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## **PREMATURE DEATH LESS LIKELY THAN END STAGE RENAL DISEASE FOR AFRICAN AMERICANS WITH KIDNEY DISEASE**

*New Findings for Patients with Hypertensive Nephrosclerosis Enrolled in AASK Trial and Cohort Study*

**Washington, DC (July 19, 2010)** — Regardless of demographics, African American patients with hypertensive nephrosclerosis have a higher rate of developing end stage renal disease (ESRD) than dying prematurely, according to a study appearing in an upcoming issue of the *Journal of the American Society of Nephrology* (JASN). Earlier studies showed patients of all races with Chronic Kidney Disease (CKD) were at greater risk of dying prematurely from cardiovascular disease (CVD) than reaching ESRD.

Hypertensive nephrosclerosis (also called Hypertensive Chronic Kidney Disease) is a common kidney disorder in which the smallest arteries in the kidneys, called the arterioles, are damaged. This type of damage can be benign, which means it occurs over a period of years. While it often does not lead to kidney failure, in some patients this form of kidney disease progresses very quickly and the patient develops kidney failure. Hypertensive nephrosclerosis accounts for about 1/3 of new cases of kidney failure in African-Americans.

Tahira Palmer Alves MD, MPH (University of Texas Health Science Center at San Antonio), senior author Julia Lewis, MD (Vanderbilt University, Nashville) and colleagues studied participants from the African American Study of Kidney Disease and Hypertension (AASK) trial and cohort phase. The AASK trial had 1094 participants enrolled, 764 (70%) of whom completed the trial phase without an event and 691 of those (90%), subsequently enrolled in the cohort phase.

“The results may provide new insights into the relationship between high blood pressure and kidney disease in African Americans, as well as some of the reported racial differences in the rates and outcomes of ESRD,” explains Dr. Alves.

African Americans are at increased risk of kidney failure caused by hypertension. The African American Study of Kidney Disease and Hypertension (AASK) Cohort Study was created to identify risk factors for progressive kidney disease in African Americans with hypertensive chronic kidney disease in the setting of recommended antihypertensive therapy. Dr. Alves noted that AASK allowed the medical community to gain a greater understanding of the types of serious health outcomes (ESRD, CVD events, and mortality) that afflict African-Americans with nondiabetic hypertensive nephrosclerosis.

Press Release

In an accompanying editorial, Linda F. Fried, MD (VA Pittsburgh Healthcare System, Pittsburgh) explained that the study “suggests that the risk for death before dialysis is not uniform. Whether this should have an impact on clinical care is not yet clear. Although it could affect the focus on preparing for dialysis or transplantation evaluation, we would need to improve our risk prediction on an individual level before this could be initiated.”

ASN leads the fight against kidney disease by highlighting complex areas of interest and controversy, such as addressing profound health care disparities, its leading legislative priority for 2010. ASN believes Congress and the National Institutes of Health (NIH) can play a significant role in addressing disparities, by increasing funding and support of minority investigators and providing additional aid to investigators who study disparities in treatment of Americans with kidney disease.

Study co-authors include Jackson T. Wright, Jr., MD, PhD (Case Western Reserve University); Lawrence Appel, MD, MPH (Johns Hopkins Bloomberg School of Public Health); Tom Greene, PhD (University of Utah School of Medicine); Keith Norris, MD (Charles Drew University and David Geffen School of Medicine at UCLA); and Xuelei Wang, MS (Cleveland Clinic).

Disclosures: see page 3 below for complete list of study disclosures.

A related abstract was presented at ASN Renal Week 2008 in Philadelphia, PA and promoted via press release.

The article, entitled “Rate of ESRD Exceeds Mortality among African Americans with Hypertensive Nephrosclerosis” (doi 10.1681/ASN.2009060654) and the accompanying editorial, “Higher Incidence of ESRD than Mortality in the AASK Study” (doi 10.1681/ASN.2010060623) will appear online at <http://jasn.asnjournals.org> on July 22, 2010.

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Disclosures: AASK was supported by grants to each clinical center and the coordinating center from the National Institute of Diabetes and Digestive and Kidney Diseases. In addition, AASK was supported by the Office of Research in Minority Health (now the National Center on Minority Health and Health Disparities, NCMHD) and the following institutional grants from the National Institutes of Health: M01 RR-00080, M01 RR-00071, M0100032, P20-RR11145, M01 RR00827, M01 RR00052, 2P20 RR11104, RR029887, UL1 RR024989 and DK 2818-02. King Pharmaceuticals provided monetary support and antihypertensive medications to each clinical center. Pfizer Inc, AstraZeneca Pharmaceuticals, Glaxo Smith Kline, Forest Laboratories, Pharmacia and Upjohn also donated antihypertensive medications. All sites received monetary support from King-Monarch. In addition to receiving institutional support for the AASK study, George Bakris has been a consultant with Novartis, Merck, GSK, Abbott, Johnson & Johnson, Walgreen's, and Forest; received grants from GSK, Forest and Novartis; received honoraria from GSK, Novartis, Forest and Merck; received payments for development of educational materials by Novartis, GSK, Forest and Abbott; received reimbursement for expenses by Novartis, GSK, Forest, Merck and Abbott. Kenneth Jamerson has consulted with Daiichi-Sankyo and Novartis; received honoraria from Daiichi-Sankyo and Novartis; received payments for development of educational materials by Daiichi-Sankyo and Novartis; received reimbursement for expenses by Daiichi-Sankyo and Novartis. Keith Norris has consulted with Amgen, King Pharmaceuticals and Abbott; received grants from NIH and King Pharmaceuticals; received honoraria from Amgen. Robert Toto serves on the board of Boehringer-Ingelheim, Amgen, and Litholink; has been a consultant with Amgen, Lilly, and Takeda; has received grants from Amgen, Novartis, Reata, and Fibrogen; received honoraria from Amgen, AMAG, Merck, Watson, and Novartis; received payments for development of educational materials from Amgen and Abbott; and received reimbursement for expenses by Merck, Amgen, Novartis, Watson, Lilly, AMAG, Boehringer-Ingelheim, Abbott, Litholink and Takeda. Jackson Wright has consulted with CVRx, Novartis, Daiichi-Sankyo, and Sanofi-Aventis; received grants from King Pharmaceuticals.

Dr. Fried, the author of the editorial, reported no disclosures.