

Renal Outcome in Patients with Urothelial Carcinoma in Taiwan: A 12-year Population-based Observational Study

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OBJECTIVES

Previous literature suggested an increased risk of urothelial carcinoma (UC) in patients with end-stage renal disease (ESRD). However, the association between UC and subsequent ESRD incidence has not been confirmed.

METHODS

We construct a population-based retrospective cohort study to examine the risk of ESRD in UC patients in Taiwan. The study cohort consists of 26,017 patients newly diagnosed with UC, but without prior history of ESRD, derived from the National Health Institutes claims data from 1998 to 2010, together with 208,136 matched enrollees as a comparison cohort. The incidence of ESRD was ascertained through cross-referencing with the registry of catastrophic illnesses. Cox proportional hazard regression and Kaplan-Meier analyses were conducted to compute the ESRD-free survival rates after adjusting for possible confounding factors.

RESULTS

Table 1 Demographic characteristics and comorbidities of the UC and control groups in Taiwan

Variable	Control group	UC group	UT-UC group	B-UC group	p
Total number	208136	26017	4263	21537	
Follow-up year (mean ± SD)	4.79 ± 3.43	3.80 ± 3.27	2.94 ± 2.81	3.98 ± 3.33	<0.001
Gender					1.00
Male	145176 (69.7)	18147 (69.7)	1857 (43.6)	16176 (75.1)	
Female	62960 (30.3)	7870 (30.3)	2406 (56.4)	5361 (24.9)	
Age, year					1.00
25-44	9496 (4.56)	1187 (4.56)	130 (3.05)	1036 (4.81)	
45-54	23688 (11.4)	2961 (11.4)	396 (9.29)	2537 (11.8)	
55-64	40504 (19.5)	5063 (19.5)	878 (20.6)	4151 (19.3)	
65-74	66096 (31.8)	8262 (31.8)	1596 (37.4)	6591 (30.6)	
≥75	68352 (32.8)	8544 (32.8)	1263 (29.6)	7222 (33.5)	
Geographic region					<0.0001
Northern	86554 (41.6)	8970 (34.5)	861 (20.2)	8047 (37.4)	
Central	42928 (20.6)	4888 (18.8)	819 (19.2)	4039 (18.8)	
Southern	57490 (27.6)	9601 (36.9)	2139 (50.2)	7360 (34.2)	
Eastern	21159 (10.2)	2558 (9.83)	444 (10.4)	2091 (9.71)	
Occupation					<0.0001
White collar	88544 (42.6)	11240 (43.2)	1757 (41.2)	9396 (43.6)	
Blue collar	86942 (41.9)	11563 (44.5)	2224 (52.2)	9232 (42.9)	
Others	32237 (15.5)	3208 (12.3)	281 (6.59)	2904 (13.5)	
Monthly income, NTD					<0.0001
≤ 15840	118082 (56.7)	14832 (57.0)	2149 (50.4)	12569 (58.4)	
15841–20100	9569 (4.60)	2116 (8.13)	387 (9.08)	1700 (7.89)	
> 20100	80485 (38.7)	9069 (34.9)	1727 (40.5)	7268 (33.8)	
Diabetes	18522 (8.90)	4493 (17.3)	900 (21.1)	3557 (16.5)	<0.0001
Hypertension	36179 (17.4)	8635 (33.2)	1753 (41.1)	6808 (31.6)	<0.0001
Coronary heart disease	18544 (8.91)	2988 (11.5)	546 (12.8)	2416 (11.2)	<0.0001
Atrial fibrillation	3796 (1.82)	537 (2.06)	83 (1.95)	452 (2.10)	0.007
Heart failure	5854 (2.81)	880 (3.38)	168 (3.94)	702 (3.26)	<0.0001
Chronic kidney disease	1266 (0.61)	560 (2.16)	157 (3.68)	400 (1.86)	<0.0001
Hyperlipidemia	8119 (3.90)	1371 (5.27)	280 (6.57)	1077 (5.00)	<0.0001
Nephroureectomy	405 (0.19)	4854 (18.7)	3306 (77.6)	1508 (7.00)	<0.0001

