Title: Poor uptake of reproductive health screening services by female renal transplant recipients.

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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 of why they should receive regular cervical smears. 15 (26%) had, however, never had a smear and only 9 (16%) were having yearly smears. 32 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 cancers. Postmenopausal women are at a higher risk of cervical and breast cancers. Uptake of cervical and breast cancer screening services is suboptimal and may reflect the suboptimal provision of gynaecological services and management of gynaecological issues and menopausal health concerns. We conclude that formal gynaecological review should be routinely available for women with renal transplants.

**Introduction**

Women with chronic renal disease or functional renal transplants are described as stocial in their attitude towards other health problems. They rarely complain about gynaecological problems, which they may consider to be trivial in comparison with their other concerns. This may be due to the suboptimal provision of gynaecological services and management of gynaecological issues and menopausal health concerns. We conclude that formal gynaecological review should be routinely available for women with renal transplants.

**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, age at start of renal replacement therapy (RRT), age at first and subsequent renal transplant and current medication. Questions about pregnancy, use of birth control, breast self examination and cervical smear frequency were included. The European Dialysis and Transplant Association (2002) recommend that all female renal transplant recipients should have their breast self examination and cervical smear frequency recorded. Screening for cervical cancer commenced in Ireland on an opportunistic basis in the late 1960s 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.

**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 11 - 69) and mean duration after first transplantation was 11 years (range 0.5 to 28 years). Time at risk will have varied, as 11 women had been on dialysis for more than 10 years at the time of the study. Sixty-three percent had had a mammogram, at a median age of 49 years (range 30 - 81 years). 41 women with no history of mammograms were of mean age 44 years (range 22 - 72 years).

Thirty-six (62%) women were currently sexually active; three postmenopausal women gave no answer. Postmenopausal women were less likely to be sexually active than premenopausal women (14 non active/26 vs 5 non active/29; p < 0.05).

Twenty-nine women in this study were premenopausal. Excluding five women not currently sexually active, one woman who had had a hysterectomy and one currently pregnant, 22 women had the potential to become pregnant. Of these 22 women, eight (36%) were taking the oral contraceptive pill, five (23%) were using barrier methods, two had an intrauterine contraceptive device and one was sterilised. Six (27%) women were using no form of birth control.

Discussion

After transplantation the necessary immunosuppressive therapy predisposes to the development of de novo cancers and the history of chronic kidney disease (CKD) predisposes to gynaecological problems. This study illustrates the ongoing problem of under diagnosed gynaecological problems in a high risk group. Previous research describes that the stocial nature of renal patients contributes to underdiagnosis but it may also reflect the suboptimal provision of gynaecological services and management of gynaecological problems in this group.

91% of the 64 women contacted, responded to the questionnaire. Although 31% needed a reminder the high percentage response proves the positive interest levels in these issues.

**Abbreviations**

RRT: Renal Replacement Therapy
HRT: Hormone Replacement Therapy

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