**Title: ERA 23: REVEAL-CKD: Underdiagnosis of CKD**

**Participants: Dr Navdeep Tangri**

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**Dr Navdeep Tangri**

"Hi, I'm Navdeep Tangri. I'm Professor of Medicine at the University of Manitoba in Winnipeg, Manitoba, Canada. And I'm a physician scientist who works in the field of chronic kidney disease.

**Importance of this Trial**

The purpose of the REVEAL-CKD study is to shine a spotlight on undiagnosed chronic kidney disease. So, chronic kidney disease is very common, but the majority of it is undiagnosed till it gets to a very late stage when it's undiagnosed till a later stage. We don't have the time or the opportunity to start effective therapies and, and patients transition to dialysis can only be delayed. It cannot be prevented. So, our focus is to figure out across many different countries what is the rate of diagnosis and what are the barriers to, to diagnosis?

**Patient Cohort and Study Design**

So, REVEAL CKD encompassed it was a retrospective cohort study that looked at cohorts of patients with stage three chronic kidney disease, G three as established by the Gold Standard Lab definition. And then it looked in many countries in this analysis presented at the ERA in Milan, focused on Spain, Australia, Canada, and Brazil. And the primary purpose of the, the study was to look at patients who had stage G three chronic kidney disease confirmed by lab criteria, but whether they did or did not have a corresponding claim recorded or an ICD code recorded for chronic kidney disease after they had met the lab definition.

**Key Findings**

Oh, the key findings are striking, and they mimic in these four countries what we've seen in every other country. The reality is that the vast majority of chronic kidney diseases, undiagnosed or under-recognized, that ranged from 85% to 97% across the four countries. And consistently was the same, whether in men or women or in people with diabetes, cardiovascular disease, heart failure, or hypertension.

**Impact on Practice and Further Research**

In other - as other presentations related to REVEAL CKD and in other studies that are related that I've been proud to be a part of, we've shown that when kidney disease is diagnosed, good things happen. Physicians tend to pay more attention to the patient. They tend to start them on appropriate therapies, including RAAS inhibitors and SGLT2 inhibitors. And all these things may lead to a slower decline in kidney function or lower rates of cardiovascular disease. So, our goal and is that physicians make more of an effort to recognise chronic kidney disease earlier on in the journey.

**Take-Home Messages**

My take home message is when you see chronic kidney disease in the lab, recognise it in the claims and recognise it in the electronic medical record. It'll record it on your problem list and take concrete steps to slow kidney disease progression. We now have highly you know, sort of highly impressive and effective medications available that slow down the decline of kidney function and we just need to get them started earlier on in the course of disease.

**Next Steps**

So, the next steps I think are more proactive studies for me or more proactive interventions that enable earlier diagnosis. I think what we need to do is automate some of these processes or flag patients for doctors when they have CKD stage one, two, or three, and not have the diagnosis wait till three B or stage four. So, I think when we can put some of these prompts in the lab or in the EMR, we can make it easy and seamless for the diagnosis to happen. I'm confident once the diagnosis happens, physicians take the right steps on treatment.”