Cancer Risks after Transplant

Why are transplant patients at higher risk to get cancer?
Transplant patients take medicines life long to prevent rejection of their new organ. These medicines work by suppressing the body’s normal immune system response of attacking foreign objects and abnormal cells, like cancer. Being immune suppressed can also make your body vulnerable to viral infection. Some viruses are known to stimulate certain types of cancer. Also, many patients have a family history of cancer, a previous history of cancer before transplant, or ongoing disease that may put them at a higher risk for certain cancers.

Transplant patients have a five-fold or greater risk for the following types of cancer when compared to people who have not had a transplant: skin cancer, lymphoma, Kaposi Sarcoma, liver cancer, and cancer of the anus, vulva and lip. Other common cancers that have increased risk after transplant include lung, kidney, colon, pancreas, Hodgkin lymphoma, and melanoma.

What types of cancer are most common after transplant?
Skin cancer is the most common of all cancers seen after transplant. Transplant patients have a twenty to sixty times higher risk of skin cancer than the general population. Risk factors include life long sun exposure, fair skin, history of burns, and heredity, as well as level of immune suppression. To prevent skin cancer:

- Reduce your exposure to sun as much as you can.
- Apply sunscreen with SPF 30 or higher daily, and re-apply as needed.
- Wear protective clothing, wide brim hats, and sunglasses.
- Avoid mid-day sun when the sun’s rays are most intense.
- Have a baseline full body exam by a doctor and see a dermatologist yearly.

Lymphoma or Post Transplant Lymphoproliferative Disease (PTLD) has the highest incidence within the first year of transplant when immunosuppression medicines are at their highest, although it can occur anytime after transplant. PTLD is often but not always related to reactivation of Epstein Barr Virus. Signs and symptoms of lymphoma can include unexplained fevers, night sweats, unintended weight loss, and enlarged lymph nodes in the absence of other infection. Treatment varies greatly based on extent of disease, time frame after transplant, age of recipient, and amount of immunosuppression. The transplant team works closely with hematology, oncology, and infectious disease team to provide ongoing care when lymphoma occurs after transplant.

What you can do to prevent cancer
It is important to know that there are many things you can do to prevent cancer.
- Reduce your exposure to sun as much as you can. Wear sunscreen with SPF 30 or higher routinely.
- If you smoke, quit now.
- Avoid second hand smoke.
- Eat a diet rich in fruits and vegetable and low in saturated fats.
- Exercise regularly.
- Attend yearly physical exams with local health care team.
- Let your doctors know of any new symptoms or complaints.

Early detection and treatment save lives. The guidelines below are our recommendations for routine screening and prevention.

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Recommendations</th>
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<tbody>
<tr>
<td>Skin</td>
<td>Monthly self exam. Annual skin exam by a doctor. If suspicious lesions are noted see a dermatologist right away.</td>
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<tr>
<td>Cervical</td>
<td>Cervical cancer screening for all women age 21 or older with Pap test every 3 years (some women may need more frequently) until the age of 65 (women with history of cervical cancer or pre-cancer may need screening beyond age 65)</td>
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<td>Prostate</td>
<td>Starting at age 50 men should talk to their doctor about screening. Consider sooner if there is a family history or you are African American</td>
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<td>Hepatocellular carcinoma (HCC)</td>
<td>For patients with chronic hepatitis B or C and cirrhosis: blood test for AFP and liver ultrasound or imaging every 6-12 months. Liver transplant patients with HCC at time of transplant need routine screening post transplant.</td>
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<tr>
<td>Breast</td>
<td>Monthly self exam and annual mammogram for all women starting at age 40. If there is a family history this may be sooner and/or screening may include MRI in addition to mammography.</td>
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<tr>
<td>Colorectal</td>
<td>Starting at age 50: colonoscopy every 5-10 years or more often if ordered by gastroenterologist. Talk to your doctor about newer alternative tests to the standard colonoscopy. Also recommended to do yearly fecal occult blood testing.</td>
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<tr>
<td>Lung</td>
<td>Routine screening is not recommended. Quit smoking and limit second hand smoke exposure.</td>
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<tr>
<td>Renal Cell</td>
<td>Talk with your transplant doctor about recommended screening.</td>
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For More Information

www.transplantliving.org
www.cancer.org
www.skincancer.org
www.lymphoma.org
www.healthytransplant.com

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person’s health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 2/2016. University of Wisconsin Hospital and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#6780.