

Summary

An association between kidney diseases and malignancy was observed many years ago, however it was quite recently when subspeciality of nephrooncology was established. In XXI century onlogical patients required numerous nephrology consultations as well as critical care nephrology and palliative care. Acute kidney injury, chronic kidney injury as well other renal disturbances are diagnosed in cancer patients. Kidney could be both victims and culprit of malignancy. As new therapies in oncology are widely available we diagnose more often nephrotoxicity. Cardiovascular disease is a leading cause of morbidity and mortality all over the world. Hypertension is a modifiable risk factor for cardiovascular disease, it could be diagnosed and treated earlier to avoid long-term complications. Data on hypertension in cancer patients are limited, while it is the most common risk factor found in this population. In addition, hypertension could be also a long-term complication of anticancer treatment. The aim of the work was to assess the prevalence of chronic kidney disease and hypertension in patients with breast cancer as well as in patients with colorectal cancer undergoing primary surgery with curative intent. The studies were performed in 100 female patients with breast cancer and 100 patients with colorectal cancer undergoing surgery in department of oncological surgery. None of the patients was given neoadjuvant therapy. Hypertension was found in one third of breast cancer patients, they had higher serum creatinine, lower glomerular filtration rate than their normotensive counterparts. In females older 65 years, prevalence of hypertension was 74%, prevalence of chronic kidney disease was 5% while in population over 65 years of age prevalence of chronic kidney disease was 25%. In patients with colorectal cancer prevalence chronic kidney disease was 23%, all the patients were older than 65 years. Hypertension was present in 62%, in the population older than 65 years was 78%. Diabetes was diagnosed in 23%. Chronic kidney disease as well as hypertension are risk factors for worse outcomes and mortality and morbidity. Oncological drugs should be adjusted to the kidney function. Multidisciplinary team is key to success in cancer therapy.