Too Much Sun = Skin Cancer for Some

The immunosuppressive medications necessary for the survival of your transplanted organ also increase your risk of skin cancer.

While there may be a lag time of five to seven years after transplant surgery before skin cancers begin to develop, this period will vary for each organ recipient depending on individual risk factors. For example, if you are older when you receive your transplant, skin cancers may develop earlier. In addition, the longer you take immunosuppressive medication and the higher the dose, the greater your risk of skin cancer.

All transplant patients, regardless of skin color, are more susceptible to skin cancer than people without transplants. However, you may have an increased risk if you have fair, freckled, or easily burned skin; blue, green, or hazel eyes; red or blonde hair; an outdoor occupation or a history of extensive sun exposure; or a personal or family history of skin cancer.

Before and after receiving an organ transplant, discuss with your medical team the dangers of skin cancer and how to prevent it.

Following these skin care steps is a good start toward helping to prevent skin cancer:

#1 – Practice safe and smart sun protection. Apply a broad-spectrum sunscreen with a high sun protection factor (SPF) of at least 30 that protects against UVA and UVB light rays that are damaging to the skin. Make sunscreen part of your morning routine and apply to all exposed skin, especially the face, neck, back of hands and forearms. Re-apply sunscreen every two hours when outdoors, especially if you are swimming or sweating.

Wear protective, tightly woven clothing, including long-sleeved shirts and pants, sun-glasses and a broad-brimmed hat. Avoid sun exposure between 10 a.m. and 4 p.m., when the sun’s rays are the strongest. Avoid commercial tanning booths. Consider taking 600 units of vitamin D per day.

#2 – Perform self-skin examinations. Examine your skin monthly. Look for any new or changing growths, including pink patches or spots, scaly growths, bleeding spots, or changing moles.

#3 – Have a physician check your skin. Your transplant physician should examine your skin during your annual evaluation. If you are developing precancers or are a high-risk patient, you may be referred to a dermatologist for a regular full skin examination. A dermatologist may notice suspicious growths and spots before they become apparent to you. High-risk patients may need to be followed by a dermatologist as often as every one to two months for optimal care.

#4 – Seek early treatment. If you notice a new, changing or suspicious growth during your self-skin examination, contact a dermatologist or a member of your transplant team to receive prompt evaluation.

#5 – Use preventative medications. For patients who are at high risk of developing skin cancer, various preventative strategies, including creams, skin treatments and oral medications, can be employed to reverse precancers or lessen the risk of cancer development. Your dermatologist can discuss these with you.
It’s important to recognize those who are celebrating transplant milestones, so we want to acknowledge recipients with anniversaries. During this quarter, there are four recipients celebrating their first anniversary! We also have two recipients celebrating their 5-year anniversaries, two celebrating 17-year anniversaries, and one recipient each celebrating 10, 15, 18, 19, and 21-year anniversaries.

Due to privacy restrictions, names cannot be listed without written consent. However, please contact Rachel at 423-778-6675 if you would like for your name to be listed in the future.

Meet Your Erlanger Transplant Team

Erlanger’s kidney transplant team is here for you at any time to answer any questions. Let us introduce ourselves!

- **Dan Kelley, BSN**, is our Nurse Manager of the Kidney Transplant Program & Renal Nursing Unit. Dan manages all transplant departments, including the clinic and nursing unit.
- **Veda Hope RN, CNN, CCTC**, is our Pre-Transplant Coordinator. She evaluates and conducts orientation on all patients.
- **Rachel (Reed) Randolph, RN, BSN, CCM, CCTC**, is the Transplant Coordinator of the Living Kidney Donor Program and the Kidney Transplant Clinic. She evaluates potential living kidney donors and closely monitors transplant recipients.
- **Chrissi Devin, RN**, is our Wait List Transplant Clinical Coordinator and Inpatient Coordinator. She monitors the health status of patients on the wait list and during hospitalization.
- **Linda Weathers** is our Transplant Office Secretary who schedules appointments, lab work, and orientation sessions.
- **Mary Andrews, LCSW, CCM**, is our Transplant Social Worker, helping families through transplantation.
- **Susan O’Shields, RN**, is our Living Donor Advocate and Renal Coordinator/Educator, responsible for patient and staff education.
- **Gail Maynor, RN, BSN, MSHA**, assists with Living Donor Advocate Support.
- **Holly Lee, PharmD**, Clinical Pharmacist for Nephrology, manages the pharmaceutical process for transplant recipients and living donors.

In the next issue of *Transplant Life*, meet our physicians!