

December 21, 2012

Virginia A. Moyer, MD, MPH
US Preventative Services Task Force
540 Gaither Road
Rockville, Maryland 20850

Dear Dr. Moyer:

On behalf of the American Society of Nephrology (ASN), and the 14,000 physicians, scientists, and other healthcare professionals that the society represents, thank you for your leadership of the US Preventive Services Task Force (USPSTF). ASN commends the Task Force for recommending further research of screening for chronic kidney disease in its recent "Second Annual Report to Congress on High-Priority Evidence Gaps for Clinical Preventive Services."

Chronic kidney disease (CKD) is a serious and growing public health threat. More than 26 million Americans have CKD today, and only 1 in 10 are aware they have the disease. Yet when health professionals identify CKD early, they can slow or halt the progression to kidney failure (also known as end-stage renal disease, or ESRD), thus reducing the high morbidity and costs associated with dialysis and transplantation. ASN recognizes that insufficient evidence exists to show that screening for CKD in asymptomatic adults translates into effective interventions to improve outcomes; however, a lack of evidence is not the same as evidence that screening, or subsequent interventions, are not effective.

Consequently, ASN strongly supports the USPSTF recommendation for more research to close the knowledge gap between CKD screening and improved outcomes, and submits the following comments for your consideration.

Major Correlation between Hypertension, Diabetes, and Kidney Disease

Diabetes and hypertension are the most common risk factors for CKD. The prevalence of CKD is approximately 27.5 percent among the 30.6 percent of adults 20 years of age or older with hypertension, and approximately 34.5 percent among the 10.6 percent of US adults 20 years of age or older with diabetes. Clinical trials in these populations demonstrate that antihypertensive interventions reduce the risk of both CKD progression and cardiovascular complications.

For these reasons, ASN recommends screening of patients with hypertension and diabetes for CKD. Existing guidelines from a number of professional organizations, including the American Diabetes Association, the National Kidney Foundation, and the Joint National Commission on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure, also recommend screening these high risk populations for CKD.

Family History and Cardiovascular Disease also Strong Risk Factors for CKD

In addition to screening patients who have comorbid conditions that contribute to CKD, other patients who have characteristics signifying increased risk may warrant screening. For

instance, a family history of kidney failure is a strong risk factor for kidney disease. The National Kidney Disease Education Program (NKDEP) at the National Institutes of Health has advocated for screening patients who have a family history of kidney disease.

Screening individuals with a family history of kidney disease may also help address disparities among racial and ethnic minority populations in the US. African-Americans and Native Americans are up to four times more likely than Caucasians to progress to ESRD, while Hispanics are twice as likely. The elevated risk of developing CKD and ESRD in these groups is not well explained by the higher prevalence of diabetes and hypertension. (African-Americans, for example, are at disproportionate risk for developing Focal Segmental Glomerulosclerosis [FSGS] and primary glomerulopathy, due in part to a high prevalence of high-risk polymorphisms in the Apolipoprotein L1 gene.) However, recent findings indicate that CKD screening and treatment of African-Americans may be more cost-effective than CKD screening and treatment of non-African-Americans.

NKDEP and the American Heart Association also recommend CKD screening for patients with a clinical diagnosis of cardiovascular disease, who are also at high risk of kidney disease. CKD is common among patients with cardiovascular disease and is a strong independent risk factor for cardiovascular events and death. As such, screening for CKD has been recommended for all adult patients with cardiovascular disease, including those with coronary artery disease or congestive heart failure.

Consequently, ASN recommends consideration of CKD screening for patients with family history of kidney disease and those diagnosed with cardiovascular disease in addition to patients with hypertension and diabetes.

Stakeholder Input Crucial

ASN recognizes the important role USPSTF plays in evaluating the effectiveness of clinical preventive services for patients like screening for CKD, and praises the Task Force for making the recommendation process clearer and more transparent. Despite these efforts however, ASN, and likely other stakeholders, were unaware of the opportunity to provide feedback on a draft of the August USPSTF recommendation on screening for CKD.

In the future, ASN suggests publishing draft recommendations in the Federal Register to allow more stakeholders to provide comment about which preventive services are beneficial, which are useless, and which are harmful.

Thank you again for recommending to Congress further research on CKD screening to fill evidence gaps. The society appreciates your consideration of the comments in this letter and welcomes the opportunity to discuss them further with you. Moreover, ASN stands ready to serve as a resource for USPSTF on this issue and other matters related to the care of patients with kidney disease. Please contact ASN Manager of Policy and Government Affairs Rachel N. Shaffer at (202) 640-4659 with any questions.

Sincerely,



Bruce A. Molitoris, MD, FASN
President