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Malignancy in Hemodialysis Patients: Monitoring and Management

Takeshi Matsubara

Tazuke Kofukai Public Interest Foundation Medical Research Institute Kitano Hospital, Japan

In recent years, accumulating evidence has shown that patients undergoing hemodialysis have a higher incidence of cancer and greater cancer-related mortality than the general population. Moreover, once cancer develops, the risk of death is substantially elevated, highlighting the importance of appropriate cancer management in this population. While prior research has focused on cancer screening for early detection, this session addresses key considerations after diagnosis. For many malignancies, early detection followed by curative surgical resection is expected to improve prognosis. However, findings in dialysis patients are complex. A large retrospective study by Kida et al. (Nephron, 2022) demonstrated that patients on hemodialysis are more frequently diagnosed at an early stage than non-dialysis patients. Despite this, their prognosis was not improved, suggesting potential undertreatment or the impact of dialysis-related factors such as cardiovascular risk and impaired immunity. In contrast, a nationwide study by Toriu et al. (CKJ, 2024) reported that dialysis patients with resectable cancer who underwent surgery had survival outcomes comparable to the general population. Importantly, deaths in this group were mainly due to infection, heart failure, and cerebrovascular disease rather than cancer. However, surgical risks remain significant. Miyamoto et al. (CKJ, 2022) showed higher rates of postoperative complications and 30-day mortality in dialysis patients, largely due to cardiovascular events. Taken together, these findings suggest that for patients undergoing hemodialysis, it is essential to diagnose cancer at a stage amenable to surgical resection, to remain vigilant for early postoperative complications, and to provide comprehensive cardiovascular monitoring after surgery. Such management should be conducted not only from an oncological perspective but also in alignment with standard care for dialysis patients.

Keywords: Onconeurology