

ASN LEADING THE FIGHT AGAINST KIDNEY DISEASE

EMBARGOED FOR RELEASE until May 29, 2014 – 5:00 PM (ET)

Contacts: Tracy Hampton • (312) 339-9067 • thampton@nasw.org Adrienne Lea • (202) 503-6560 • alea@asn-online.org

REDUCED KIDNEY FUNCTION LINKED WITH HIGHER RISK OF KIDNEY AND UROTHELIAL CANCERS

Individuals with poor kidney function may require more intensive screening for these cancer types

Highlights

- Individuals' risk of kidney cancer increased with decreasing kidney function.
- Individuals with poor kidney function also had an increased risk of urothelial cancer
- Kidney function was not linked with risk for other cancers, including prostate, breast, lung, and colorectal cancers.

60 million people globally have chronic kidney disease.

Washington, DC (May 29, 2014) — Reduced kidney function may increase the risk of developing kidney and urothelial cancers, according to a study appearing in an upcoming issue of the *Journal of the American Society of Nephrology* (JASN). The findings suggest that patients with kidney disease may benefit from more intensive screenings for these types of cancer.

Chronic kidney disease and cancer are both major and growing public health problems. "While multiple studies have observed higher risks of cancer in persons with end-stage renal disease, the association of less severe kidney disease with cancer remains poorly understood," said Alan Go, MD (Kaiser Permanente Northern California).

To investigate, Dr. Go and his colleagues analyzed information from nearly 1.2 million adult members of Kaiser Permanente in Northern California who were at least 40 years of age and who had no history of cancer, dialysis, or kidney transplantation. Kidney function was measured by estimated glomerular filtration rate (eGFR), with normal kidney function being over 60 ml/min/1.73m² and kidney failure being below 15 ml/min/1.73m².

During more than 6 million person-years of follow-up, 72,875 individuals developed cancer. (A person-year is the number of years of follow-up multiplied by the number of people in the study.) Among the major findings during follow-up:

 Individuals with an eGFR of 45 to 59 had a 39% increased risk of kidney cancer (or renal cell carcinoma).

- Individuals with an eGFR of 30 to 44 had an 81% increased risk of kidney cancer.
- Individuals with an eGFR below 30 had a 100% (or a 2-fold) increased risk of kidney cancer.
- Individuals with an eGFR below 30 had a 48% increased risk of urothelial cancer, which includes tumors in the bladder and ureters.
- There were no significant links between eGFR and other cancer types such as prostate, breast, lung, and colorectal cancers.

The researchers noted that various biologic mechanisms may help to explain the links observed in this study. For example, kidney dysfunction causes a state of chronic inflammation and oxidative stress. "These and other mechanisms deserve further study in order to better define the link between kidney function and site-specific cancer risk," said lead author Will Lowrance, MD, MPH (University of Utah).

In an accompanying editorial, Jonathan Hofmann, PhD and Mark Purdue, PhD (National Cancer Institute) noted that the study is "an important step forward in characterizing the relationship between chronic kidney disease and risk of renal cell carcinoma and other malignancies. Studies such as this further support an etiologic role of impaired renal function in the development of renal cell carcinoma."

Study co-authors include Juan Ordoñez, MD, MPH, Natalia Udaltsova, PhD, and Paul Russo, MD, FACS.

Disclosures: The authors reported no financial disclosures. This research was supported by National Institutes of Health and the National Institute of Diabetes, Digestive and Kidney Diseases.

The article, entitled "Chronic Kidney Disease and the Risk of Incident Cancer," will appear online at http://jasn.asnjournals.org/ on May 29, 2014.

The editorial, entitled "CKD and Risk of Renal Cell Carcinoma: A Causal Association?" will appear online at http://jasn.asnjournals.org/ on May 29, 2014.

The content of this article does not reflect the views or opinions of The American Society of Nephrology (ASN). Responsibility for the information and views expressed therein lies entirely with the author(s). ASN does not offer medical advice. All content in ASN publications is for informational purposes only, and is not intended to cover all possible uses, directions, precautions, drug interactions, or adverse effects. This content should not be used during a medical emergency or for the diagnosis or treatment of any medical condition. Please consult your doctor or other qualified health care provider if you have any questions about a medical condition, or before taking any drug, changing your diet or commencing or discontinuing any course of treatment. Do not ignore or delay obtaining professional medical advice because of information accessed through ASN. Call 911 or your doctor for all medical emergencies.

The American Society of Nephrology[®], ASN[®], Kidney Week[®], CJASN[®], JASN[®], NephSAP[®], and ASN Kidney News[®] are registered trademarks of ASN

Founded in 1966, and with more than 14,000 members, the American Society of Nephrology (ASN) leads the fight against kidney disease by educating health professionals, sharing new knowledge, advancing research, and advocating the highest quality care for patients.

###

Tweet: Reduced kidney function is linked with higher risk of kidney and urothelial cancers. http://www.bit.ly/ASN-XXXX

Facebook: Reduced kidney function may increase the risk of developing kidney and urothelial cancers, according to a study in the *Journal of the American Society of Nephrology*. The findings suggest that patients with kidney disease may benefit from more intensive screenings for these types of cancer.

&&

Ann Wallace is the senior communications specialist at the Kaiser Permanente Northern California Division of Research. Her contact information is <u>Ann.M.Wallace@kp.org</u> and 510-891-3653 (office) or 510-390-3355 (cell)