

Department of Dermatology

Looking after your skin when you are taking immunosuppressants

Information for patients



If you have had an organ transplant or are taking medications for a condition which means that your immune system is low (immunosuppressed), it is important that you take good care of your skin. This is because people who are immunosuppressed are at greater risk of developing skin cancer.

This booklet gives you some advice on looking after your skin and provides information on:

- **the importance of early detection of skin cancers**
- **the importance of early treatment of skin cancers**
- **the way to reduce the risk of skin cancers.**

Why am I more at risk from skin cancer?

If you have had a transplant or have other chronic medical conditions you will be given immunosuppressive drugs. These can prevent your body from rejecting a transplanted organ or are used to treat your medical condition. These drugs work by reducing your immune (defence) system. However, these treatments also increase your risk of skin cancer and some benign (non-cancerous) lesions and infections.

How likely am I to get skin cancer?

Everyone who takes immunosuppressive drugs is at risk of developing skin cancer and this risk increases with time. For instance, twenty years after organ transplantation, more than half of all transplant patients will have had a skin cancer. Whilst all people taking immunosuppressants are at risk, some are more likely than others to develop skin cancer. People with any of the following features are at a higher risk than others:

- fair skin that burns easily
- light coloured eyes: blue, grey or hazel
- blonde or red hair
- numerous freckles
- outdoor worker or heavy sun exposure in the past
- history of skin cancer.

The risk is also higher if you are taking more than one immunosuppressant drug.

If you are of African, Arab, Asian or Oriental descent you are less likely to develop skin cancers (particularly those which are related to sunlight exposure).

How can I spot signs of skin cancer?

Skin cancer is much easier to treat if it is detected early. Check your skin all over your body for changes once a month. You may need to use a mirror to check hard to see areas, such as your back or the backs of your legs. A friend or family member could help you with this.

You should see your doctor if you have any marks on your skin which are:

- growing
- bleeding
- changing in appearance in any way
- never healing completely.

What do skin cancers look like?

Below we describe what skin cancers and related lesions look like:

Actinic keratoses

(solar keratoses)

An early warning sign which develops before skin cancer is a pre-cancerous condition known as actinic (solar) keratoses. These are usually pink or red spots with a rough surface. They appear on skin that is exposed to the sun, such as the head, face, back of the hands and forearms. They may be



easier to feel than to see as they feel rough to touch. Early treatment of actinic keratoses may prevent them changing into skin cancer.

In immunosuppressed people, it is common to have large numbers of actinic keratoses which join together to form big areas of red scaly skin. This skin is effectively sun-damaged and is sometimes referred to as 'actinic field change'. The risk of developing skin cancers is higher when this happens. If you see a new lump arising within a large scaly red patch, particularly if it is painful, you must speak to your GP or hospital doctor urgently.

Bowen's disease

Bowen's disease is a pre-cancerous skin growth which only affects the outer layer of the skin. It usually appears as a slow-growing, scaly, red patch. Occasionally this can turn into true skin cancer. Large numbers of these patches are more common in immunosuppressed people and again, can merge to form part of an area of actinic field change. It is important to monitor these areas closely. Your Dermatologist will give you advice on how to do this.

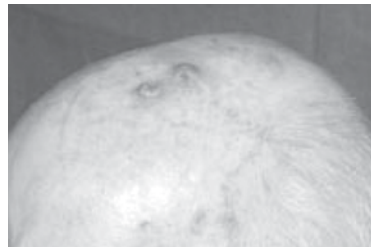
Basal cell carcinoma (rodent ulcer)

Most basal cell carcinomas are painless. People often first become aware of them as a scab that occasionally bleeds and does not completely heal. Some basal cell carcinomas appear to only be on the top layer of skin and look like a scaly red flat mark. Other types show a shiny pearly rim surrounding a central crater. If this type of basal cell carcinoma is left for many years, it can “gnaw away” at the skin, eventually causing an ulcer – hence the name “rodent ulcer”. Other basal cell carcinomas are quite lumpy, with one or more shiny nodules (lumps) crossed by small but easily-seen blood vessels.



