



Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care

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Clinical outcomes following kidney transplantation in patients with prior hematologic malignancy: a nationwide study

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Objectives : Long-term outcomes in kidney transplant recipients (KTRs) with a history of hematologic malignancy (HM) prior to transplantation remain insufficiently characterized. This study evaluated whether pretransplant HM affects survival and allograft outcomes after kidney transplantation (KT).

Methods : We analyzed a nationwide retrospective cohort derived from the Korean National Health Insurance Service database spanning 2004 to 2020. Participants were stratified by the presence or absence of pretransplant HM, encompassing plasma cell disorders (light-chain amyloidosis, multiple myeloma), lymphoid neoplasms, and leukemias. All-cause mortality, graft failure, and rejection were analyzed as primary endpoints. To assess the risk of outcomes, Cox proportional hazards regression models were used.

Results : Of 19,790 KTRs analyzed, 108 individuals (0.5%) had a pretransplant HM diagnosis. These patients showed substantially elevated mortality compared to those without HM history (13.0% versus 6.0%; adjusted hazard ratio [HR] 2.50, 95% confidence interval [CI] 1.47–4.26), with notably diminished 5-year survival (log-rank $P < 0.001$). Lymphomas conferred the most pronounced mortality risk (HR 7.62, 95% CI 2.37–24.49). Stratified analyses revealed heightened mortality among patients requiring immunologic desensitization protocols (HR 4.19, 95% CI 1.54–11.38) and those with prior solid tumor history (HR 4.56, 95% CI 2.07–10.06). Conversely, graft survival (HR 1.46, 95% CI 0.73–2.95) and rejection incidence (HR 1.09, 95% CI 0.69–1.74) showed no significant differences.

Conclusions : Pretransplant HM was associated with substantially increased mortality following KT, though allograft survival and rejection rates remain comparable. These findings suggest prior hematologic cancer should not constitute an absolute contraindication to transplantation based on graft outcomes alone, although more careful monitoring and risk-stratified patient selection are warranted.

HM KT_figure 1.jpg



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	Cumulative incidence, %			Incidence rate, 1,000 person-years		Adjusted HR (95% CI)	
	Non-HM	HM	P	Non- HM	HM		
Mortality	6.0	13.0	0.003	10.02	25.70	2.50 (1.47-4.26)	
Graft failure	6.4	7.4	0.655	11.10	15.47	1.46 (0.73-2.95)	
Graft rejection	16.8	16.7	0.969	32.39	37.00	1.09 (0.69-1.74)	

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