



Re: Bladder Cancer in Renal Allograft Recipients: Risk Factors and Outcomes

S. Medani¹, P. O'Kelly¹, K.M. O'Brien², P. Mohan¹, C. Magee¹, P. Conlon¹

¹Beaumont Hospital, Clinic of Nephrology, Urology&Transplantation, Dublin, Ireland

²National Cancer Registry, Cork, Ireland

Transplant Proc 2014;46:3466-3473.

EDITORIAL COMMENT

Malignancy is the second most important cause of death after cardiovascular disease in kidney transplant recipients (KTR) with a functioning allograft due to load of immunosuppression and oncologic viral infections. The authors have reviewed the Irish National Cancer Registry and National Renal Transplant registry to find the incidence and types of de novo developing bladder cancers in KTR who were transplanted between 1994 and 2012 in Ireland. A total of 15 patients representing 0.48% of the KTR were found to have a 2.5 fold increased risk of bladder malignancy compared with the general population in Ireland. Tumors were diagnosed in a younger population, at a more advanced stage, with a worse 1-year overall survival. Besides, immunosuppression preexisting genitourinary diseases, toxic nephropathies, and cyclophosphamide exposure and BK-induced nephropathy have been identified as extra risk factors. However, different ethnical populations might have distinct risk factors, such as exposure to Chinese herbs and arsenic found in underground water sources as if found in Chinese population. Identifying patients with preexisting risk factors in the population and careful posttransplant monitoring with a low threshold for cystoscopy may improve outcomes in KTR.

Y. Kamil Yakupoğlu MD