

Background

Chronic kidney disease (CKD) is one of the fastest growing chronic health conditions worldwide, particularly among minority populations, and is associated with substantially increased risks of end-stage renal disease (ESRD) and cardiovascular mortality (Bock et al. 2019). The number of people living with end-stage kidney disease (ESKD) more than doubled between 2000 and 2019—from 358 247 to 783 594—according to an [analysis](#) of data from the United States Renal Data System (USRDS), and a 41.8% increase in new cases also occurred during the study period, from 92 660 cases to 131 422 cases (Kuehn 2022). Substantial racial and ethnic disparities in ESKD rates remain a concern (Kuehn 2022). Among Asian people, new ESKD cases increased from 2507 cases in 2000 to 6256 cases in 2019—a 149.5% increase that was the largest in any racial or ethnic group (Kuehn 2022). During the study period, new cases increased from 25 917 to 33 700 among Black people, from 11 297 to 20 790 among Hispanic people, from 742 to 1458 among Native Hawaiian or other Pacific Islander people, and from 51 156 to 67 919 among White people (Kuehn 2022). Neither traditional risk factors including diabetes and hypertension, nor the presence of high risk genotypes, and differences in baseline kidney function, fully explain the racial differences in ESRD, emphasizing the need for longitudinal cohort studies in vulnerable populations to examine novel factors underlying racial differences (Bock et al. 2019). **Most current clinical ESRD risk calculators do not include race as a variable.** Future studies should examine whether race is helpful when estimating ESRD risk based on baseline eGFR level and time horizon (Bock et al. 2019). Segal et al. (2020)

Data

References

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