



## **INFORMATION AND ADVICE ON SKIN CANCER FOR PATIENTS AWAITING AN ORGAN TRANSPLANT**

### **What are the aims of this leaflet?**

This leaflet has been written to help you reduce the risk of developing skin cancer in the future after receiving an organ transplant.

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

### **Why will I be more at risk of developing skin cancer?**

People who have had a transplant are given immunosuppressive drugs to prevent them rejecting their transplanted organ. These drugs also increase the risk of skin cancer.

### **How likely will I be to get skin cancer?**

All transplant patients are at high risk of developing skin cancer and the risk increases over the years. 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, e.g. blue, grey or hazel
- Blonde or red hair
- Lots of freckles
- Outdoor work or heavy sun exposure in the past
- History of skin cancer

On the other hand, if you are of African, Arab or Asian descent you are much less likely to develop skin cancer than white-skinned transplant patients.

### **How can I reduce the risk of getting skin cancer?**

Exposure to the sun is the main cause of skin cancer in organ transplant patients. This does not just mean sunbathing. You expose your skin to the sun each time you do any outdoor activities including gardening, walking, and outdoor sports.

You can take some simple precautions to protect your skin by undertaking the following 'top sun safety tips':

- Protect your skin with clothing, and wear a broad-brimmed hat that protects your face, neck and ears, and protect your eyes with UV protective sunglasses.
- Stay in the shade between 11am and 3pm when it is sunny. Step out of the sun before your skin has a chance to redden or burn.
- When choosing a sunscreen look for a high protection SPF (SPF 30 or more) to protect against UVB, and the UVA circle logo and/or 4 or 5 UVA stars to protect against UVA. Apply plenty of sunscreen 15 to 30 minutes before going out in the sun. Reapply every two hours and straight after swimming and towel drying.
- Sunscreens should not be used as an alternative to clothing and shade, rather they offer additional protection. No sunscreen will provide 100% protection.
- 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 beachwear, which can particularly assist in protecting the trunk when swimming on holiday.
- It may be worth taking Vitamin D supplement tablets (available from health food stores) as strictly avoiding sunlight can reduce Vitamin D levels. If you are having a kidney transplant, discuss this first with your kidney specialist.

### **Vitamin D advice**

The evidence relating to the health effects of serum Vitamin D levels, sunlight exposure and Vitamin D intake remains inconclusive. Avoiding all sunlight exposure if you suffer from light sensitivity, or to reduce the risk of melanoma and other skin cancers, may be associated with Vitamin D deficiency.

Individuals avoiding all sun exposure should consider having their serum Vitamin D measured. If levels are reduced or deficient they may wish to consider taking supplementary vitamin D3, 10-25 micrograms per day, and increasing their intake of foods high in Vitamin D such as oily fish, eggs, meat, fortified margarines and cereals. Vitamin D3 supplements are widely available from health food shops.

### **When should I see my doctor?**

The British Association of Dermatologists recommends that you tell your doctor about new marks on your skin or any changes to a mole or mark on the skin (see below). If your GP is concerned about your skin, make sure you see a Consultant Dermatologist – an expert in diagnosing skin cancer. Your doctor can refer you for a free appointment through the NHS.

You should report to your doctor or nurse if you develop any marks on your skin that are:

- Growing
- Bleeding or scabbing
- Changing in appearance in any way.
- Not healing completely
- Any new skin lumps or bumps

Dermatologists now work closely with organ transplant teams and you may be referred to see one after you have had your transplant.

### **Where can I get more information?**

*Web links to detailed leaflets:*

[www.sunsmart.org.uk/index.htm](http://www.sunsmart.org.uk/index.htm)

[www.sun-togs.co.uk](http://www.sun-togs.co.uk)

[www.bsscii.org.uk/long-term-immunosuppressing-medicines](http://www.bsscii.org.uk/long-term-immunosuppressing-medicines)

For details of source materials used please contact the Clinical Standards Unit ([clinicalstandards@bad.org.uk](mailto:clinicalstandards@bad.org.uk)).

**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: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.**

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

**BRITISH ASSOCIATION OF DERMATOLOGISTS  
PATIENT INFORMATION LEAFLET  
PRODUCED SEPTEMBER 2004  
UPDATED MAY 2010, APRIL 2013, FEBRUARY 2017  
REVIEW DATE FEBRUARY 2020**

