

Breast cancer

Breast cancer occurs at about the same rate in transplant patients as in the general population. However, because breast cancer is quite common, transplant patients should pay particular attention to their breasts, with self examination and attendance at breast screening clinics. In addition, research has shown that transplant patients commonly develop non-cancerous breast lumps, but even if these turn out to be false alarms, it is vital to get any abnormalities checked out by your doctors.

Prevention and early detection of cancer

Early detection of cancer is helped by self examination of the skin, and breasts in women.

As mentioned above, reducing sun exposure to the skin and having cervical smears, as advised by your local transplant centre, are important parts of the prevention of cancer. Other general measures should be taken. You should stop smoking and lead a good lifestyle, with healthy eating.

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Last reviewed March 1st 2019

TRANSPLANTATION SERIES

Cancer after a Transplant

Key Points

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- Breast cancer
- Prevention and early detection of cancer

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Cancer after Kidney Transplant

Key Points

- Cancer can occur because of the drugs given to prevent transplant rejection (burden of immunosuppression, rather than a particular drug).
- Skin cancer, lymphoma and cancer of the neck if the womb are particularly increased after transplantation
- Cancer can be prevented by stopping smoking and by avoiding sun exposure

Why is cancer a problem after transplantation?

A third (one in three) of all people in the UK develop cancer, even if they are otherwise completely well. So it is not surprising that cancer is a problem in transplant patients. However, cancer is commoner in transplant patients than in the general population. A research study has shown that 25% of patients who live for 20 years after a transplant develop some type of cancer. This is because the body's immune system (natural defence) not only fights off invaders into the body such as germs, but tries to prevent cancer. Suppression of the immune system after a kidney transplant therefore allows cancer to develop (burden of immunosuppression, rather than a particular drug).

Having said that, most types of cancer are only slightly commoner than in the general population, so do not represent a major risk. However, there are three types of cancer that are caused by viruses, and are a particular problem after kidney transplantation. These are skin cancers, lymphoma and cervical (neck of the womb) cancer in women.

Skin cancer

Transplant patients are three times more likely than other people to get skin cancers after a transplant. This makes it very important for people who have had a transplant to use a strong 'sun block' cream to avoid sunburn. Exposure to the sun greatly increases the risk of developing skin cancer. In Australia, where skin cancer is particularly common, the increased risk to transplant patients rises to 40 times the average. Provided that skin

cancers are diagnosed in good time, they are not usually a major problem. This type of cancer does not usually spread to other parts of the body, and can be easily removed.

There is a possibility that an anti-rejection drug called sirolimus has an additional effect against cancer, and that a switch to sirolimus should be made if someone with a transplant gets a skin cancer. Most doctors will at least reduce the doses of anti-rejection drugs overall if someone has a skin cancer.

Lymphoma

A small number (2-5%) of transplant patients develop a more serious cancer called lymphoma, sometimes also called 'post transplant lymphoproliferative disease' (PTLD). This cancer is the growth of white blood cells in the body's immune system (mainly in the spleen and lymph nodes). Lymphoma is a very serious complication of transplantation. There are several lines of treatment, and the needs of each affected individual will need to be carefully assessed by kidney specialists and lymphoma specialists. Some lymphomas will go away if the anti-rejection drugs are stopped, there is a risk that rejection of the transplant will occur but this is not always the case. Some lymphomas will respond to drugs (chemotherapy) or X-ray treatment (radiotherapy), and anti-rejection drugs can be continued, perhaps in a reduced dosage.

Cervical (neck of the womb) cancer

Women are at increased risk of cervical cancer after a transplant. Most centres suggest regular cervical smear tests in younger women who are menstruating. A cervical smear is a small sample rubbed off the surface of the cervix, requiring a quick internal examination of the vagina. Older women, who are post menopausal, may not need regular cervical smears but should report any vaginal bleeding to their doctors. Cervical cancer can be detected in the very early stages by cervical smears and should be almost entirely preventable.