Transcript Details

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Rethinking CKD Screening in the Era of New Therapies

Announcer:
You're listening to *Heart Matters* on ReachMD. On this episode, Dr. Daniel Edmonston will be discussing the case for broader chronic kidney disease screening in the era of new therapies. Dr. Edmonston is an Assistant Professor of Medicine at Duke University School of Medicine in Durham, as well as a Member of the Duke Clinical Research Institute. Let's hear from him now.

Dr. Edmonston:
It is generally not cost-effective to screen for a disease in the general population if identifying the disease, especially in its milder stages, will not lead to treatment options that improve quality and quantity of life. And this is sort of the concept behind the dollars per quality-adjusted life year qualities. Our current practice of testing for CKD was mostly built on data when our sole opportunity to improve kidney and cardiovascular health was by way of RAS inhibitors. This is angiotensin-converting enzyme inhibitors and angiotensin receptor blockers.

However, in the past decade, we've had a true explosion of therapy options that improve kidney and cardiovascular outcomes, and these include SGLT2 inhibitors, the nonsteroidal mineralocorticoid receptor antagonist, and GLP-1 receptor agonist. And there's some interesting data from about three years ago published by Drs. Cusick, Chertow, and others in the Annals of Internal Medicine that estimated the increases in life expectancy expected if we were to actually screen for CKD in the general population at different intervals of time and treated the cases that were discovered with RAS inhibitors—initially, two inhibitors after diagnosis.

And, in short, there is a very clear gain in life expectancy with screening in the general population if people that have cases of a CKD identified are treated with these therapies. And in fact, the estimates of cost per quality eclipse our current thresholds that we would normally use for something to be adopted as a general screening test.

And importantly, when they did this analysis, they estimated the monthly cost of SGLT2 inhibitors to be over 300 dollars a month. More recently, this has substantially decreased both through improved insurance coverage as well as cash pharmacy options that can decrease this cost substantially.

And beyond just the difference in cost as part of this estimate, we also have two other options, two inhibitors, that can improve kidney and cardiovascular health. And so this is definitely a truly exciting and evolving concept within CKD care.

Announcer:
That was Dr. Daniel Edmonston talking about how newer therapies are changing the CKD screening conversation. To access this and other episodes in our series, visit *Heart Matters* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!

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