CONCLUSIONS: This study showed that CKD is associated with an increased risk of digestive cancer compared to the general population. Using data from the National Health Insurance Service-National Sample Cohort in the Republic of Korea, this study was conducted on newly-diagnosed predialysis chronic kidney disease (CKD) compared to the general population. The relative incidence rate of specific types of digestive cancer in patients with predialysis CKD was similar irrespective of the CKD-diagnosed time-point. Additionally, the standardized incidence rate of digestive cancer between the cohort and national data from the National Cancer Cohort in the Republic of Korea, this study was conducted on newly-diagnosed predialysis chronic kidney disease (CKD) compared to the general population. The relative incidence rate of specific types of digestive cancer in patients with predialysis CKD was similar irrespective of the CKD-diagnosed time-point. Additionally, the standardized incidence rate of digestive cancer between the cohort and national data from the National Cancer

FP115 KIDNEY BIOPSY IN THE ELDERLY: FRAILTY INDEX IS A GOOD TOOL TO PREDICT CLINICAL OUTCOMES

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INTRODUCTION AND AIMS: Kidney biopsy is the golden standard for renal disease diagnosis and treatment. Nevertheless, in older subjects risk and clinical outcomes are dependent on a combination of biological, functional, psychological, and environmental factors. Tools that effectively identify patients with different life expectancies should be multidimensional. A Multidimensional Prognostic Index (MPI) for 1-year mortality derived from a standardized Comprehensive Geriatric Assessment (CGA) was developed for this purpose. No data are available regarding the association between frailty index and clinical outcomes in elderly subjects undergoing kidney biopsy. Aim of this study was to evaluate the usefulness of MPI for predicting mortality, treatment failure and requirement of chronic dialysis in elderly patients after renal biopsy.

METHODS: Biopsy and clinical data from 67 patients aged ≥65 years were retrospectively collected revising renal biopsies performed in our department from January 2015 to June 2017. Follow-up period was at least 6 months. Patients were stratified at the time of renal biopsy according to both age (65-74 years; ≥75 years) and MPI (low-frailty; MPI-1; medium-frailty: MPI-2; high-frailty: MPI-3). Clinical outcomes were death from any cause, response to therapy, need of chronic RRT, biopsy-related complications and therapy-related complications. Data are reported as mean±SD and t-test or ANOVA have been used to compare groups.

RESULTS: Cohort consisted of 67 patients, 30 women (44.8%) and 37 men (55.2%), mean age was 75±6.2 years. Neither biopsy-related complications nor therapy-related complications were observed in the cohort studied. Death was more frequent in older patients ranging from low-frailty to high-frailty patients (with MPI-1 = 8.8%, MPI-2 = 25.9%), being 100% in patients with MPI 3 (p<0.05). The frequency of treatment failure was similar in the two age groups (41.9% in 65-74 years vs 44.4% in over 75), but it increased according to frailty grading (MPI-1 = 44.1%, MPI-2 = 63%, MPI-3 = 100%; p<0.05). According to the age stratification, no differences were observed in the percentage of patients requiring chronic dialysis; by contrast, patients with higher MPI showed higher probability to continue dialytic treatment (MPI-1 = 14.7%, MPI-2 = 44.4%, MPI-3 = 66.7%; p<0.05). Data are summarized in Figure1.
CONCLUSIONS: Kidney biopsy and related treatment are safe in the elderly. Clinical outcomes are not depending on age at the biopsy, while frailty index might better identify patients with worst outcome in terms of treatment failure and need of chronic dialysis. In conclusion, MPI could be considered a useful tool to identify patients at higher risk helping clinicians in evaluating risks and benefits of the diagnostic procedure.