



Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care

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Kidney Function Monitoring in Adult Cancer Patients After Chemotherapy: Incidence and Factors Associated with Kidney Dysfunction

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Objectives : Kidney dysfunction following chemotherapy remains a major clinical challenge. Although acute kidney injury (AKI) is widely recognized, less is known about subacute and longer-term kidney outcomes, particularly in low- and middle-income settings. This study aimed to determine the incidence of AKI, acute kidney disease (AKD), and chronic kidney disease (CKD) following chemotherapy and to identify associated factors.

Methods : We conducted a retrospective cohort study of adult cancer patients who received systemic chemotherapy at a tertiary referral hospital in Indonesia between January and December 2024. Patients with available baseline and serial post-chemotherapy serum creatinine measurements were included. AKI, AKD, and CKD were defined according to KDIGO criteria and analysed separately, each compared with patients without kidney dysfunction. Multivariable logistic regression was performed to identify independent associated factors.

Results : Among 244 patients, 89 (36.5%) developed kidney dysfunction during follow-up (AKI 10.2%, AKD 15.6%, CKD 10.7%). In multivariable analysis, lower baseline eGFR (AOR 1.18 per 10 mL/min decrease; 95% CI 1.02–1.36) and male sex (AOR 1.76; 95% CI 1.02–3.03) were independently associated with any kidney dysfunction. Subgroup analyses showed that age >60 years (AOR 3.92; 95% CI 1.72–8.97) and carboplatin-based chemotherapy (AOR 3.51; 95% CI 1.47–8.39) were independently associated with AKD, whereas lower baseline eGFR (AOR 1.31 per 10 mL/min decrease; 95% CI 1.12–1.54) was independently associated with CKD.

Conclusions : Kidney dysfunction following chemotherapy extends beyond AKI, with AKD representing a substantial burden. Older age and carboplatin exposure were independently associated with AKD, underscoring the need for routine kidney function monitoring beyond the acute phase to facilitate early detection and risk stratification.

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Table 1. Baseline characteristics

Variable	n (%)
Demographic characteristics	
Age (years), mean $\pm$ SD	49.8 $\pm$ 13.6
$\leq$ 60 years	196 (80.3)
>60 years	48 (19.7)
Sex, n (%)	
Male	111 (45.5)
Female	133 (54.5)
Anthropometric measures	
Body mass index (kg/m ²)	21.3 (18.4–24.3)
Hemodynamic parameters, pre-chemotherapy	
SBP, pre-chemotherapy (mmHg), median (IQR)	120 (110–124)
DBP, pre-chemotherapy (mmHg), median (IQR)	76 (70–80)
Baseline Laboratory Parameters, pre-chemotherapy	
Hemoglobin (g/dL), median (IQR)	11.5 (10.2–13.1)
Serum albumin (g/dL), median (IQR) (<i>n</i> =142) †	3.82 (3.46–4.14)
Serum sodium (mmol/L), median (IQR) (<i>n</i> =215) †	138 (136–140)
Serum potassium (mmol/L), median (IQR) (<i>n</i> =216) †	4.1 (3.7–4.4)
Serum creatinine (mg/dL), median (IQR)	0.78 (0.66–0.95)
Baseline eGFR (mL/min/1.73 m ²), median (IQR)	101.1 (85.5–110.3)
Comorbidities, n (%)	
Hypertension	19 (7.8)
Diabetes mellitus	2 (0.8)
Cardiovascular disease	0 (0.0)
Cancer Type	
Solid tumor	213 (87.3)
Hematologic malignancy	31 (12.7)
Cancer Category	
Gastrointestinal / Hepatobiliary	65 (26.6)
Gynecologic	39 (16.0)
Hematologic	31 (12.7)
Head and Neck	27 (11.1)
Breast	16 (6.6)
Sarcoma / Bone–Soft Tissue	14 (5.7)
Urologic / Genitourinary	11 (4.5)
Lung / Thoracic	6 (2.5)
Neuroendocrine	3 (1.2)
Squamous cell / Other epithelial	3 (1.2)
Others	29 (11.9)
Chemotherapy Regimen Category	
Cisplatin-based	52 (21.3)
Carboplatin-based	29 (12.1)
Non-cisplatin platinum	1 (0.4)
Anthracycline-based	28 (11.5)
Antimetabolite-based	4 (1.7)
Taxane-based	8 (3.3)
Alkylating agent	1 (0.4)
Other / Combination	116 (47.5)

Data are presented as mean $\pm$ standard deviation for normally distributed variables and median (interquartile range) for non-normally distributed variables. Percentages are calculated based on available data.

† Data availability:

Serum albumin: *n* = 142; serum sodium: *n* = 215; serum potassium: *n* = 216

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