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### Authors

Saran, Rajiv  
Li, Yi  
Robinson, Bruce  
et al.

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## US Renal Data System 2015 Annual Data Report: Epidemiology of Kidney Disease in the United States



*Rajiv Saran, MD, Yi Li, PhD, Bruce Robinson, MD, Kevin C. Abbott, MD, Lawrence Y.C. Agodoa, MD, John Ayanian, MD, Jennifer Bragg-Gresham, PhD, Rajesh Balkrishnan, PhD, Joline L.T. Chen, MD, Elizabeth Cope, PhD, Paul W. Eggers, PhD, Daniel Gillen, PhD, Debbie Gipson, MD, Susan M. Hailpern, MS, Yoshio N. Hall, MD, Kevin He, PhD, William Herman, MD, Michael Heung, MD, Richard A. Hirth, PhD, David Hutton, PhD, Steven J. Jacobsen, MD, PhD, Kamyar Kalantar-Zadeh, MD, PhD, Csaba P. Kovessy, MD, Yee Lu, MD, Miklos Z. Molnar, MD, PhD, Hal Morgenstern, PhD, Brahmajee Nallamothu, MD, Danh V. Nguyen, PhD, Ann M. O'Hare, MD, Brett Plattner, MD, Ronald Pisoni, PhD, Friedrich K. Port, MD, Panduranga Rao, MD, Connie M. Rhee, MD, Ankit Sakhuja, MD, Douglas E. Schaubel, PhD, David T. Selewski, MD, Vahakn Shahinian, MD, John J. Sim, MD, Peter Song, PhD, Elani Streja, MPH, PhD, Manjula Kurella Tamura, MD, Francesca Tentori, MD, Sarah White, PhD, Kenneth Woodside, MD, and Richard A. Hirth, PhD*

The US Renal Data System (USRDS) is a comprehensive national data system that collects, analyzes, and distributes a broad range of information about kidney disease in the United States. The USRDS is supported by the Centers for Medicare & Medicaid Services and by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) at the National Institutes of Health. The USRDS Coordinating Center is operated by the University of Michigan at the Kidney Epidemiology and Cost Center (KECC), in partnership with Arbor Research Collaborative for Health, in Ann Arbor, Michigan. There are 2 USRDS Special Studies funded independently by NIDDK: one at the University of California, Irvine, in collaboration with the University of Tennessee Health Science Center and Kaiser Permanente of Southern California; and the other at the University of Washington, in collaboration with Stanford University.

In addition to being published as an annual, online *AJKD* supplement that is visible via MEDLINE, the USRDS Annual Data Report is available at the USRDS website ([www.usrds.org](http://www.usrds.org)), where the data are also disseminated. A summary of key findings is provided in the introductions to volume 1 (CKD; page S1) and volume 2 (ESRD; page S119) of the Annual Data Report. This year's enhancements include a new chapter on vascular access; expanded coverage of ESRD in the pediatric population, including a section on young adults; reintroduction of a chapter on cardiovascular disease in ESRD patients; and expanded chapters contributed by the 2 Special Study centers, the first focusing on transition of care from earlier stages of CKD to ESRD among US veterans and the Kaiser Permanente Health System of Southern California, and the second on palliative and end-of-life care among ESRD patients.

The prevalence of CKD in the United States in 2012 (not including ESRD) was estimated at 13.6%, and has been relatively stable over the last decade, but awareness of and screening for the condition remains

low in the general population. Claims data for patients with diabetes in the Medicare population indicate that testing for urine albumin was performed in fewer than half of such patients. Among all patients with diabetes, the rate of urine albumin testing in 2008 was only 32%, and had increased to 40% in 2013.

There were 117,162 new cases of ESRD reported in 2013. However, the adjusted incidence rate of ESRD, which includes both dialysis and transplant patients, remained unchanged from 2012 to 2013, at 352 per million per year. A total of 671,851 individuals were treated for ESRD as of the first quarter of 2014, a number that continues to rise due to falling mortality rates among those with ESRD. Large net reductions in mortality among patients with CKD and ESRD continue to be observed, as before.

Medicare health expenditures for the CKD population remain high. Medicare spending for patients with CKD aged 65 and older exceeded \$50 billion in 2013, representing 20% of all Medicare spending in this age group. In 2013, Medicare spending for ESRD patients increased to \$31 billion, accounting for over 7% of the overall Medicare-paid claims costs in the fee-for-service system.

The number of people on the kidney transplant waiting list was about 5 times greater than the number who received a transplant in 2013. Although 17,600 kidney transplantations were performed in 2013, the kidney transplant waiting list grew by 3% compared to 2012, rising to 86,965 candidates.

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at Arbor Research Collaborative for Health. Dr O'Hare received speaker fees from Henry Ford Hospital System (Greenfield), the Japanese Society of Dialysis and Transplantation, and the University of Alabama in 2015; she also receives honoraria from UpToDate and from *CJASN* for her work as an Associate Editor. Dr Saran received an honorarium from Amgen for participating in their Third Annual Health Policy Summit in 2015. Dr Sim has investigator-initiated research grants from Keryx Pharmaceuticals, Mallinckrodt Pharmaceuticals, Sanofi Aventis Pharmaceuticals, and Otsuka Pharmaceuticals. The remaining authors declare that they have no relevant financial interests.