

May 24, 2012

Edward J. Sondik, PhD
National Center for Health Statistics
Centers for Disease Control and Prevention (CDC)
3311 Toledo Road
Hyattsville, Maryland 20782

Dear Dr. Sondik:

On behalf of the American Society of Nephrology (ASN), and the 14,000 physicians, scientists, and other health professionals the society represents, thank you for your leadership at the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS). Please accept this recommendation to include collection of laboratory data on patients' serum creatinine levels in the NCHS *National Ambulatory Medical Care Survey (NAMCS)*.

ASN leads the fight against kidney disease, which is the 8th leading cause of death in the United States. Approximately 26 million, or 1 in 9, Americans have some evidence of kidney disease, making it one of the most significant public health issues in this country. Most people are not aware they are at risk or have this disorder because it has few early warning signs. In addition, chronic kidney disease (CKD) disproportionately affects racial/ethnic minorities, who are 1.5 to 4 times more likely to develop kidney failure, also known as end-stage renal disease (ESRD), than white CKD patients.

ASN understands that NAMCS began collecting laboratory test results in 2010, including total cholesterol, high density lipoprotein, low density lipoprotein, triglycerides, glycohemoglobin A1c, and fasting blood glucose to improve the understanding of how physicians manage hyperlipidemia and diabetes. Early identification and treatment of kidney disease can slow the loss of kidney function, prevent or delay CKD complications, and prevent or delay kidney failure. Measuring creatinine is a simple test that is the most common measure of kidney function. A standard bundle of blood tests routinely reports the amount of creatinine in the blood. Collecting data on creatinine measurement in NAMCS will generate a critical resource for investigators studying prevalence, management, and treatment of kidney disease patients in community settings. This information can be used to better understand practice patterns in order to enhance understanding of kidney disease in a number of ways. For instance, researchers could better understand how certain types of physician practices are able to slow progression of chronic kidney disease and prevent the development of ESRD.

The availability of this vital public health information could not be more timely. Currently, more than 570,000 patients have ESRD, and this disease burden will cost Medicare an estimated \$29 billion in 2012. After three decades of exponential increase, adjusted rates of ESRD have finally plateaued in the past decade—suggesting research can lead to meaningful improvements in care and outcomes. But the combination of an aging population and epidemic increases in obesity and diabetes means the number of Americans with ESRD could continue to rise.

Current projections estimate 774,000 Americans will have ESRD by 2020, and the same forces are increasing the population burden of CKD.

ASN shares NCHS's commitment to improving public health. Access to serum creatinine values would have a significant impact on our ability to understand and effectively treat kidney disease, and the society urges you and other NCHS leaders to include collection of laboratory data on patients' serum creatinine levels in the NCHS *National Ambulatory Medical Care Survey (NAMCS)*.

Thank you for your consideration. ASN welcomes the opportunity to speak with you further about this recommendation, or any other issues related to kidney disease, if it would be helpful. Please contact ASN Manager of Policy and Government Affairs Rachel Shaffer at (202) 640-4659 or rshaffer@asn-online.org with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald J. Falk". The signature is fluid and cursive, with a large initial "R" and "F".

Ronald J. Falk, MD, FASN
President