

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 6-21

INTRODUCED BY: Medical Student Section
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SUBJECT: Discouraging Use of Race-Adjusted eGFR

Whereas, Serum creatinine provides an estimate of how well kidneys filter and can be used in an equation to calculate estimated glomerular filtration rate (eGFR); and

Whereas, eGFR results are reported by race (e.g. “Blacks” and “Non-Blacks”) based on the observation that Black patients produce more creatinine than white patients¹⁻³; and

Whereas, For a person with a serum creatinine of 2.8 mg/dL, eGFR would be reported as 18 mL/min/1.73m² if they were a white patient and 21 mL/min/1.73m² if they were Black, potentially delaying placement of Black patients on the kidney transplantation list, which requires an eGFR of less than 20 mL/min/1.73m²⁴; and

Whereas, With race adjustment, Black patients with chronic kidney disease end up with higher values of eGFR, suggesting better kidney function⁵⁻⁶; and

Whereas, In reality, Black people have greater disease burden with faster progression to end-stage kidney disease and higher rates of mortality due to kidney failure than the overall population^{4,7}; and

Whereas, Race-adjusted eGFR underestimates kidney function in Black patients with chronic kidney disease and impacts health care allocation, leading to delays in management of kidney disease, referrals to nephrology, dialysis planning, and evaluations for life-saving kidney transplantation^{4-5,7}; and

Whereas, Removal of race-adjusted eGFR coefficient increases the prevalence of chronic kidney disease in Black patients and expands Black patients’ access to specialist care, medical nutrition therapy, kidney disease education, and kidney transplantation^{6,8}; and

Whereas, It would be difficult to apply race-adjusted eGFR to a growing population of multiracial and multiethnic people, highlighting its potentially esoteric use⁹⁻¹⁰; and

Whereas, Race is a social construct and not a reliable proxy for genetic difference¹¹; and

Whereas, Differential treatment based on race leads to health disparities overall¹²⁻¹³; and

Whereas, U.S. House of Representatives Ways and Means Committee have called on medical professional associations to issue new guidance that corrects misuse of race in clinical algorithms¹⁴; and

Whereas, Several leading institutions have abandoned the use of race-adjusted eGFR¹⁵⁻¹⁷; and

Whereas, National Kidney Foundation and American Society of Nephrology formed a joint task force to examine race-adjusted eGFR and its implications for the diagnosis and subsequent management of patients with, or at risk for, kidney diseases¹⁸; and

Whereas, MedChi supports eliminating racial and ethnic health disparities in Maryland¹⁹; therefore be it

Resolved, that MedChi advocate for each hospital system in Maryland to examine the misuse of race-adjusted eGFR and discourage its use until the National Task Force releases their recommendations.

Fiscal Note: Including in existing advocacy budget.

References:

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14. Ways and Means Committee Issues Request for Information on the Misuse of Race Within Clinical Care. Ways and Means Committee - Democrats. Published September 22, 2020.
15. UW Medicine to exclude race from calculation of eGFR (measure of kidney function). University of Washington Department of Medicine. Published May 29, 2020.
16. Whitney K. Group's efforts lead to removal of race as a variable in common test of kidney function. Vanderbilt University. Published July 13, 2020.
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RELEVANT AMA POLICY

Inappropriate Legislative Mandates of eGFR Calculations H-270.960

Our AMA supports the position that (1) the estimated Glomerular Filtration Rate Calculation (eGFR) calculation, when appropriate and feasible, is a clinically useful calculation that should be promoted in the medical community in a scientific manner as a calculation that does NOT require state legislation or state law that would create an inflexible, politically-based mandate for the practice of medicine that, in general, can be deleterious to patient care; and (2) legislation mandating the eGFR calculation improperly and detrimentally prescribes medical decision-making to the extent that it deprives a physician of the ability to make appropriate, patient-specific clinical judgments regarding the performance of the calculation. (Res. 525, A-06; Reaffirmed: BOT Rep. 06, A-16)