Table 3 Multivariate Cox proportional hazards model for the prediction of ESRD¹

	ESRD number	Person-years	Rate, per 1,000 person-years	Age, sex-adjusted HRs (95% CI)	Multivariate-HRs (95% CI)
Control	1829	997339	1.83	1	1
UC (Total)	979	98929	9.9 5.46 (5.05–5.91)	3.87 (3.57–4.19)	
UT-UC	330	12515	16.37 13.5 (11.9–15.2)***	7.75 (6.84–8.78)***	
Bladder UC	642	85750	7.49 4.18 (3.82–4.57)***	3.12 (2.84–3.42)***	
CKD					<0.0001
UC					
No	1		No	1	No
Yes	3.93 (3.61–4.29)***		Yes	5.28 (4.80–5.81)***	Yes
Yes	No	16.5 (14.0–19.4)***	Yes	4.73 (4.24–5.27)***	Yes
Yes	Yes	57.6 (48.9–67.8)***	Yes	10.1 (8.84–11.6)***	Yes
UT-UC					
Without Nephroureectomy	73	2221		32.87 16.6 (13.1–21.0)***	7.07 (5.55–9.01)***
With Nephroureectomy	426	16042		26.56 13.8 (12.4–15.4)***	8.88 (7.95–9.93)***
Bladder UC					
Without Nephroureectomy	257	10294		24.97 13.0 (11.4–14.8)***	8.25 (7.20–9.45)***
With Nephroureectomy	475	80137		5.93 3.31 (2.99–3.66)***	2.50 (2.26–2.77)***
With Nephroureectomy	167	5613		29.75 15.9 (13.6–18.6)***	10.6 (8.99–12.4)***

¹ Multivariate model adjusted for age, sex, geographic region, occupation, monthly income, and comorbidities (including diabetes, hypertension, coronary heart disease, atrial fibrillation, heart failure, chronic kidney disease, and hyperlipidemia).

Table 4 Interaction between clinical comorbidities and different UC type in ESRD¹

	Multivariate-HRs (95% CI)	P for interaction		Multivariate-HRs (95% CI)	P for interaction	Multivariate-HRs (95% CI)	P for interaction
CKD	0.3	DM	UC	<0.0001	HT	UC	<0.0001
UC	1	No	1	1	No	No	1
Yes	3.93 (3.61–4.29)***		Yes	5.28 (4.80–5.81)***		Yes	5.20 (4.70–5.76)***
Yes	No	16.5 (14.0–19.4)***	Yes	4.73 (4.24–5.27)***	Yes	No	2.33 (2.09–2.60)***
Yes	Yes	57.6 (48.9–67.8)***	Yes	10.1 (8.84–11.6)***		Yes	5.98 (5.26–6.80)***
CKD	0.0003	DM	UT-UC	<0.0001	HT	UT-UC	<0.0001
UT-UC	1	No	1	1	No	No	1
Yes	8.99 (7.84–10.3)***		Yes	12.0 (10.4–14.0)***		Yes	12.0 (10.2–14.1)
Yes	No	14.5 (12.3–17.1)***	Yes	4.68 (4.18–5.24)***	Yes	No	2.20 (1.95–2.47)***
Yes	Yes	71.5 (54.7–93.5)***	Yes	20.9 (16.9–25.8)***		Yes	11.8 (9.77–14.3)***
CKD	0.59	DM	B-UC	<0.0001	HT	B-UC	<0.0001
B-UC	1	No	1	1	No	No	1
Yes	3.01 (2.73–3.33)***		Yes	4.18 (3.75–4.67)***		Yes	4.12 (3.67–4.63)***
Yes	No	15.7 (13.3–18.4)***	Yes	4.64 (4.15–5.18)***	Yes	No	2.22 (1.98–2.48)***
Yes	Yes	50.6 (41.6–61.6)***	Yes	7.86 (6.68–9.26)***		Yes	4.46 (3.84–5.19)***

¹ Multivariate model adjusted for age, sex, geographic region, occupation, monthly income, and comorbidities (including diabetes, hypertension, coronary heart disease, atrial fibrillation, heart failure, chronic kidney disease, and hyperlipidemia)

CONCLUSIONS

Our data indicate that UC (either UT-UC or B-UC) is an independent risk factor for ESRD, especially for women. Our results call attention to the immediate health effects of UC on patients.

