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AKI in oncology patients: a single center experience

Orken Temir
Department of Nephrology, Temirtau Central Hospital, Kazakhstan, Kazakhstan

Objectives:

Onco- nephrology has started to gain recognition in the recent times. Acute kidney injury (AKI) is an important complication of cancer and its treatment, but cancer patients are also susceptible to other causes of AKI. We aimed to establish the epidemiology and outcomes of cancer patients with AKI.

Methods: We performed a retrospective analysis of admitted patients with AKI referred to the Department of Nephrology, Temirtau Central Hospital from October 2016 to July 2017, and who had active malignancy or past history of malignancy. Patients with estimated glomerular filtration rate (eGFR) of <15 mL/min/1.73m^2 were excluded.

Results: Out of 205 patients referred, 39 patients (19.3%) had either active malignancy (9/39: 23.1%) or history of malignancy (32/39: 76.9%). Seventy- eight percent of patients with active malignancy had baseline eGFR ≥60 mL/min/1.73m^2. The most common causes of AKI were pre- renal (38.9%) and sepsis (33.3%), and 1 patient had renal involvement due to myeloma. Four patients

patient mortality was 33.3%. Among patients with history of malignancy, 48.3% had baseline eGFR ≥60 mL/min/1.73m^2. Pre- renal (35%) and sepsis (21.7%) remained the most common causes of AKI. Fifteen patients required RRT and 1 patient remained RRT- dependent on discharge. In- patient mortality rate was lower at 15.0%.

Conclusions: Although cancer patients are susceptible to common causes of AKI, nephrologists and oncologists need to be aware of the unique causes of AKI related to cancer or its treatment. Patients with active malignancy and AKI may have worse outcomes and further studies are needed to better understand this relationship.