

Title: *Patient characteristics and clinical trajectories in an onconeurology clinic: data from a single-center prospective clinic registry*

Authors: Itamar Gork¹, Assaf Potruch¹, Jakob Landau¹, Abhijit Kitchlu²

Affiliations:

1. Department of Nephrology and Hypertension, Hadassah Medical Center and Faculty of Medicine, Hebrew University of Jerusalem.

2. Department of Medicine, Division of Nephrology, University Health Network, University of Toronto, Toronto, ON, Canada.

Introduction: Onconeurology clinics are increasingly being established worldwide; however, prospective clinic registry data remains limited. We describe data from the first year of a novel onconeurology clinic registry in Hadassah Medical Center.

Methods: Prospectively collected patient data (demographics, comorbidities, cancer characteristics, laboratory data and therapies) from April 2025 to May 2026 were included. Data was collected through REDCap and analyzed using R.

Results: Our cohort includes 160 patients, 120 (75%) of whom had an active malignancy, median age was 70 (IQR 59.5-76) and baseline eGFR was 54 ml/min/1.7m² (IQR 39-70.5). 90 patients (56%) were referred for chronic kidney disease (CKD) while 27 (17%) were referred for acute kidney injury (AKI); 86 patients (54%) had chronic hypertension. Main cancer sites included hematologic, breast, renal and gynecologic malignancies (Figure 1a.). The most common working diagnosis was CKD attributed to cardiovascular risk factors (37.5%, Figure 1b.). Median follow-up time of 4.1 months (IQR 2.8-8.3). 13 patients (8%) died and 5 (3%) required kidney replacement therapy (KRT), most of these patients (88%) had active malignancies with a variety of cancer sites. Figure 1c demonstrates chronology of cancer diagnosis, cancer treatments and clinic follow-up in this subset of patients. A kidney biopsy was done in 5 (3%) patients, diagnoses included diabetic kidney disease (2 cases), acute interstitial nephritis, AL amyloidosis and thrombotic microangiopathy accounting for one case each.

Conclusions and significance: Onconeurology patients are highly heterogeneous regarding cancer sites, referral reason, CKD stage, comorbidities and cancer treatments. Our data highlights the substantial burden of pre-existing CKD and cardiovascular comorbidities in this population. While this initial data provides a relatively short follow-up time, it demonstrates the feasibility of maintaining an active prospective clinic registry. Ongoing follow-up using prospective registries will enable outcome analyses including the impact of novel oncologic treatments on long-term kidney function in the future.

Figure 1. Registry overview

