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Clinical features and transplant outcomes in kidney transplant recipients with renal cell carcinoma

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Background/Aims: Previous studies have recommended a 2–5-year waiting time prior to kidney transplantation (KT) in patients with end-stage renal disease (ESRD) and symptomatic renal cell carcinoma (RCC), and no delay for incidental early-stage RCC. Data on Asian kidney transplant recipients are lacking. **Methods:** This is a Korean single-center retrospective study of 35 KT recipients with ESRD and RCC. Patients were classified into 2 groups: early KT (<1 year after nephrectomy) and delayed KT (>1 year after nephrectomy). Patient survival, graft survival, and cancer recurrence between both groups were compared. **Results:** There were no statistically significant differences in patient survival ($p=0.388$), graft survival ($p=0.317$), or graft rejection rate ($p=0.207$) between the early KT and delayed KT groups. In addition, there were no differences in pathological characteristics and RCC stage other than cancer histology: acquired cystic disease-associated RCC (47.4%) was the most common RCC type in the early KT group, whereas clear cell type (66.7%) was most common in the delayed KT group. No recurrence of RCC was observed. **Conclusions:** Patients with early-stage RCC do not require a mandatory observational period prior to KT after curative nephrectomy.

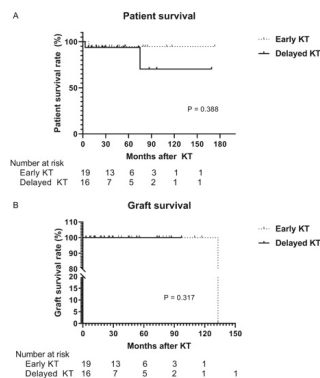


Figure 1. (A) Patient survival between the early KT and delayed KT groups. (B) Graft survival between the early KT and delayed KT groups.