



NATIONAL KIDNEY
FOUNDATION®



ASN
American Society of Nephrology

June 23, 2022

Matthew Cooper, MD
Director
Kidney and Pancreas Transplantation
Medstar Georgetown Transplant Institute
106 Irving Street, NW
Washington, DC 20010

Dear Dr. Cooper:

On behalf of the more than 37,000,000 Americans living with kidney diseases, the 90,000 individuals on the national transplant waitlist awaiting a kidney transplant, and the 21,000 nephrologists, scientists, and other kidney health care professionals who are members of the American Society of Nephrology (ASN) and the National Kidney Foundation, we are writing in support of the Organ Procurement and Transplantation Networks' (OPTN's) decision to consider a proposal to require transplant hospitals to use race-neutral calculations when estimating a patient's glomerular filtration rates (GFR) during your upcoming OPTN Board of Directors meeting.

ASN and NKF are in complete agreement with the language used on the OPTN website regarding the upcoming discussion: "Within the field of transplantation, the use of race-inclusive eGFR calculations has the potential to delay both the referral for kidney transplantation and the initiation of qualifying waiting time on the OPTN waiting list. The need to remove race variables from eGFR calculations has gained national attention."ⁱ

NKF and ASN endorse efforts prohibiting the use of race in eGFR calculations in OPTN policy and call for the elimination of race in the calculation of the Kidney Donor Risk Index (KDRI). There is no place for race-based variables in the evaluation of organs offered through the organ allocation system.

The disproportionate burden of kidney diseases on underrepresented communities—particularly individuals who identify as Black or African American—is readily apparent on walking through many dialysis units. Patients who are Black or African American are markedly overrepresented among dialysis patients; but are less likely to be referred for or receive a kidney transplant. While the reasons for such disparity, inequity, and injustice are complex, they demand an urgent call to action to change current practices that contribute to disparities.

In a joint editorial, which appeared concurrently in November 2021 in the [Journal of the American Society of Nephrology](#) (JASN) and the [American Journal of Kidney Diseases](#)

(AJKD), ASN and NKF discuss what the nephrology community can do to go beyond the implementation of the new race-free eGFR approach recommended in our joint Task Force on Reassessing the Inclusion of Race in Diagnosing Kidney Diseases [final report](#). Removing race from the KDRI is an important first step.

NKF and ASN greatly appreciate OPTN's decision to move forward with this very important step. We are committed to efforts to identify, address, and eliminate fundamental causes for the unacceptable disparities, inequities, and injustices that negatively impact kidney health and care.

Thank you for this opportunity to support OPTN's decision to consider a proposal to require transplant hospitals to use race-neutral calculations when estimating a patient's GFR during its upcoming board of directors meeting. If you have questions regarding this letter, please contact ASN Regulatory and Quality Officer David White at dwhite@asn-online.org or NKF Director of Transplant Policy and Strategy Morgan Reid at Morgan.Reid@kidney.org.

Sincerely,



Paul M. Palevsky, MD, FASN
NKF President



Susan E. Quaggin, MD, FASN
ASN President

¹ <https://optn.transplant.hrsa.gov/news/optn-board-of-directors-expected-to-require-transplant-hospitals-to-use-race-neutral-calculations-in-assessing-patients/>