PURPOSE OF REVIEW: With the improved long-term outcome of renal allograft recipients, malignant tumours or cardiovascular disease become increasingly important. Malignant tumours develop in 15-20% of graft recipients after 10 years, and thus contribute substantially to the morbidity and mortality of these patients. In contrast to the general population, skin tumours and lymphoproliferative disorders are the most frequent malignancies in transplant recipients. Malignancies can develop in three ways: de-novo occurrence in the recipient; recurrent malignancy in the recipient; or transmission of malignancy from the donor. RECENT FINDINGS: The immunosuppressive strategies after renal transplantation differ with respect to the development of malignancies, with cell-depleting antibodies being the highest risk, whereas newer immunosuppressants such as rapamycin could possess anti-tumour potential. The relationship of chronic viral infections to skin tumours and lymphoproliferative diseases has become clearer during recent years. Concomitantly, experience in the management of such diseases has grown. Furthermore, as older donors are accepted, awareness of the possibility of transferring malignancies from the donor to the recipient must increase. SUMMARY: Malignancies are a major contributor to morbidity and mortality among kidney transplant recipients as such diseases gain importance with longer graft survival. Immunosuppression and chronic viral infections in combination with the
transmission of malignant cells from the donor or recurrent malignancies contribute to the increased incidence of cancer. In kidney transplant recipients, screening before and after transplantation and an individualized choice of immunosuppression are thus mandatory.