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SGLT2 Inhibitor Use After Cisplatin Chemotherapy Is Associated with Reduced Mortality in Diabetic Patients: A Retrospective Cohort Study

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Objectives : Cisplatin is a widely used chemotherapeutic agent; however its nephrotoxicity, mainly driven by proximal tubular injury and renal salt wasting, limits clinical utility. Sodium–glucose cotransporter 2 (SGLT2) inhibitors exert cardiovascular and renal protective effects; however, in patients with cisplatin-induced tubular damage, SGLT2 inhibition may exacerbate renal sodium loss and predispose patients to volume depletion. Clinical data on the safety and efficacy of SGLT2 inhibitors in patients with prior cisplatin exposure remain limited. We investigated the association between SGLT2 inhibitor use and clinical outcomes in diabetic patients previously treated with cisplatin.

Methods : This retrospective cohort study included diabetic patients previously treated with cisplatin-based chemotherapy at a tertiary hospital in Seoul (January 2016–December 2024). Patients were classified by SGLT2 inhibitor exposure; those with baseline eGFR <30 mL/min/1.73 m² or requiring dialysis were excluded. Outcomes were all-cause mortality and composite renal outcome (>50% eGFR decline or eGFR <15 mL/min/1.73m²). Time-dependent Cox regression with SGLT2 inhibitor exposure as a time-varying covariate was used to adjust for immortal time bias, with covariates including age, sex, baseline eGFR, HbA1c, hypertension, heart failure, and ischemic heart disease.

Results : Of 1,181 diabetic patients with prior cisplatin exposure (mean age 64.3±10.4 years; 38.5% male), 120 (10.2%) received SGLT2 inhibitors. Over a median follow-up of 19.2 months, 653 deaths (55.3%) occurred. SGLT2i use was associated with significantly reduced mortality (adjusted HR 0.689, 95% CI 0.494–0.961; p=0.028) but was not significantly associated with composite renal outcome (adjusted HR 0.846, 95% CI 0.288–2.481; p=0.760).

Conclusions : Among diabetic patients with prior cisplatin exposure, SGLT2 inhibitor use was associated with significantly lower all-cause mortality without an increased risk of adverse renal outcomes. These findings suggest that SGLT2 inhibitors may be safely used and may confer survival benefits in this population. Prospective randomized controlled trials are warranted to validate these findings and evaluate long-term renal outcomes.