

Skin Surveillance in Transplant Patients - Full Clinical Guideline

Reference no.: CG-DERM/2023/009

1. Introduction

This guideline covers patients who have had a renal (or other solid organ transplant) and therefore require skin surveillance. These individuals are at increased risk of keratinocyte skin cancer (KSC) and should be followed up in dermatology outpatient clinics accordingly.

2. Aim and Purpose

To outline the skin surveillance protocol in solid organ transplant patients.

3. Definitions, Keywords

Keratinocyte skin cancer- skin cancers including basal cell carcinoma and squamous cell carcinoma

Skin surveillance- reviewing the skin at intervals, primarily for development of skin cancer

Keywords- skin cancer, immunocompromised, organ transplant

4. Main body of Guidelines

All patients who have had a renal transplant to be seen at 6 months in a dermatology outpatient appointment.*

Referrals for new patients received from renal transplant units, Nottingham City Hospital and Royal Derby Hospital.

Initial assessment to risk stratify patients according to their skin type, age at transplant and sunburn/ UV exposure.

Risk level 1-5 to be assigned to each patient to guide follow up (see flow diagram below).

Patients who develop skin cancer to be handed over to consultant dermatologist for further follow up.

**Other solid organ transplants that live in the region will be accommodated in the service on an ad-hoc basis as they are a significantly smaller cohort with specialist transplants centres not in Derby e.g. liver, lung.*

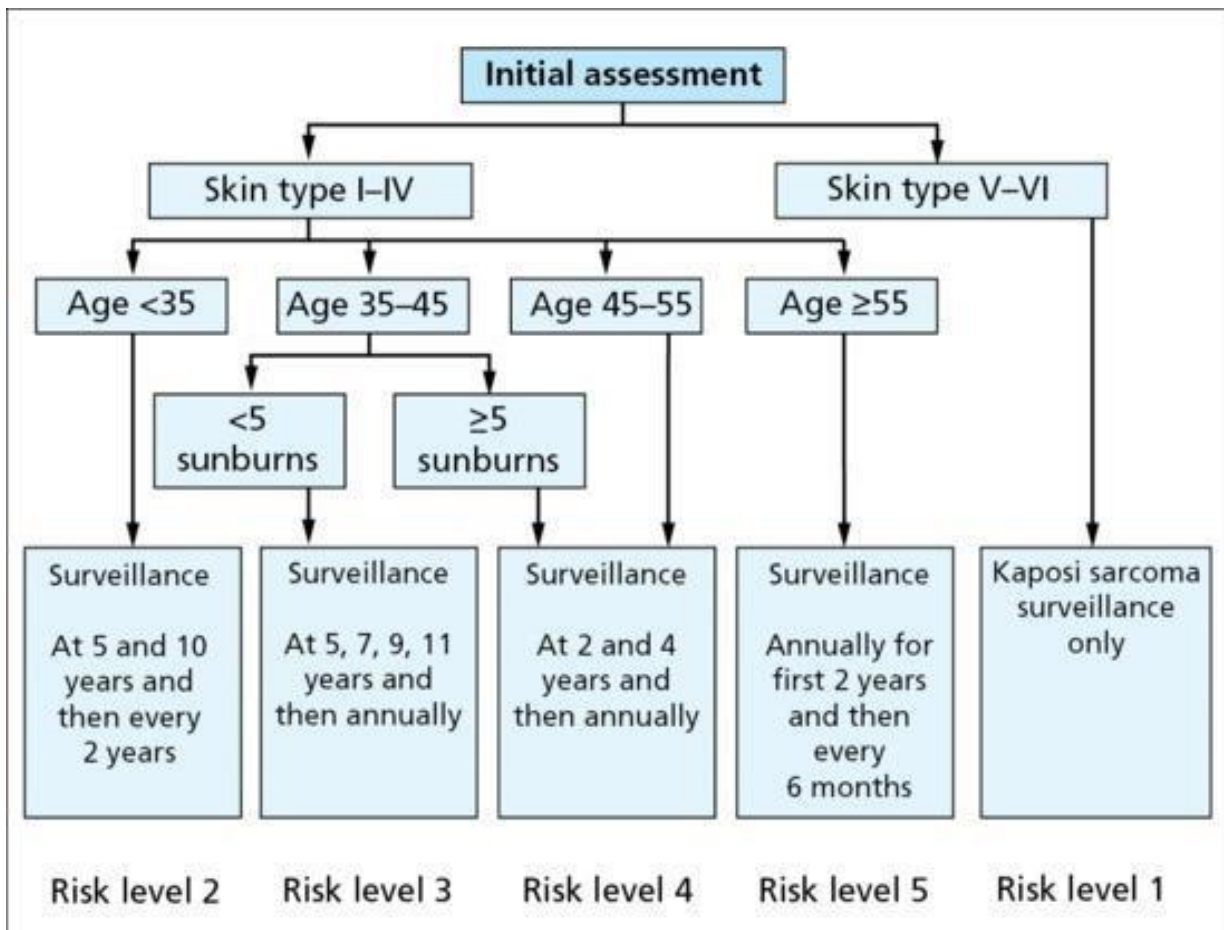
5. References (including any links to NICE Guidance etc.)

Harwood C, McGregor J, Proby C. Skin cancer in the immunocompromised patient. In: Griffiths C, Barker J, Bleiker T, Chalmers R, Creamer D, ed. by. Rook's Textbook of Dermatology .Vol 4. 9th ed. Wiley & Sons; 2019. p. 146.1- 146.18.

6. Documentation Controls

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7. Appendix 1 – Flow diagram of initial risk stratification process



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