



PRESS RELEASE

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Study Reveals a Potentially Better Way to Optimize the Timing for Kidney Transplant Waitlisting

Highlights

- Expanding the waitlisting criteria for kidney transplantation to include risk of kidney failure—rather than taking a single measurement of kidney function—could improve outcomes in younger patients and reduce racial disparities in access to kidney transplantation.
- The findings will be presented at American Society of Nephrology (ASN) Kidney Week 2025 November 5–9.

Houston, TX (November 8, 2025) — The current kidney transplant waitlisting criterion is based on a single measurement of kidney function (estimated glomerular filtration rate [eGFR] ≤ 20 ml/min/1.73m²) and does not consider an individual's risk of progressing to kidney failure. A new study reveals that inclusion of a patient's 2-year risk of progression to kidney failure (using the Kidney Failure Risk Equation [KFRE], which incorporates age, sex, urine albumin, and eGFR) as a decision-making tool toward pre-emptive listing for kidney transplantation, has the potential to improve patient outcomes and reduce racial disparities. The findings will be presented at ASN Kidney Week 2025 November 5–9.

When examining the use of the 2-year risk of progression to kidney failure of $\geq 25\%$ based on the KFRE as listing criterion and comparing it with the current eGFR ≤ 20 criterion, investigators found that among 10,368 US veterans with chronic kidney disease in 2022 who would meet at least one of the criteria, 60% met both and 20% met only one or the other.

In 2022, veterans who only qualified by the eGFR ≤ 20 criterion were older (71 years) than those who only qualify by KFRE $\geq 25\%$ (53 years). Also, using the kidney disease progression criteria only, more males, minorities (Hispanic, Black, and Asian), and those with diabetes and/or albuminuria would be waitlisted. When examining longitudinal data (2006–2019) to assess outcomes, the group who met both criteria or the KFRE $\geq 25\%$ only, had the highest rates of kidney failure and lower mortality compared with those who only met the eGFR ≤ 20 criterion.

“Expanding the waitlisting criteria for kidney transplantation to include risk of kidney failure prioritizes individualized approaches to care and could improve outcomes in

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younger patients with chronic kidney disease, as well as improve racial parity in access to kidney transplantation,” said corresponding author Jennifer L. Bragg-Gresham, MS, PhD, of the University of Michigan Medical School. “This approach will continue to be studied prospectively and in populations beyond veterans to verify its potential to improve patient outcomes.”

Study: “Optimizing Timing for Kidney Transplant Wait-Listing”

Join ASN and approximately 12,000 other kidney professionals from across the globe at Kidney Week 2025 in Houston, TX. The world's premier nephrology meeting, Kidney Week, provides participants with exciting and challenging opportunities to exchange knowledge, learn the latest scientific and medical advances, and listen to engaging and provocative discussions with leading experts in the field. Early programs begin on November 5, followed by the Annual Meeting from November 6-9. Follow the conversation at #KidneyWk.

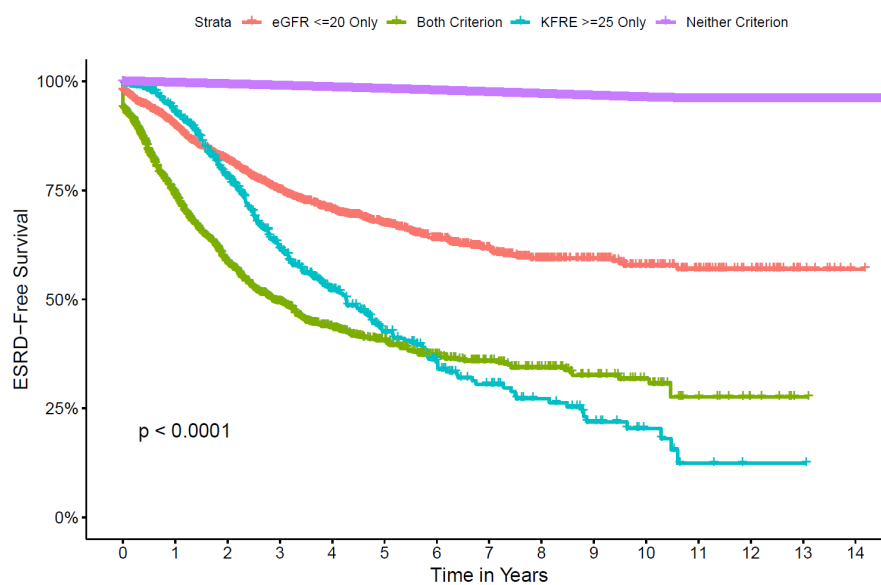
About the American Society of Nephrology (ASN)

Since 1966, ASN has been leading the fight to prevent, treat, and cure kidney diseases throughout the world by educating health professionals and scientists, advancing research and innovation, communicating new knowledge and advocating for the highest quality care for patients. ASN has nearly 22,000 members representing 141 countries. For more information, visit www.asn-online.org and follow us on [Facebook](#), [X](#), [LinkedIn](#), and [Instagram](#).

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Time to ESRD and Death by Criterion Groups among 3,237,113 veterans with CKD, 2006 – 2019

A. Time to ESRD



B. Mortality