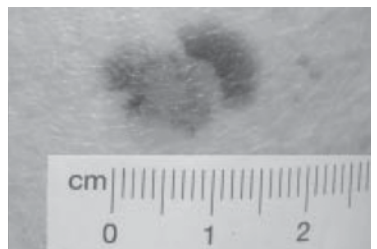
Squamous cell carcinoma

This is the most common skin cancer in people who have had organ transplants and people who are immunosuppressed. It occurs most often on sun-exposed sites, such as the head, neck, ears, lips, back of the hands and forearms. A squamous cell carcinoma usually appears as a scaly or crusty area of skin with a red, inflamed base. It may look like an irritated wart. It can occur in areas of skin which are sun-damaged and where there is actinic field change.



Melanoma

Melanoma is much rarer but is the most serious skin cancer. It is usually an irregular brown or black spot. It may start in a pre-existing mole or appear in previously normal skin.



Remember, if you see any change in your skin, such as a new patch of redness, an ulcer or a growing spot, you must tell your doctor or nurse. Any skin problem that does not heal should be shown to a Dermatologist (skin specialist).

How is skin cancer diagnosed?

If your doctor thinks that the mark on your skin needs further investigation, a small piece of the abnormal skin (a biopsy), or the whole area (an excision biopsy), will be cut out and examined under the microscope. You will be given a local anaesthetic beforehand to numb the skin. Pre-cancerous skin lesions, which are much more common in immunosuppressed people, are usually easily diagnosed without the need for a biopsy.

How can I reduce the risk of getting skin cancer?

Many skin cancers could be avoided by changing your lifestyle. Exposure to the sun is the main cause of skin cancer in immunosuppressed patients. This does not just mean sunbathing. You expose yourself to the sun each time you do any outdoor activities, including gardening, walking, sports, or a long drive in the car (even with the windows closed). The sun is a problem all year round, not just in summer.

However, you can take some simple precautions to help prevent a skin cancer from developing:

- Cover up; wear a sun hat, long sleeves and trousers in sunny weather.
- Stay in the shade, particularly between 11am and 3pm.
- When outdoors, use a sunscreen of Sun Protection Factor (SPF) 30 or above, and a 3 or 4 star rating that protects against both Ultraviolet A and Ultraviolet B (UVA/UVB). Re-apply the sunscreen every 2 to 3 hours and after swimming.
- Make sure you use sunscreen on the backs of your hands, ears and on your feet if you are wearing open sandals.
- Remember that winter sun, such as on a skiing holiday, can contain just as much of the damaging ultra-violet light as summer sun.
- Do not use sun beds or sunlamps as these are concentrated forms of ultraviolet light A which can increase your risk of developing all types of skin cancer.

- Consider purchasing UV protective swim and beach wear. This looks like normal swimwear, but is made from a special material which blocks the UVA and UVB rays. This can particularly help to protect your trunk (tummy, back and sides) when swimming on holiday.

There are several ways in which you can help to **reduce your chance of getting skin cancer**. These are:

- Receive advice and have a skin check from a Dermatologist (your GP, transplant doctor or hospital doctor looking after your medical condition can refer you).
- Protect yourself from the sun.
- Limit your time in the sun, in particular avoiding the sun between 11am and 3pm.
- Do not use sun beds.
- Learn how to recognise the early signs of skin cancer.
- Examine your skin regularly for signs of cancer.

Can skin cancer be cured?

Most skin cancers, if treated early, can be cured. That is why it is important to report any new marks or changes to your skin to your doctor.

Basal cell carcinomas can be cured in almost every case and seldom, if ever, spread to other parts of the body. Treatment may be more complicated if they have been neglected for a very long time, or if they are in an awkward place – such as near the eye, nose or ear.

In a few cases squamous cell carcinoma and melanoma may spread (metastasise) to lymph glands and other organs in the body, but if caught early can be cured.

How can skin cancer be treated?

