

Rates of kidney failure due to blood cancer are declining

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The risk of kidney failure caused by multiple myeloma appears to be declining, and survival is lengthening for patients who do develop kidney failure due to this cancer. The findings, which are published in a study appearing in an upcoming issue of the *Journal of the American Society of Nephrology* (JASN), are encouraging, although efforts to develop alternative and effective treatments with fewer side effects are still needed.

Multiple myeloma, a form of <u>blood cancer</u>, increases a person's risk of developing <u>kidney failure</u>, or end state renal disease (ESRD). Therefore, it's important to monitor the kidney health of patients with <u>multiple</u> <u>myeloma</u> and to make sure that therapies used to treat the disease are not toxic to the kidneys.

Treatment for multiple myeloma has changed substantially in the last decade, but it's unclear whether the burden of ESRD due to the disease has changed, or whether survival of kidney failure patients with multiple myeloma has improved. To look at trends between 2001 and 2010, Robert Foley, MD, Scott Reule, MD (University of Minnesota), and their colleagues analyzed information from the US Renal Data System database. They found that of the 1,069,343 patients with ESRD who were on dialysis, 12,703 had developed ESRD due to multiple myeloma.

The team found that the incidence of ESRD from multiple myeloma decreased by about 20% from 2001-2002 to 2009-2010. Also, ESRD patients with multiple myeloma are living longer than before. Their



likelihood of dying within 3 years after initiating dialysis declined by 28% from 2001-2002 to 2009-2010.

"Myeloma is the commonest malignancy leading to kidney failure," said Dr. Foley. "It's encouraging that we found that kidney failure due to multiple myeloma declined considerably over the last decade."

More information: The article, entitled "ESRD due to Multiple Myeloma in the United States, 2001-2010," will appear online at <u>iasn.asnjournals.org/</u> on Oct. 29, 2015.

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