ASN LEADING THE FIGHT AGAINST KIDNEY DISEASE

1510 H Street NW • Suite 800 • Washington, DC 20005
p 202.640.4660 • F 202.637.9793 • www.asn-online.org

Press Release

EMBARGOED FOR RELEASE until May 24, 2018 – 5:00 PM (ET)

Contacts: **Tracy Hampton • (312) 339-9067 • thampton@nasw.org**
Christine Feheley • (202) 640-4638 • cfeheley@asn-online.org

DELIVERING STANDARDIZED CARE MAY REDUCE RACIAL DISPARITIES IN DIABETES-ASSOCIATED COMPLICATIONS

Highlight

- A secondary analysis of a clinical trial has shown that when all patients with type 2 diabetes received comparable diabetes-related care, black race was not associated with accelerated kidney function decline, and fewer black participants developed chronic kidney disease.

In the general population, blacks have a disproportionate burden of diabetes-related complications.

Washington, DC (May 24, 2018) — Although kidney problems related to type 2 diabetes disproportionately affect blacks, when black and white individuals received comparable diabetes care within the context of a clinical trial, black race was not associated with faster development or progression of chronic kidney disease (CKD). The findings, which appear in an upcoming issue of the *Clinical Journal of the American Society of Nephrology* (CJASN), suggest that delivering standardized care to patients with type 2 diabetes may reduce racial disparities in diabetes-associated complications.

Among patients with type 2 diabetes, blacks have a disproportionate burden of diabetes-related complications. Also, among diabetic patients with chronic kidney disease, the risk of progressing to kidney failure is two- to three-fold higher in blacks compared with whites. It is unclear whether these disparities are due to differences in biologic factors or differences in medical care.

To investigate, a team led by Claire Gerber, PhD, MPH and Tamara Isakova, MD, MMSc (Feinberg School of Medicine, Northwestern University) analyzed information on 1937 black and 6372 white patients with type 2 diabetes who were participating in the Action to Control Cardiovascular Risk in Diabetes (ACCORD) trial. All patients received comparable type 2 diabetes care.

During a median follow-up period of 4 to 5 years, black race was not associated with accelerated kidney function decline, and fewer black participants developed CKD.

“In spite of blacks having more risk factors for adverse kidney outcomes in our study, we found that comprehensive type 2 diabetes care within the context of a clinical trial eradicated racial disparities in the development and progression of CKD,” said Dr. Gerber. Dr. Isakova noted that the findings are similar to recent results from the Indian Health Service first Diabetes Standards of Care implementation effort that delivered comprehensive diabetes care to American Indians and Alaska Natives. “Taken together, our results and the findings from the Indian Health Service demonstrate that delivery of comparable diabetes care has the potential to achieve equitable health outcomes for all patients with diabetes.”

In an accompanying editorial, Katherine Tuttle, MD, FASN, FACP, FNKF (Providence Medical Research Center, in Spokane) calls for action. “Optimal care for diabetes and CKD can, and must, be achieved by strategic focus, for example, by increasing opportunity for clinical trial participation and through broad-based population management,” she wrote. “The time is now to lead the way forward to better kidney health for all without distinction.”

Study co-authors include Xuan Cai, MS, Jungwha Lee, PhD, Timothy Craven, MSPH, Julia Scialla, MD, MHS, Nao Souma, MD, PhD, Anand Srivastava, MD, MPH, Rupal Mehta, MD, Amanda Paluch, PhD, Alexander Hodakowski, BS, Rebecca Frazier, MD, Mercedes Carnethon, PhD, and Myles Wolf, MD, MMSc.

Disclosures: T.I. received grant support from Shire. M.S.W. has served as a consultant or received honoraria from Akebia, Amag, Amgen, Ardelyx, Diasorin, Incyte, Keryx, Luitpold, Pfizer, Sanofi, and Ultragenyx and received grant support from Shire. RM has interest in Abbot Laboratories, AbbVie, Inc. and Teva Pharmaceuticals Industries Ltd.

The article, entitled “Incidence and Progression of Chronic Kidney Disease in Black and White Individuals with Type 2 Diabetes,” will appear online at http://cjasn.asnjournals.org/ on May 24, 2018, doi: 10.2215/CJN.11871017.

The editorial, entitled “Race in America: What Does It Mean for Diabetes and CKD?” will appear online at http://cjasn.asnjournals.org/ on May 24, 2018.

Since 1966, ASN has been leading the fight to prevent, treat, and cure kidney diseases throughout the world by educating health professionals and scientists, advancing research and innovation, communicating new knowledge, and advocating for the highest quality care for patients. ASN has nearly 18,000 members representing 112 countries. For more information, please visit www.asn-online.org or contact the society at 202-640-4660.

# # #

Tweet: Delivering standardized care may reduce racial disparities in diabetes-associated complications. The twitter handle for Northwestern Nephrology is @NU_Nephrology.

Facebook: Although kidney problems related to type 2 diabetes disproportionately affect blacks, when black and white individuals received comparable diabetes care within the context of a clinical trial, black race was not associated with accelerated development and progression of chronic kidney disease (CKD). The findings, which appear in the *Clinical Journal of the American Society of Nephrology*, suggest that delivering standardized care to patients with type 2 diabetes may reduce racial disparities in diabetes-associated complications.

news@northwestern.edu