

**PE1448/S**

**Chief Medical Officer and Public Health Directorate**

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Mr David Stewart MSP  
Convener  
Public Petitions Committee  
T3.40  
The Scottish Parliament  
Edinburgh  
EH99 1SP



15 May 2013

Dear Mr Stewart

**CONSIDERATION OF PETITION PE1448: IMPROVING AWARENESS OF THE CANCER RISKS IN ORGAN TRANSPLANTATION**

Thank you for your clerk's letter of 30 April 2013 requesting a response from me regarding a point made by several NHS boards about the requirement for further research into screening for skin cancer in transplant recipients.

In some ways this area has already been fully researched. It is well known that immunosuppression, in general, raises the risk of certain types of cancer and this has been studied by individual transplant centres and international registries, such as the Israel Penn International Transplant Tumor Registry, which specialise in issues to do with malignancy following transplantation. In general terms, it is true that the higher the level of immunosuppression, the more likely the risk of malignancy, particularly skin malignancy.

On the other hand, some issues of this subject have not been well studied. For instance the boards mention different types of screening in transplant patients and their effectiveness at picking up suspicious lesions. A number of years ago most research was directed at the early results following transplantation. To some extent this is still the case however due to advances in transplantation and immunosuppression, many patients are living longer and therefore their long-term care is more of an issue.

It is probably correct to state that a trial of different methods of screening in the long-term immunosuppressed post transplant patient could be of value. The Scottish Government's Chief Scientific Officer provides grants for funding and would consider applications for the development or feasibility of research in this area.

I'd also like to take this opportunity to inform you that, further to my letter to you of 26 March 2013, I have had written confirmation from the 3 Scottish transplant units and the Newcastle

unit (who undertake transplants on Scottish patients) that they have implemented the recommendations set out in my letter to you.

I hope you find this information helpful in discussing this matter at the Public Petitions Committee.

Yours sincerely

John Forsythe  
Lead Clinician for Organ Donation and Transplantation