NHS Highland – Response

1. What advice, guidance and treatment do you currently provide to organ transplant patients, before and after the transplant operation, in relation to cancer risks associated with the long term use of immunosuppressant medications?

Before a kidney transplant operation potential recipients are counselled initially by the consultant nephrologist and subsequently by the transplant surgeon about all of the risks and benefits of transplantation, which includes the risk of skin and other cancers with long-term immunosuppressant use. They also receive written advice which specifically mentions the increased risk of skin cancer and gives advice on what steps to take to reduce the level of risk.

After a successful transplant the advice is re-iterated when the patient returns to Highland for follow-up, and at future clinics. We are currently developing a more formal structure for transplant follow-up to include an annual review which will cover issues including skin surveillance and other cancer screening. We do not currently offer routine screening dermatology appointments but we have a low threshold for referring transplant patients and have a very prompt response for patients with any skin lesions, and who are seen within 2 weeks of referral. For those who do develop skin cancer, dermatology follow-up is then carried out on a regular basis.

For patients who are immunosuppressed for reasons other than transplant we currently give verbal advice but do not currently give written advice on the increased risk of skin or other cancers. In response to this petition though we will consider developing appropriate written information for those patients too.

2. Do you have any other views on what the petition seeks?

Current UK Renal Association Guidelines with respect to “non-melanoma skin cancer” state: “We suggest that self examination should be encouraged and should be supplemented by annual review by a trained healthcare professional.” This has an evidence level of 2C, meaning a “weak” recommendation, based on low grade evidence. European Best Practice Guidelines also recommend “self-awareness” with respect to the risk of skin cancer, again based on low grade evidence.

We would like to see further research into screening for skin cancer in transplant recipients. In the meantime with the evidence we have we are implementing a more rigorous process for transplant follow-up which would aim to follow the UK Renal Association Guidelines above.

I apologise for the delay in this response. This does not indicate lack of concern for this important topic.