

May 30, 2007



Dear Physician:

As you may be aware, the National Kidney Foundation has determined that using the estimated glomerular filtration rate (eGFR) is the most efficient method to determine if a person has chronic kidney disease. The eGFR is a value based on a patient's serum creatinine, age, gender, and race*. The eGFR is automatically included on the lab report if a serum creatinine is requested, and the patient's age and gender is provided. No separate laboratory test is required.

According to the National Kidney Foundation's Kidney Disease Outcomes Quality Initiative (K/DOQI) Guidelines:

- Identifying chronic kidney disease earlier in its course will allow patients to receive earlier treatment, which has been shown to prevent or delay the progression of kidney disease. The eGFR will help facilitate earlier identification.
- The goals of care should include: tight blood pressure control; strict glycemic control; use of angiotensin II inhibitory drugs; use of statins; dietary counseling with preservation of nutritional status (assessed by serum albumin level); early insertion of arteriovenous fistula; adequate treatment to prevent anemia, hyperkalemia, and calcium deficiency; and early discussions about kidney replacement therapy or transplant. Since pre-dialysis management may be complex, the K/DOQI guidelines recommend you consider a referral to a nephrologist, if necessary, to achieve optimal efficacy and safety. The guidelines further state a nephrology referral is critical for patients with eGFR <30.
- Individuals with chronic kidney disease are at increased risk for cardiovascular disease and should be considered in the highest risk group for evaluation and management of cardiac disease and initiation of risk factor reduction strategies.
- To see the complete guidelines released by K/DOQI, please visit:
www.kidney.org/professionals/kdoqi/guidelines.cfm



EGFR testing is available through Quest Diagnostics, the nation's leading provider of diagnostic testing, information and services. For more information, you may contact Quest Diagnostics directly at 203-949-5500.
Quest Diagnostics is one of CIGNA's contracted laboratory providers

The enclosed table explains the stages of chronic kidney disease based on eGFR.

If you have questions about eGFR, chronic kidney disease or any service nationally contracted laboratories offer, please contact your laboratory account representative.

Sincerely,

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Senior National Medical Director
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* - If the patient is African American, the eGFR result is multiplied by 1.21

The National Kidney Foundation recently released the Kidney Disease Outcome Quality Initiative guidelines
 The National Kidney Foundation has stated that chronic kidney disease is a worldwide public health problem. With rising incidences in the United States, chronic kidney disease affects 20 million people, with another 20 million at risk. Recently, the National Kidney Foundation released the Kidney Disease Outcome Quality Initiative, or K/DOQI, guidelines in order to help diagnose and treat this growing disease. Additionally, the K/DOQI guidelines discuss risk factors and associated disease states found most frequently in chronic kidney disease patients.

Table 3. Chronic Kidney Disease: A Clinical Action Plan

Stage	Description	GFR (mL/min/1.73 m ²)	Action*
	At increased risk	≥60 (with CKD risk factors)	Screening, CKD risk reduction
1	Kidney damage with normal or ↑ GFR	≥90	Diagnosis and treatment, Treatment of comorbid conditions, Slowing progression, CVD risk reduction
2	Kidney damage with mild ↓ GFR	60–89	Estimating progression
3	Moderate ↓ GFR	30–59	Evaluating and treating complications
4	Severe ↓ GFR	15–29	Preparation for kidney replacement therapy
5	Kidney failure	<15 (or dialysis)	Replacement (if uremia present)

Shaded area identifies patients who have chronic kidney disease; unshaded area designates individuals who are at increased risk for developing chronic kidney disease. Chronic kidney disease is defined as either kidney damage or GFR <60 mL/min/1.73 m² for ≥3 months. Kidney damage is defined as pathologic abnormalities or markers of damage, including abnormalities in blood or urine tests or imaging studies.

* Includes actions from preceding stages.

Abbreviations: GFR, glomerular filtration rate; CKD, chronic kidney disease; CVD, cardiovascular disease

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