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<th>Title</th>
<th>Poor uptake of reproductive health screening services by female renal transplant recipients.</th>
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</tbody>
</table>

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Introduction

Women with chronic renal disease or functional renal transplants are described as stoical in their attitude towards other health problems. They rarely complain about gynaecological problems, which they may consider to be trivial in comparison with their renal disease. Mean age at first transplantation was 35 years (range 11 - 69). 84% were aware as to why they should have regular cervical smears. 15 (26%) had, however, never had a smear and only 9 (16%) were having yearly smears. 12 of 28 postmenopausal women entered the menopause under the age of 41 years, but only 5 of these had received Hormone Replacement Therapy. Breast self examination is practiced by 71%, but only 26% have had mammograms. These figures suggest that female renal transplant patients are not adequately screened for cervical and breast cancer. Women are at high risk of de novo malignancies for unusual gynaecological problems, pregnancy, and oestrogen treated fibroids and endometrial hyperplasia. In this study, women were asked to identify the reasons why they should have cervical smear taken, about age at first smear and current smear frequency. Although 49 (84%) knew the reason why regular smears were recommended, only nine (16%) actually had had annual smears.

Methods

A structured postal questionnaire was addressed to all women over 18 years of age with a functioning renal transplant attending the Renal Transplant Follow-Up Clinic at the Department of Renal Medicine, Cork University Hospital. The questionnaire consisted of a section for demographic data that included current age, mean age starting RRT was 31 years (range 16 - 57 years) (Figure 1). The questionnaire was posted to their private residences with a reminder to those who did not respond. All questionnaires were treated confidentially and could not be traced back to the medical records. Women were asked to respond to the following questions: their age at first transplantation, age at last transplantation, current medication, current age, and the number of years after first transplantation.

Results

Sixty-four women over 18 years of age with a functional renal transplant were contacted. Fifty eight (91%) returned the questionnaire. Ages ranged from 22 to 81 years, with mean age 46 years. Mean age starting RRT was 31 years (range 16 - 57 years). Seventy-four (91%) had had a yearly cervical smear at a mean duration after first transplantation was 11 years (range 0.5 to 28 years). Time at risk will have varied, as 11 women had less than 1 year post-transplant and 11 women a period of dialysis in between transplants (Figure 1). As a result of the study, some women had a yearly cervical smear taken, but 15 (26%) continued to have a yearly cervical smear. At the time of this study, mean age at first transplantation was 35 years (range 11 - 69 years). At the time of this study, mean age starting RRT was 31 years (range 16 - 57 years). Mean age starting RRT was 31 years (range 16 - 57 years).

Figure 1: Patients age and duration since first transplantation

Forty-three women (74%) had had cervical smears taken, but 15 (26%) had never done so. These had been between 1 and 24 years after first transplantation (Figure 2). The younger women in this group were nearly all sexually active. Although 49 (84%) knew the reason why regular smears were recommended, only nine (16%) actually had had annual smears.

Figure 2: Patients age and duration since first transplantation who never had a smear

Poor Uptake of Reproductive Health Screening Services by Female Renal Transplant Recipients

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Abstract

Women with functioning renal transplants are a high-risk group for de novo malignancies and other gynaecological health problems. The objective of this study was to assess patients awareness of gynaecological issues, and to assess uptake of cervical and breast cancer screening services. A structured questionnaire on family planning, menopausal issues and knowledge/use of cervical and breast cancer screening was administered to 64 female renal transplant recipients. 58 (91%) responded to the questionnaire. Mean age at first transplantation was 35 years (range 11 - 69). 84% were aware as to why they should have regular cervical smears. 15 (26%) had, however, never had a smear and only 9 (16%) were having yearly smears. 12 of 28 postmenopausal women entered the menopause under the age of 41 years, but only 5 of these had received Hormone Replacement Therapy. Breast self examination is practiced by 71%, but only 26% have had mammograms. Previous research describes a high prevalence of cervical dysplasia in these women (17% vs 1.8% in non-recipients of transplants). This increase is seen after a short duration of immunosuppressive therapy. The European Dialysis and Transplant Association (2002) recommend that all female renal transplant recipients should have an annual pap smear, breast self examination, yearly pelvic examination and annual mammogram.

Breast cancer screening commenced in Ireland on an opportunistic basis in the late 1980s and, to date, there is no national cervical screening programme in place. A systematic breast cancer screening programme is available only in some regions. The aim of this study was to assess patients awareness of their high-risk status, to describe the uptake of cervical and breast cancer screening and to identify gynaecological problems.

Screening for cervical cancer commenced in Ireland on an opportunistic basis in the late 1980s and, to date, there is no national cervical screening programme in place. A systematic breast cancer screening programme is available only in some regions. The aim of this study was to assess patients awareness of their high-risk status, to describe the uptake of cervical and breast cancer screening and to identify gynaecological problems.
These women are between three and 17 times more likely to develop cervical cancer than the general population. Only nine women (16%) had annual smears, as recommended. This leaves 49 (84%) women, who were on immunosuppression for up to 26 years, sub optimally screened for cervical cancer. A total of 15 women (26%) had had mammograms performed. However, of 19 women aged 50 years or over, only six had had a mammogram. These results do not represent a lack of knowledge in these women. Most women knew why they should have regular smears and breast checks. The question as to why the women were not screened as recommended could not be answered by this study.

It is usually assumed that if successful transplantation restores normal renal function, then endocrine disorders will also be resolved. In this study, 29 women were identified as postmenopausal, of who 12 entered the menopause under the age of 41 years. The average age at menopause was 44 years, compared with 51 years in an unselected population. Only five of these 12 early menopausal women were on HRT. The cumulative effect of premature menopause, long term steroid therapy and CKD puts these women at serious risk of osteoporosis. Some studies advocate that every postmenopausal woman with renal transplant or CKD should take HRT to alleviate climacteric symptoms and, possibly, bone disease. These findings confirm earlier studies and suggest that more physician attention needs to be given to routine preventive health maintenance for women with renal transplants and on dialysis.

Female renal transplant patients are not adequately screened for cervical and breast cancer. Family planning issues and menopausal health concerns are frequently overlooked and need to be addressed. The standard operating protocol for the Renal Transplant Follow-Up Clinic will be altered to take account of these findings.

References

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