Multiple Organ Transplant Ups Skin Cancer Risk

BY FRAN LOWRY
Orlando Bureau

ORLANDO — Patients who receive multiple solid organ transplants appear to be at significantly higher risk of developing cutaneous malignancy—specifically melanoma and nonmelanoma skin cancer—after their transplants, compared with patients who have had only one transplant.

A total of 6 (26%) of 23 patients who received two or more transplants reported having at least one posttransplant skin cancer, compared with 23 (8%) of 297 pa-



The study also found that diabetes was not a factor in developing a subsequent skin cancer.

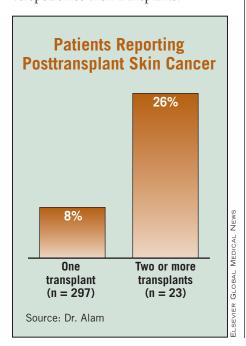
DR. ALAM

tients who had only one transplant. This difference between multiple and single organ transplant recipients was statistically significant, Dr. Murad Alam said at the annual meeting of the American Society for Dermatologic Surgery.

Using a database that was jointly developed by the departments of organ transplantation and dermatology at Northwestern University, Chicago, Dr. Alam and colleagues contacted 320 patients (mean age, 54 years) who received transplanted organs more than 4 years previously. Their transplants included kidney, liver, heart, lung, and pancreas.

The patients were interviewed for 30 minutes by telephone, and asked about their medical and surgical history, including whether they had diabetes. "We postulated that the patients with diabetes who may have had prolonged immunosuppression prior to their transplant might also have a greater incidence of skin cancers after their transplants," explained Dr. Alam of Northwestern.

The patients also provided dates and type of skin cancer, if any, that had developed since their transplants.



Diabetes was not a factor in developing a subsequent skin cancer. Of 91 patients with diabetes, 10 (11%) developed skin cancer, compared with 19 (8%) of 229 patients without diabetes, Dr. Alam said.

The finding that multiple organ transplant is associated with a higher rate of subsequent skin cancer than single organ transplant raises other questions that cannot be answered by a study cohort of this size, he added.

A study with a larger cohort might be able to answer these questions:

- ► Is there a causal link between multiple organ transplants and skin cancer?
- ► Are the risks different for different types of cancer?
- ► Do other comorbidities or medications have an impact on the likelihood of skin cancer in multiple organ transplant recipients?
- ▶ Which is more likely to increase the

risk of skin cancer, concurrent transplants or sequential transplants?

► Are there specific types of transplants or specific pairs of transplants that produce greater risk for skin cancer?

"If we can find answers to these questions, we will then be able to tell which patients need to undergo the closest scrutiny for early management of their cancers," Dr. Alam concluded. He disclosed having no conflicts of interest.

When the problem is psoriasis...





p.s. PSORENT psatisfies

Try A NEW Solution

Rx Efficacy Without a Prescription



Works as well as Dovonex® cream^{1†} with the safety of an OTC

Baseline





Week 4

WCCK O

Novel Formulation

Lightly occlusive liquid wax to avoid stains, odors, and mess

Dries quickly/absorbs rapidly
Patients never touch plaques or medication

Excellent Patient Satisfaction

9 out of **10** patients who try PSORENT™ want to keep using it¹‡

1. Alora-Palli MB, Van Cott A, Kimball AB. Summer Academy Meeting 2008, American Academy of Dermatology, July 30–August 3, 2008, Chicago, IL;
†Images show PSORENT-treated leg plaque; Dovonex (calcipotriol) is a registered trademark of Warner Chilcott Laboratories.; *Liquor carbonis distillate, equivalent to 2.3% coal tar. †86% of patients treated twice-daily with PSORENT for 12 weeks.

Physician-dispensed - For information call 800.628.9904 or visit www.psorent.com