SCREENING STRATEGY IDENTIFIES ADULTS AT RISK FOR DEVELOPING KIDNEY DISEASE

Program also discovers many patients who have kidney disease but don’t know it

Highlight

• In the See Kidney Disease (SeeKD) Targeted Screening program undertaken by the Kidney Foundation of Canada, 89% of patients who were screened reported at least 1 risk factor for chronic kidney disease (CKD), and of those, 19% had unrecognized CKD.

Washington, DC (May 19, 2016) — A screening program for chronic kidney disease (CKD) initiated in Canada has successfully identified a high proportion of individuals with risk factors for CKD as well as many with unrecognized CKD. The findings, which appear in an upcoming issue of the Clinical Journal of the American Society of Nephrology (CJASN), indicate that targeted screening provides an important opportunity for early intervention to slow the progression of CKD.

More than 10% of adults worldwide have chronic kidney disease (CKD), but many people do not have any signs or symptoms of poor kidney function. Usually, these symptoms arise only after CKD has progressed to kidney failure, at which point there are very few helpful treatments available. To detect and treat CKD earlier, clinicians can target screening to people who have a higher than average risk; however the optimal strategy for screening is unknown.

In part to address this, investigators initiated the See Kidney Disease (SeeKD) Targeted Screening program. Undertaken by the Kidney Foundation of Canada, SeeKD seeks to promote good kidney health, to teach Canadians about CKD prevention, and to provide early detection of CKD in Canadians with a high risk of developing it.

According to an analysis of SeeKD data by Brenda Hemmelgarn, MD, PhD, Lauren Galbraith, BSc (University of Calgary, in Canada), and their colleagues, 6329 Canadians participated in SeeKD screening events between 2011 and 2014, and the majority (89%) self-reported at least one risk factor for CKD. Of participants with at least one risk factor who were screened, 19% had undiagnosed CKD.
“This targeted screening program was able to identify a high proportion of participants at risk of CKD and a greater proportion of participants with unrecognized CKD as compared with population-based estimates,” said Dr. Hemmelgarn. “These results highlight the importance of targeted screening for CKD.”

The SeeKD targeted screening program is similar to the Kidney Early Evaluation Program (KEEP) in the United States, led by the National Kidney Foundation.

In an accompanying editorial, Paul Komenda, MD, MHA, Claudio Rigatto MD, MSc, and Navdeep Tangri MD, PhD (University of Manitoba) noted that “an ounce of prevention is worth a pound of cure…, but health care systems are still not set up optimally to benefit from targeted screening and treatment of some chronic diseases at a population level. SeeKD is another example of the possibilities of a well-executed national screening platform. We strongly endorse efforts to continue to implement, evaluate, and refine evidence based targeted screening programs to reduce the global burden of CKD.”

Study co-authors include Paul Ronksley, PhD, Lianne Barnieh, PhD, Joanne Kappel, MD, Braden Manns, MD, MSc, Susan Samuel, MD, MSc, Min Jun, PhD, Rob Weaver, MSc, and Nadine Valk.

Disclosures: The authors reported no competing interests. The See Kidney Disease targeted screening program was supported by the Kidney Foundation of Canada through a partnership with Canadian National Railway. The sponsors of the study had no role in study design, data collection, data analysis, data interpretation, or writing of the report. LG is supported by a strategic training in health research award from Knowledge Translation Canada, MJ is supported by postdoctoral fellowships from the Canadian Institutes of Health Research (CIHR), Albertan Innovates Health Solutions (AIHS) and an early career fellowship from the National Health and Medical Research Council of Australia (NHMRC), BM is supported by the Svare Professorship in Health Economics and BH is supported by the Roy and Vi Baay Chair in Kidney Research. The Interdisciplinary Chronic Disease Collaboration is funded by Alberta Innovates Health Solutions – CRI0 Team Grants Program.

The article, entitled “The See Kidney Disease (SeeKD) Targeted Screening Program for CKD,” will appear online at http://cjasn.asnjournals.org/ on May 19, 2016, doi: 10.2215/CJN.11961115.

The editorial, entitled “Screening Strategies for Unrecognized CKD,” will appear online at http://cjasn.asnjournals.org/ on May 19, 2016.

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