

COMPELLING COMMENT

Beyond the Scalpel: Treatment Fatigue in a Transplant Patient with Over 160 Skin Cancers

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Immunosuppression-related skin cancer is a major concern among solid organ transplant recipients (SOTRs), yet the cumulative psychosocial toll of treatment is underrecognized. We present the case of a kidney transplant recipient with over 160 documented skin cancers to highlight the lived experience of long-term dermatologic care.

Identified through chart review, he participated in a semi-structured interview exploring his dermatologic treatment experience. Thirty years post-transplant, he has undergone roughly 200 skin biopsies—80% positive for malignancy.

Over time, the burden of repeated procedures mounted. He described the experience as physically and emotionally exhausting: “You get tired of being cut all the time... It’s a grind... But you just keep going.” Returning for re-excisions, often for small lesions, was particularly disheartening. Scars and bandages were daily reminders of his condition, yet he expressed gratitude for his transplant and credited his resilience to family, nature, and writing. Still, he acknowledged bitterness when the cumulative toll felt overwhelming.

Initially on prednisone, azathioprine, and cyclosporine, his team later initiated acitretin and transitioned him to sirolimus, which reduced new cancers. Shifting toward topical and intralesional 5-fluorouracil (5-FU) marked a meaningful turning point in his care, lessening procedural fatigue.

His reflections highlight a rarely addressed reality: the psychological and logistical fatigue of chronic skin cancer care. Treatment fatigue can manifest as reduced quality of life,¹ with studies also documenting low adherence to dermatologic care among SOTRs due to logistical barriers.² This highlights the need for tailored, compassionate care, including strategies to enhance multidisciplinary collaboration³ and, based on our patient’s experience, reduce procedural burden, maintain continuity with trusted providers, and incorporate less invasive approaches.

Though a single case, his story exemplifies challenges faced by many SOTRs. Listening closely to patients like him offers not only insight, but a call to approach care with deeper compassion, flexibility, and partnership.

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