

April 3, 2013

Griffin P. Rodgers, MD, MACP

Director

National Institute of Diabetes and Digestive and Kidney Diseases

National Institutes of Health

Building 31, 9A52

31 Center Drive, MSC 2560

Bethesda, Maryland 20892

Dear Dr. Rodgers:

On behalf of the American Society of Nephrology (ASN), and its more than 14,000 members, I want to thank you, Dr. Star, and everyone at the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) for your commitment and dedication to improving the lives of people with kidney disease.

ASN is greatly concerned about the mandatory automatic spending cuts to the National Institutes of Health (NIH) that went into effect March 1, 2013, as well as the reduction of federal dollars for medical research in general. I know you share the concern, and ASN appreciates NIDDK's interest in the society's opinions on how best to allocate the limited resources of the institute to maximize the scientific impact.

It is well-established that kidney disease affects an enormous segment of the United States population and is one of the costliest complications of chronic illness, including both hypertension and diabetes. Kidney disease affects individuals throughout the human lifespan, disproportionately affecting racial and ethnic minority populations, as well as older Americans. It is associated with multiple co-morbidities, as well as important reductions in functional capacity, that lead to lost productivity, greatly increasing the functional, social, and financial consequences of disease.

Conservative estimates indicate that more than 20 million Americans have kidney disease, which is often under-diagnosed and under-treated. This population develops a wide range of complications not only including acute kidney injury and end-stage renal disease (ESRD), but disability and premature death from extensive cardiovascular illness. Every year, more than 300,000 Americans are diagnosed with acute kidney injury, which is associated with extremely high rates of mortality, rates of progression to ESRD, and healthcare costs.

Nearly 600,000 patients who have been "fortunate" enough to survive the oftentimes-devastating consequences of earlier forms of kidney disease currently have ESRD. Although these individuals comprise less than 1 percent of Medicare beneficiaries, they

account for nearly 7 percent of Medicare's budget. ESRD alone will cost Medicare an estimated \$30 billion this year. Consequently, advances in kidney research that can halt or slow progression to ESRD can yield significant savings to Medicare. Recent data in longitudinal studies of cohorts with both non-diabetic and diabetic kidney disease show that patients continue to progress to ESRD despite widespread adoption of renal protective therapies. In addition, diabetic nephropathy explains much of the excess mortality associated with both type 1 and type 2 diabetes.

ASN appreciates the challenges and pressures that NIDDK faces in deciding how to implement the "sequester", as well as balance its medical research portfolio, and hopes the institute will keep these comments in mind. I would also like to refer you to the enclosed January 13, 2012, letter from the society to NIDDK about recommendations for allocating institute resources.

ASN has been and will continue to collaborate with coalitions representing patient groups and health professional organizations in urging Congress to replace sequestration with a balanced approach to deficit reduction. The society has participated in a number of rallies, briefings, and Hill Day meetings with congressional offices. ASN also launched the society's first-ever grassroots campaign last fall. Through calls, emails, and district office meetings with their members of Congress, hundreds of ASN members have answered the call to action.

Thank you again. We look forward to further collaboration with you, Dr. Star, and NIDDK about these important issues. Please feel free to contact Grant Olan, ASN Policy Associate, at [golan@asn-online.org](mailto:golan@asn-online.org) or (202) 640-4657 with questions.

Sincerely,



Bruce A. Molitoris, MD, FASN  
President

Enclosure

cc: Thomas H. Hostetter, MD  
Tod Ibrahim  
John R. Sedor, MD  
Robert A. Star, MD