



SKIN CANCER PREVENTION AFTER ORGAN TRANSPLANT

A patient guide from Central Island Skin

Why this matters: Anti-rejection (immunosuppressive) medicines reduce your immune response and increase the risk of skin cancer. The risk rises with time after transplant. In the BAD leaflet, about **1 in 3** transplant recipients had developed skin cancer after more than 10 years, and about **1 in 2** by 20 years. After a transplant-related skin cancer, multiple skin cancers are common.

CHECK YOUR SKIN MONTHLY

- Look for spots that are **new, growing, painful/tingling, bleeding or scabbing, changing, or not healing**.
- Ask someone to help check hard-to-see areas such as your back. Photos can help you notice change.
- **Actinic keratoses:** rough, scaly pink/red or sometimes brown areas on sun-exposed skin can be precancerous and are more common after transplant.
- **Basal cell carcinoma (BCC):** a non-healing or repeatedly bleeding scab, or a shiny/pearly bump or scaly patch. BCCs are up to **10×** more common after transplant.
- **Squamous cell carcinoma (SCC):** a rapidly growing scaly/crusted lump, often tender or painful, sometimes resembling an irritated wart or bleeding ulcer. SCC is about **150×** more common after transplant.
- **Melanoma:** a new or changing mole or an irregular brown, black, pink, red or skin-coloured lesion.

PROTECT YOUR SKIN EVERY DAY

- Use **SPF 50** sunscreen with both **UVA and UVB** protection on exposed skin every day.
- Apply generously **15–30 minutes before** going outdoors; reapply about **every 2 hours** while outdoors and after swimming or towel-drying.
- Cover up: tightly woven long sleeves/trousers, UV-protective sunglasses and a **broad-brimmed hat** that shades your face, ears and neck.
- Seek shade and, when possible, plan outdoor activities outside **11 a.m.–3 p.m.**, when UV is strongest.
- Avoid sunburn and tanning. **Never use sunbeds or sunlamps.**
- Sun protection matters **year-round**, including on cloudy days and during winter activities.

WHEN SHOULD I GET A SPOT CHECKED?

Contact your doctor, transplant team or skin specialist promptly for a **new, growing, painful, bleeding, scabbing, changing, or non-healing** lesion. A growing lump that becomes tender or painful is particularly concerning. Early diagnosis and treatment improve the chance of cure.

IF A LESION NEEDS INVESTIGATION OR TREATMENT

Diagnosis

A biopsy or excision may be performed and examined by a pathologist.

Treatment

Depending on the lesion, options may include surgery, curettage and cautery, cryotherapy, topical treatment, photodynamic therapy or radiotherapy.

Your transplant medicines

If you develop multiple or more serious skin cancers, your skin specialist may discuss possible changes to immunosuppression with your transplant physician. **Do not change these medicines yourself.**

REMEMBER: Check your skin regularly • Protect it from UV every day • Avoid burning and tanning • Never use sunbeds/sunlamps • Report suspicious changes promptly

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This handout is a concise patient summary based on the British Association of Dermatologists leaflet *Skin cancer advice for organ transplant recipients*, June 2024. It does not replace advice from your transplant team or skin specialist.