



## **EDINBURGH TRANSPLANT UNIT**

February 12, 2013

**Andrew Howlett**  
**Assistant Clerk to the Public Petitions Committee**  
**The Scottish Parliament**

Dear Mr Howlett,

### **Re Petition PE1448**

Please accept our apologies for this late reply but we have only recently been made aware of this petition.

Firstly can I say how sorry I am to hear the petitioner's story and the very sad demise of his partner from metastatic melanoma 12 years after a successful kidney transplant. It would not be appropriate for me to comment further on this specific case.

I write on behalf of the Edinburgh Transplant Unit, which comprises 3 National Transplant Programmes; The Scottish Liver Transplant Unit, The Scottish Pancreas Transplant Unit and the Scottish Islet cell Isolation laboratory and Transplant Programme and also contains the East of Scotland Regional Renal Transplant Unit. As transplant professionals conducting more than 200 transplants of all types per annum and caring for a much larger post-transplant population, we are obviously very well acquainted with the risks of long term immunosuppression particularly in relation to the development of cancers and also infection. We have established a number of protocols which attempt to minimize these risks through patient education and surveillance. These are summarized below.

### **Patient Education**

The risks of immunosuppression and the specific increased risk of developing cancers associated with this type of treatment are explained in detail to patients during their assessment process. This information is also relayed to their families. This verbal communication is reinforced through the provision of patient information literature, which explains these risks and the need for

precautionary behaviour such as avoiding sunburn, photosensitizers or long sun exposure in the case of skin cancer.

### **Cancer Surveillance**

Patients who undergo transplantation in the Edinburgh Transplant Unit are advised that they need to attend periodic screening procedures on a variable basis depending on the type of cancer involved. Such screening process include annual dermatology appointments, checking for skin lesions and regular cervical cytology, to detect cervical cancer. Patients are advised to self examine for breast and testicular lumps and to adopt healthy behaviours such as stopping smoking.

### **Transplant Follow Up**

All healthcare professionals involved in the Edinburgh Transplant Unit who are involved in the follow up of transplant patients on long term immunosuppressive drugs are extremely aware of the risks of development of cancer and ask specific questions at follow up appointments seeking evidence of these. Patients are encouraged to raise any concerns over the development of lumps or bumps or skin lesions or abnormal patterns of health such as rectal or vaginal bleeding at a very early stage with their family doctor or the transplant unit.

Through these measures we believe that we have been able to protect many of our patients from developing cancer. We have also been able to detect many cancers at an early stage when they are treatable. Sadly some immunosuppressed patients still present with cancer, which is very advanced at the time of presentation.

Our protocols for managing our transplant patients are reviewed on an annual basis and we will undertake to include the specific ambition of this petition, to increase awareness and education of the cancer risks of long-term immunosuppression at these protocol review meetings.

Yours sincerely,

Professor Stephen J Wigmore  
Professor of Transplantation Surgery & Clinical Director  
Edinburgh Transplant Unit.  
Royal Infirmary of Edinburgh