Skin cancer can be treated in several different ways:

- Surgery – most skin cancers are excised (cut out) under a local anaesthetic. After an injection to numb the skin, the tumour is cut away along with some clear skin around it. Sometimes a small skin graft is needed to close or cover the wound afterwards.
- Curettage and cautery – this is another type of surgery carried out under local anaesthetic, where the skin cancer is scraped away (curettage) and then the skin surface is sealed with heat (cautery).
- Cryotherapy – freezing the skin cancer with a very cold substance (liquid nitrogen).
- Creams – these can be applied to the skin. The two most commonly used are imiquimod (Aldara) and 5-fluorouracil (Efudix).
- Photodynamic therapy – applying a cream to the skin cancer under a dressing for 4-6 hours, which destroys the skin cancer when a special light is then shone onto it.
- The removal of lymph nodes – this is unusual but may be needed if there are concerns that the skin cancer has spread.
- Radiotherapy – X-rays are shone onto the area containing the skin cancer. This may also be used to relieve symptoms when a skin cancer has spread to other parts of the body.
- Chemotherapy (treatment with drugs) – this is only used when a skin cancer has spread to other parts of the body.
- In some people with more serious types of skin cancer, it may be advised that their immunosuppressant medication is reduced or stopped.
- In some circumstances, if you are developing many skin cancers then you may be prescribed retinoid tablets. These are a vitamin A-related medication, which helps to reduce the number of skin cancers that are forming. These tablets can only be prescribed by a hospital doctor.

Vitamin D and the skin

Vitamin D is important for maintaining healthy bones and muscles, and current research suggests it may also play a role in preventing several diseases, such as cancer and autoimmune diseases. Although humans can get vitamin D from several food sources, most of this vitamin is produced in our own skin, after exposure to UV light. The skin is able to make vitamin D long before it starts to burn.

Unfortunately it is almost impossible to determine a safe level of sun exposure for each person that will give them adequate levels of vitamin D, without increasing their risk of developing skin cancer.

Exposing your face and forearms to sunlight during your everyday activities, without causing sunburn, should be enough. Vitamin supplements and specific foods rich in vitamin D (such as oily fish) may also help you to receive the right levels needed. If you are concerned, please speak with your GP or your hospital doctor. They will be able to arrange a blood test to check your vitamin D level and will discuss taking vitamin D supplements, if they are required.

Remember

Most serious cancers can be avoided if you follow these basic rules:

- Check your skin for changes regularly.
- Report any skin changes to your doctor or nurse promptly.
- Always protect yourself from the sun.
- Do not use sun beds.

How to contact us

If you are concerned about a change to your skin and wish to be seen earlier than planned in the Dermatology Transplant and Immunosuppressed Clinic, please contact the Dermatology Secretaries in the Dermatology Department:

Tel: **01865 228 202** or by email: margaretta.alexis@ouh.nhs.uk

Tel: **01865 228 216** or by email: sarah.hooker@ouh.nhs.uk

Tel: **01865 228 205** or by email: carole.matthews@ouh.nhs.uk
(9.00am to 5.00pm, Monday to Friday)

Alternatively, you can contact your GP who can contact the Dermatology Department directly.

Where can I find out more about skin cancer?

Macmillan Cancer Support

Provides support to people affected by cancer.

Tel: 0808 808 0000

Website: www.macmillan.org.uk

Cancer Research UK

A charity dedicated to saving lives by discovering new ways to prevent, diagnose and treat cancer.

Tel: 0808 800 4040

Website: www.cancerresearchuk.org

Maggie's Cancer Information Centre

This centre is based at the Churchill Hospital and provides information, guidance and support to anyone affected by cancer.

Tel: 01865 751 882

Website: www.maggiescentre.org.uk

This leaflet is based on recommendations adapted from those of the British Association of Dermatologists, British Society for Skin Care in Immunocompromised Individuals, the French Society of Dermatology, and Cancer Research UK's Sunsmart Campaign.

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALSJR@ouh.nhs.uk**

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