Renal transplantation is a regional service with kidney transplants being performed in Glasgow and kidney/pancreas transplants in Edinburgh. We refer appropriate patients with end stage renal disease to the transplant assessment clinic where discussion regarding risk of malignancy takes place. Attached below is the GGC response which covers Forth Valley patients as well. The transplant itself takes place in Glasgow as well as the first 6-12 months of post-transplant follow up. After transfer back to Forth Valley patients can either continue to attend the skin surveillance clinic in Glasgow or be referred locally depending on their preference.

**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?**

As part of the assessment for kidney transplant in the West of Scotland all patients are told by the transplant co-ordinator and transplant surgeon of the increased risk of cancer associated with immunosuppression. Information booklets are also provided which include information about these risks. After transplantation patients are given written information when they are discharged from the ward and they are offered an appointment at the Transplant Skin Surveillance clinic in the Dermatology department in the Western Infirmary Glasgow where they are assessed and given further advice. The Skin Surveillance clinic was set up in 2005 in the knowledge that solid organ transplant recipients have an increased risk of skin cancers. The Glasgow and Renal Transplant Unit has recently published data from this clinic with 610 patients attending over a 38 month period.

**Do you have any other views on what the petition seeks? The petition seeks to help prevent patients dying from cancer after solid organ transplantation**

The optimal approach to achieving this is unknown and an area requiring more research in an attempt to define what is the optimal level of immunosuppression that prevents the body 'rejecting' the transplant whilst also avoiding excess risk of cancer. Further research is also required into what are the best methods of screening for cancer after transplantation.