

## World Kidney Day 2010

### Public Policy Board of the American Society of Nephrology

*J Am Soc Nephrol* 21: 381–382, 2010.  
doi: 10.1681/ASN.2010010106

The fifth annual World Kidney Day is on Thursday, March 11. The theme for 2010 is “Protect Your Kidneys: Control Diabetes.” According to the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), diabetes is the most common cause of chronic kidney disease (CKD), accounting for nearly 44% of new cases. Approximately 180,000 people in the United States “are living with kidney failure as a result of diabetes.” The World Health Organization estimates that more than 180 million people worldwide have diabetes, and the number of individuals with diabetes will double by 2030. Approximately 10 to 20% of these individuals with diabetes will die of kidney failure.

The American Society of Nephrology (ASN) and other organizations will bring this growing health problem to global attention on World Kidney Day 2010. The ASN plans to hold a reception on Capitol Hill in conjunction with other kidney organizations, such as the National Kidney Foundation, and convene meetings between the ASN’s leadership and members of Congress to inform lawmakers about the most pressing issues facing patients with kidney disease.

World Kidney Day was established by the International Society of Nephrology and the International Society of Kidney Foundations in 2006 as a global effort to “raise awareness of the importance of our kidneys to our overall health and to reduce the frequency and impact of kidney disease and its associated health problems worldwide.” In 2009, more than 60 countries participated by organizing health screening events, public lectures, press conferences, political activities, and other efforts. The International Society of Nephrology anticipates that even more countries will participate this year.

One of the most pressing issues for the ASN is the need for increased funding from the National Institutes of Health (NIH), particularly the NIDDK. The nephrology community needs better means of detecting and slowing the progression of CKD from diabetes, and many other problems in nephrol-

ogy remain poorly understood. More kidney-focused research is imperative.

The ASN is also working to raise the profile of kidney disease at other institutes within the NIH besides the NIDDK. The National Heart, Lung, and Blood Institute is a perfect example, given that the second leading cause of kidney failure is hypertension and the leading cause of death for the more than 26 million Americans who have kidney disease is cardiovascular disease. The recently initiated SPRINT trial for hypertension control reflects an admirable collaboration of the National Heart, Lung, and Blood Institute and the NIDDK. In that trial, a substantial portion of patients with CKD will be included intentionally. The ASN will continue to advocate for broad support for kidney research at the NIH.

Another natural fit for kidney disease research is the National Institute on Aging. The fastest growing group of patients initiating dialysis is 75-year-olds, and this population presents singular challenges for nephrologists. In 2010, the ASN, the National Institute on Aging, and the Association of Specialty Professors will hold a workshop on acute kidney injury in older adults. Still other institutes deserve more attention, such as the National Institute of Allergy and Infectious Diseases, which supports transplant-related research.

Congress and the public also must understand that health disparities exist among the kidney disease population. Black individuals with CKD are four times more likely to progress to kidney failure than are white individuals; Hispanic individuals are twice as likely.

According to the most recent report of the US Renal Data System (USRDS), more than 72,000 patients were on the waiting list for a kidney or kidney-pancreas transplant at the end of 2007. Nonwhite patients composed 46.4% of this list. Furthermore, black patients have poorer long-term outcomes than white patients. Although nephrologists are well aware of these facts, World Kidney Day represents an opportunity for raising this issue with the public and policy makers so that more research and action will be focused on these disparities.

Another issue of particular importance to the kidney disease community is the extension of immunosuppressive drug coverage. Medicare coverage of these important life-saving drugs expires after 36 months, forcing many patients to abandon their medications. These patients then face organ rejection and a return to dialysis. The Medicare program incurs an average annual cost of \$77,000 per dialysis patient. The cost for immunosuppressive drugs is far lower. A strong advocate of this extension for several years, the ASN will again urge support for such an extension during the visits to congressional offices on World Kidney Day 2010.

Regarding the proposed bundling of payments for ESRD drugs, the ASN has strongly advised the Centers for Medicare

Published online ahead of print. Publication date available at [www.jasn.org](http://www.jasn.org).

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and Medicaid Services that there must be careful monitoring of any effects on patients. We plan to reinforce that message with Congress and providers. Although cost containment is a common goal, we have a primary responsibility for patient well-being.

All nephrologists should use World Kidney Day 2010 as an opportunity to increase the level of awareness in their local communities. Members of the ASN who cannot travel to Washington, DC, in March but would like to participate in the efforts to raise the awareness of kidney disease and its risk factors are encouraged to recognize the day in their local areas through efforts such as giving a medical grand rounds lecture on "Protect Your Kidneys: Control Diabetes," writing their legislators, or even inviting their legislators for a site visit to their hospital or dialysis clinic.

Nephrologists know that most people with CKD are largely unaware that they have reduced kidney function. Nephrologists should work to educate their primary care colleagues (including family physicians, general internists, and pediatricians as well as nurse practitioners, physicians' assistants, and diabetes educators) about at-risk populations and ways to prevent the progression of kidney disease through early diagnosis, using two simple tests: Estimated GFR and a urine albumin-to-creatinine ratio. Neph-

rologists are best suited to helping the primary care provider determine who should be tested and how to interpret the screening tests. The National Kidney Disease Education Program of the NIH has excellent educational materials that could be easily used for these purposes. World Kidney Day should represent a venue for bringing that information to primary care providers.

The USRDS found that many patients receive no nephrologist care or dietary care. These findings suggest that planning for the transition to ESRD is poor. In 2010, the ASN is helping with the implementation of the Medicare education benefit for CKD that was included in the 2008 Medicare Improvements for Patients and Providers Act (MIPPA). Although the details of the Medicare benefit are still in progress, the legislative provision of this educational benefit was an issue that the ASN strongly and successfully advocated on previous World Kidney Days.

World Kidney Day is a time to raise the profile of an important and growing public health problem. The USRDS reported that the size of the ESRD population hit a new high in 2007, with 527,283 patients under treatment. This number will only increase as the population ages and the incidence of diabetes, hypertension, and obesity rises. The ASN encourages the entire community to act locally and unite globally to advance this important cause.