

Rozdział 7. Summary

The optimal renal replacement therapy is kidney transplantation because it improves quality of life, prolongs survival, and is cost-effective, however, it has been associated with some serious complications, including use of immunosuppressive regimen. Malignancy became the second leading cause of death in kidney allograft recipients.

The aim of this study was to assess the prevalence of malignancy in dialyzed patients on the waiting list and in kidney allograft recipients

The first cross-sectional study was to assess the prevalence of malignancy in 50 hemodialyzed, prevalent patients on the waiting list and 300 kidney allograft recipients.

The second study was to assess the prevalence of malignancy in dialyzed patients in relation to status on the on the waiting list and type of dialysis.

This cross-sectional study was conducted in 108 hemodialyzed patients (mean age 65 years, 47 women) and 48 peritoneally dialyzed patients (mean age 51 years, 25 women).

Among the population studied, 20 patients were actively waitlisted, including 14 peritoneal dialysis patients.

The third a cross-sectional study was conducted in 114 hemodialyzed patients and 350 kidney allograft recipients.

Among wait-listed patients, only a single patients had a history of malignancy, whereas in grup of kidney allograft recipients, malignancy developed in total 20% of the studied population, including 10 patients which made a diagnosis of malignancy last year.

The leading malignancy was skin cancer and it has the best prognosis, the worst prognosis has PTLD. Waitlisted patients represent a very selected and healthier dialyzed population with significantly less comorbidity.

As prevalence of malignancy is increasing in kidney allograft recipients, screening as well as meticulous evaluation in this population is of utmost importance while on the waiting list.

Minimization of immunosuppressive regimen should be considered, in particular, in high-risk patients.