Dear Colleague:

On behalf of the National Kidney Foundation (NKF) and the American Society of Nephrology (ASN), thank you for your ongoing support of and interest in the NKF-ASN Task Force on Reassessing the Inclusion of Race in Diagnosing Kidney Diseases.

The NKF-ASN Task Force has submitted its interim report for publication. Currently, the task force is drafting its final report, which it also plans to submit for publication this spring.

When announcing the establishment of the task force eight months ago, NKF and ASN affirmed that race is a social, not a biological, construct, but recognized that simply dropping the race modifier could introduce different biases and disparities and that the path forward would require careful consideration of alternatives for assessing kidney function. As the largest organizations representing kidney patients and health professionals, we remain committed, as we asserted then, to ensuring that racial bias does not affect the diagnosis and subsequent treatment of kidney diseases.

The leaders of NKF and ASN agree that 1) race modifiers should not be included in equations to estimate kidney function and 2) current race-based equations should be replaced by a suitable approach that is accurate, inclusive, and standardized in every laboratory in the United States. Any such approach must not differentially introduce bias, inaccuracy, or inequalities.

In the near future, the task force will issue its reports and recommendations for a national approach. The leaders of NKF and ASN assert that a unified and consistent approach to estimating kidney function is essential for providing high-quality patient care. By meeting the task force’s charge to “ensure that GFR estimation equations provide an unbiased assessment of kidney function so that patients, clinicians, laboratories, and public health officials can make informed decisions to ensure equity and personalized care for patients with kidney diseases,” these reports and recommendations will be important steps in moving kidney medicine and the rest of health care forward.

Besides thanking the members of the task force for their remarkable efforts, we commend the many members of the kidney community (including patients, students, trainees, and health professionals) who testified orally or in writing during the task force’s three open forums. Their testimony is helping to shape the task force’s final report. When the interim report is published, the task force will include a mechanism for providing online feedback, which will also help inform the final report.

An accurate and unbiased estimation of kidney function is but one of many steps necessary to address racism and racial disparities in the care of people with kidney diseases. Of the more than 37 million adults with kidney diseases in the United States, a disproportionate number are Black or African American, Hispanic or Latino, American Indian or Alaska Native, Asian American, and Native Hawaiian or Other Pacific Islander people. These Americans face unacceptable health disparities and inequities that NKF and ASN will help address to advance kidney health for all. NKF and ASN are committed to reversing these longstanding disparities and inequities through efforts that address health care delivery, social determinants of health, and health justice.

The forthcoming reports and recommendations from the NKF-ASN Task Force on Reassessing the Inclusion of Race in Diagnosing Kidney Diseases are important steps in meeting this commitment.

Again, thank you.

Sincerely,

Paul M. Palevsky, MD, FASN, FNKF
NKF President

Susan E. Quaggin, MD, FASN
ASN President