I get more information about skin cancer?

Several other leaflets produced by the British Association of Dermatologists on related topics are also available on this website: [Actinic keratoses](#), [Basal cell carcinoma](#), [Bowen's disease](#), [Keratoacanthoma](#), [Melanoma](#) and [Squamous cell carcinoma](#)

Web links to detailed leaflets:

Macmillan Cancer Support

89 Albert Embankment
London, SE1 7UQ
Tel: 0808 808 2020 / 0808 800 1234
Web: www.macmillan.org.uk

Cancer Research UK

Lincoln's Inn Fields
London, WC2A 3PX
Web: www.cancerresearchuk.org/sunsmart/

Wessex Cancer Trust

Bellis House
11 Westwood Road

Southampton, SO17 1DL
Tel: (023) 8067 2200
Fax: (023) 8067 2266
Web: www.wessexcancer.org
Email: wct@wessexcancer.org

This leaflet is based on recommendations adapted from those of the French Society of Dermatology, the British Association of Dermatologists and Cancer Research UK's Sunsmart Campaign.

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: its contents, however, may occasionally differ from the advice given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

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