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Clinical Labs Report Additional Data to Aid in Detecting Kidney Disease

Washington, DC -- Early identification of individuals with chronic kidney disease (CKD) can delay the onset of end stage renal disease (ESRD) and the need for chronic dialysis treatments. The incidence of CKD continues to grow, and early identification and intervention are critical to manage this costly disease.

Reporting of a patient's estimated glomerular filtration rate (eGFR) is widely accepted as a more accurate indicator of kidney function than a serum creatinine test alone. The calculation of eGFR factors-in a patient's age, height, weight, and gender, along with the results from a serum creatinine test. The creatinine test itself measures how well the patient's kidneys process a waste product released by muscles when they burn energy. The eGFR calculation provides a more complete picture of how well the patient's kidneys are performing.

A number of subspecialty societies and organizations have emphasized that automatic eGFR reporting is the most desirable method of identification of patients with CKD. In fact, it has been asserted that the only reason to measure serum creatinine is to assess eGFR. At present, at least six states mandate that clinical laboratories in their state report eGFR when creatinine is ordered (Louisiana, Michigan, Connecticut, Pennsylvania, New Jersey, Tennessee) and several additional states have similar legislation pending. Although there is some opposition to legislative mandates of clinical practice, the early detection of CKD is important enough that states are likely to continue to require clinical laboratories to provide this information in the absence of general agreement by laboratories to provide this calculation on a voluntary basis.

In May, the American Clinical Laboratory Association (ACLA), which represents approximately 70% of independent laboratory services throughout the U.S., made a recommendation to its members that they voluntarily calculate an eGFR and report this additional information when doctors order a serum creatinine. ACLA's Board of Directors and general membership unanimously agreed to voluntarily and routinely report eGFR with physician test orders for serum creatinine.

Because not all doctors request an eGFR when they order the underlying serum creatinine tests, the lab industry decided recently to urge its members to voluntarily report eGFR results regardless of whether it is requested or not. "Many physicians already ask for this data, but some do not," said Alan Mertz, President of ACLA. "As an industry, we think it is a good idea to provide it voluntarily. The action by ACLA members speaks to the importance of other clinical labs to voluntarily report eGFR to physicians to provide them with the additional data and context for the results."

Chronic kidney disease is a silent killer affecting some 26 million Americans. Symptoms are often hard to detect until the late stages of the disease. But by then, many patients are already facing serious complications, including cardiovascular disease, anemia, or kidney failure.

Voluntary reporting of eGFR by the clinical laboratory members of the ACLA is a matter of good public policy as it allows the clinical laboratory to provide physicians with clinically useful information without a legislative mandate to do so.

Joseph Vassalotti, MD, Chief Medical Officer of the National Kidney Foundation, made the following statement in support of this initiative by the clinical laboratory industry: "Chronic Kidney Disease (CKD) can be detected in patients at risk with diabetes, hypertension and cardiovascular disease by reporting estimated Glomerular Filtration Rate (eGFR) from a routine blood test for creatinine. The National Kidney Foundation commends ACLA for promoting voluntary reporting of eGFR by clinical laboratories."

The Renal Physicians Association (RPA), which is comprised of nephrology practitioners around the country, endorses ACLA's initiative as well. RPA President Edward Jones, MD, congratulates the ACLA on their recommendation, noting, "Progressive and proactive efforts like that of the ACLA regarding voluntary reporting of eGFRs will substantially improve the kidney care community's ability to identify and treat the nation's growing CKD patient population. ACLA's emphasis in this area will assist nephrologists as we work with primary care physicians to co-manage CKD patients."

For more information on ACLA, go to www.clinical-labs.org.