1317P Renal toxicity in black patients with non-squamous non-small cell lung cancer treated with combination platinum-pemetrexed-pembrolizumab therapy

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Background: Development of AKI was assessed. Acute kidney injury (AKI) was defined as an increase in Cr 1.5 times the baseline value. Reduction in GFR of ≥40% was considered significant. Multiple variables and outcomes were analyzed by two-group comparisons, univariate analysis, and Cox regression.

Results: A total of 134 patients were included in the analysis. The mean age was 66.5 (SD 6.8) years, and 65 (48.5%) patients were men. A total of 33 (24%) patients were NH Black and 101 (75.4%) were NH White. There were 10 (8.1%) patients who developed AKI, and the median time to development of AKI was 4.5 months. No significant association of Black (3) or White (7) ethnicity with AKI was observed (p = 0.57). The median time to development of AKI was not increased in patients with a history of hypertension (p = 0.67), diabetes mellitus (p = 0.33), cardiovascular disease (p = 0.68), or CKD (p = 0.33). A total of 17 out of 127 (13.4%) patients had significantly reduced GFR, and patients with CKD were more likely to have reduced GFR (OR 4.8, 95% CI 1.9-12.7, p = 0.0012). No significant associations were observed in the Cox regression model.

Conclusions: Black patients with NS-NSCLC treated with PPP are not at higher risk of AKI or death than White patients. Development of AKI after PPP therapy was not associated with increased mortality.

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