

Suggested Language for the Senate Fiscal Year 2009 Labor-HHS-Education Appropriations Bill
American Society of Nephrology
June 19, 2008

NIDDK:

Kidney disease- The committee is aware of the increasingly high prevalence of kidney disease in the American population. The committee also recognizes that while research has led to various treatments to slow the progression of the disease, there is currently no cure. The committee urges NIDDK to prioritize research on the disease's relationship with its leading causes, particularly diabetes, hypertension, and obesity; methods for prevention; and appropriate and effective therapies that improve disheartening mortality statistics. In particular, the committee also urges NIDDK to prioritize investigator-initiated research that studies: acute kidney injury, diabetic nephropathy, glomerular disease, hypertension, transplantation, and uremic cardiovascular toxicity. Additional resources are required to track data on patient race and ethnicity to understand the overwhelming disparities related to morbidity and mortality of kidney disease among underrepresented minority patients.

NHLBI:

Kidney disease- Given the significant correlation between hypertension, cardiovascular disease, and kidney disease, the committee encourages NHLBI to dedicate attention to research that uncovers the various etiologies of and determines appropriate therapies for kidney disease. The committee encourages NHLBI to collaborate with the renal community to support ongoing educational programs directed to health professionals, patients, and the public to raise the awareness of the relationship between cardiovascular disease, hypertension, and kidney disease. In addition, NHLBI should ensure that clinical trials in related diseases consider the kidney function of enrollees in analysis.

Office of the Director:

Health care disparities and kidney disease: Statistics show that kidney disease overwhelmingly impacts underrepresented minority patients, yet researchers have little understanding of the causes of the higher prevalence. In addition, underrepresented minority patients are more likely to suffer negative outcomes than Caucasian patients. African Americans with chronic kidney disease are four times more likely to progress to end-stage renal disease while Hispanics are twice as likely to progress. The committee encourages NIH to track and study patient data to assess the reasons for such health care disparities. In addition, the committee urges NIH to develop the appropriate infrastructure to store and coordinate patient data—including underrepresented minority data—to support clinical trials that assess health care disparities.