Renal Progression in the Advanced Chronic Kidney Disease Population:  
*Creation of the ESRD-Prediction Scorecard*

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**Clinical Issue**

Patients are referred too late to vascular access surgeons and are not knowledgeable about AVFs and their complications

**Clinical Consequence**

Patients initiate hemodialysis with a central venous catheter > 80%  
Time in clinic taken to explain pros and cons of hemodialysis vascular access

**VA Pacific Network (VISN 21)**

- 6 Medical Centers  
- 400,000 veterans  
- > 2.5 million primary care visits annually  
- 32,000 CKD 3-5

**Disclosures**

Nothing to disclose
Goals of the Specialty Grant

Inclusion Criteria
- VISN 21 Veteran patients
- 3 eGFRs between 25-35 mL/min/1.73m²

Endpoints observed

N=2,445

ESRD
N=359

Death
N=1079

1438

N=230

Death w/o ESRD
N=950

Death w ESRD
N=129

1309
First Conclusion: Communication and collaboration regarding vascular access referral timing is lacking.

Things you can't control.

1. nephrology referral timing
2. peripheral IVs
3. laboratory monitoring
4. medication appropriateness
5. lifestyle and nutrition
Conclusions

- Veteran patients are not referred to nephrology specialist care in a timely fashion
- The competing risk of death (44%) disproportionately exceeds the risk of reaching ESRD (≈14%)
- Most patients will not benefit from KDOQI recommendation of RRT education at CKD 4
- There are important and potentially modifiable risk factors for CKD progression
- More data needs to be analyzed to determine increase progression of Black patients
- Nationwide VA data is now being used to test and validate the ESRD scorecard
  - Increase discriminatory ability