

PE1448/Q

**PUBLIC PETITIONS COMMITTEE CONSIDERATION OF PE1448
QUESTIONS ARISING FROM COMMITTEE MEETINGS**

Response from NHS Grampian

1 Renal transplant

We are sorry to hear of the death of the petitioner's partner from metastatic melanoma eight years after a kidney transplant. Currently no solid organ transplants take place in NHS Grampian. Patients requiring kidney and/or pancreas transplants have their operation in Edinburgh before returning to NHS Grampian for long term follow up. All members of the multidisciplinary team involved in the care of transplant recipients including doctors and nurses are fully informed of the long term risks of immunosuppression including cancers.

- 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?**

Patient education before transplantation

All patients assessed for transplantation receive both oral and written information on the risks and benefits of transplantation and immunosuppression before being listed for a transplant. This includes specific information on the risks of cancer, including skin cancers, and methods to reduce this risk. Potential transplant recipients and their families are invited to education evenings where this information is reinforced. All patients are advised on the importance of protecting their skin from sun damage: avoiding the sun; covering up; high factor sun block; avoiding sunburn and sun bed exposure.

Patient follow-up and cancer surveillance after transplantation

All transplant recipients are followed up in a specialist Transplant Clinic. This includes skin examination. Each patient is discussed at a multidisciplinary meeting to review their results and progress, and to consider if further assessment is indicated. All staff in these clinics are aware of the risk of cancer and consider this if appropriate. Patient education is reinforced at clinics and patients are advised on the importance of self examination and reporting any abnormal skin lesions. We have close links with colleagues in Dermatology and Plastic Surgery for urgent review and management of any suspicious lesions. Patients are also advised to perform regular breast or testicular self examination, and female patients are advised to attend for regular cervical cytology. Patients are encouraged to take part in the national breast and bowel cancer screening

programmes. Patients are advised and supported with choosing healthy lifestyles including smoking cessation

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

Unfortunately despite these measures it is inevitable that some patients will suffer complications from the immunosuppression required to prevent rejection of a transplant. We believe that clinical vigilance and patient education allows many of these problems to be detected at an early stage allowing effective management. We support the petition's aims of raising the awareness of the links between organ transplantation and cancer. We believe that further study and research is required in this area to help establish best clinical practice to inform the care of transplant recipients in the future.

2 Lung transplant

This information comes from the Freeman Hospital in Newcastle, where lung transplants are carried out

We inform patients that they have a 7% chance of PTLD and a 10-15% chance of skin cancer and give them advice about total sun protection.

We are about to commence an annual skin cancer review for all patients which will be the subject of a protocol

The risk of other solid malignancies are increased but we are not able to quantify risk. The chances of transferring active cancer via the lungs of smokers is discussed though the risk is way less than 1%

3 Liver transplant – carried out in Edinburgh

Unless there is a history of malignancy or a condition that predisposes to significant increase in malignant risk, we would not normally go into great detail about this prior to transplant as it covered when they go to Edinburgh. In Edinburgh they are given both written and verbal advice, particularly around sun exposure. After transplant, at regular review there is a discussion regarding any new skin lesions particularly on sun exposed areas. We would routinely refer to Dermatology should there be new skin lesions. We advise on avoiding sunbeds and sunbathing and promote the use of sun block along with covering up and the use of hats.

We encourage patients to make full use the national screening programs and perform self examination. There are a group of patients who have underlying inflammatory bowel disease or primary sclerosing cholangitis who have annual colonoscopy.