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CKD in T2D: Exploring Strategies and Tools for Early Risk Assessment

Announcer:

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This medical industry feature, titled "CKD in T2D: Exploring Strategies and Tools for Early Risk Assessment" is sponsored by Renalytix. This program is intended for physicians.

Here's your host, Dr. Jennifer Caudle.

Dr. Caudle:

Chronic kidney disease in type 2 diabetes, also known as diabetic kidney disease, is a growing health epidemic. Tools commonly used by primary care physicians are not giving the full picture of kidney health, and urgent action is required now to change the trajectory of kidney disease in the United States, which is costing patient lives and significant health care expenses. This is ReachMD, and I'm your host, Dr. Jennifer Caudle, and joining me to discuss better diabetic kidney disease care is Dr. Joseph Aloï, Chief of the Section of Endocrinology and Metabolism at Wake Forest School of Medicine. Dr. Aloï, welcome to the program.

Dr. Aloï:

Thank you, Dr. Caudle. I'm glad to be here today.

Dr. Caudle:

There are over 37 million people in the United States, and over 850 million people worldwide, with chronic kidney disease. Why is this epidemic increasing?

Dr. Aloï:

The number one cause of chronic kidney disease in the U.S. is type 2 diabetes, representing 40% of CKD patients, or 15 million Americans have diabetic kidney disease.

As the rate of diabetes increases, so does the rate of its comorbid conditions like chronic kidney disease. Two-thirds of the adult population in the United States today are overweight or obese, driving the increases in the rates of diabetes.

There are also racial and ethnic minorities, along with the veteran population, that bear a disproportionate burden of the diabetes epidemic, which in turn impacts chronic kidney disease. They have higher prevalence rates, worse diabetes control and higher rates of complications. The high incidence of chronic kidney disease is often underestimated. Diabetic kidney disease has serious implications for progression to end-stage kidney disease. Each year over 100,000 Americans begin hemodialysis as a result of kidney failure, of which half of them have diabetic kidney disease.

Dr. Caudle:

Often, kidney disease goes untreated. Why is this?

Dr. Aloï:

Kidney disease is referred to as a silent killer, because it frequently is without symptoms and can go undetected until it's at an advanced stage. 95% of CKD patients are in early stages 1-3, but unfortunately 9 out of 10 adults with CKD do not know they have it. I recently met a new patient for management of his type 2 diabetes. He's a 37-year-old man, concerned that his blood sugars were uncontrolled and rising. I was concerned that he had marked leg edema and extremely high blood pressures. Chemistries from that visit confirmed late-stage kidney disease, and my primary role in his care was connecting him with nephrology, and he actually started dialysis that

month.

Dr. Caudle:

What can health care providers do to improve these statistics and help slow, or even prevent progression of CKD?

Dr. Aloï:

With over 37 million Americans in the U.S. with chronic kidney disease, and only 8,000 practicing nephrologists, the kidney doctors are outnumbered. Changing care and outcomes must be driven by primary care physicians. Again, 95% of CKD patients are in early stages, 1-3, and if we're going to delay or prevent progression in the earliest stages of the disease, CKD must be recognized, and treatment started by the PCP. In those busy practice settings, simple and actionable results and measurable care pathways are essential to driving improvement.

Dr. Caudle:

Why are current tests not catching chronic kidney disease until it's too late? What's the impact of this?

Dr. Aloï:

Current kidney function measurements can only diagnose the presence of kidney disease at the time of the test. Tests like urine albumin-creatinine ratio and estimated GFR are accurate when used as diagnostic tools, but don't give the full picture of how quickly kidney disease will progress in the near future. There are significant variabilities in the values of EGFR and urinary albumin-creatinine ratios within a patient, and often, end-stage kidney disease isn't caught until a patient ends up in the emergency room. In fact, 63% of patients have an urgent introduction to dialysis, similar to my patient example.

Dr. Caudle:

As part of our discussion today, I know you wanted to talk more about tools that can be used to better risk-assess and manage early stage, uh, chronic kidney disease in adult patients with type 2 diabetes. Can you talk about your experience with KidneyIntelX?

Dr. Aloï:

KidneyIntelX is a simple, non-fasting, laboratory developed test that combines three prognostic biomarkers plus seven clinical input from a patient's electronic health record, to yield a simple-to-understand, custom risk score. KidneyIntelX predicts risk of rapid decline in kidney function in adult patients with type 2 diabetes and early stage CKD, to aid in clinical decision-making, and the implementation of guideline-recommended care in these patients.

By knowing which patients are at higher to lower risk, primary care physicians can appropriately provide targeted CKD treatment using newer cardiorenal protective therapies. We can also optimize our time and care management, and ultimately know which patients require a specialist referral or consultation. Patient-specific risk assessment affords us, as clinicians, with the opportunity to increase intensity of management in adult patients with CKD and type 2 diabetes, while also avoiding costly pharmacotherapy and unnecessary interventions in those low-risk patients.

Dr. Caudle:

What's the biggest takeaway for physicians who want to improve their patients' kidney health?

Dr. Aloï:

Now is the time to act to improve kidney health. We, as clinicians, have a responsibility to do all we can to prevent progression in early stages of CKD in adult patients with type 2 diabetes. Standard urinary albumin-creatinine ratios and EGFR tests are not giving us the full picture of disease progression. By utilizing advanced prognostic tools, like KidneyIntelX, we have the power to identify the patients that are at the greatest risk of progressive decline in kidney function, and further personalize therapy. KidneyIntelX is a simple, actionable risk assessment tool that can promote awareness and effective care for adult patients with type 2 diabetes and early stage kidney disease.

Dr. Caudle:

Well, that's a great comment for us to think on as we come to the end of today's program. I'd like to thank my guest, Dr. Joseph Aloï, for helping us better understand early chronic kidney disease treatment. Dr. Aloï, it was great speaking with you today.

Dr. Aloï:

Thank you, Dr. Caudle. It was a great conversation.

Announcer:

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