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US Renal Data System 2017 Annual Data Report: Epidemiology of Kidney Disease in the United States

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The US Renal Data System (USRDS) is the largest and most comprehensive national end-stage renal disease (ESRD) and chronic kidney disease (CKD) surveillance system in the world. Supported by the Centers for Medicare & Medicaid Services and 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.

Trends in the prevalence of CKD and ESRD are important for health care policy and planning. The prevalence of earlier stages of CKD, while relatively stable at 14.8%, implies that an estimated 30 million American adults have CKD, with millions of others at increased risk. In 2015, there were 124,111 new cases of ESRD reported, with a total of nearly 500,000 patients receiving maintenance dialysis treatments and well over 200,000 living with a kidney transplant.

The cost to care for patients with CKD remains significant. In 2015, for Medicare beneficiaries with kidney disease alone, the total spending was nearly \$100 billion. This included over \$64 billion in spending for all Medicare beneficiaries who have CKD and another \$34 billion for beneficiaries with ESRD.

In sharp contrast to the high burden and cost is the low awareness about the condition among patients with kidney disease, especially those in CKD Stages 1 to 3.

Noteworthy was the decline of approximately 41.6% in the 1-year ESRD patient mortality among the 0- to 4-year-old age group over the past decade. Also noted for the first time was a decrease in the kidney transplant waiting list, by 2.3%. This is likely a result of recent changes in the kidney allocation system.

Financial Disclosure: Dr Bragg-Gresham is a consultant with the Medical Education Institute involving quality-of-life performance measures. Dr Herman is chair of the Data Monitoring Committee for both Merck and Lexicon Pharmaceuticals and also a consultant for Janssen Scientific Affairs, LLC. Dr Kalantar-Zadeh has financial interests with the following entities: Abbott, Abbvie, Alexion, Amgen, Astra-Zeneca, Aveo, Chugai, DaVita, Fresenius, Genentech, Haymarket Media, Hospira, Kabi, Keryx, Novartis, Pfizer, Relypsa, Resverlogix, Sandoz, Sanofi, Shire, Vifor, UpToDate, ZS-Pharma. Dr Kovesdy is a consultant for Abbott, Abbvie, Amgen, Bayer, Keryx and Sanofi-Aventis. Dr Molnar is a consultant for Merck and Abbvie. Dr Morgenstern is a consultant at Arbor Research Collaborative for Health. Dr Obi received honoraria for lectures from Ono Pharmaceutical and Chugai Pharmaceutical. Dr O'Hare received speaker fees from Dialysis Clinic Inc., Fresenius Medical Care, the University of Alabama at Birmingham, and the University of Pennsylvania; she also received honoraria from UpToDate. Dr Sim has investigator-initiated research grants from Keryx Pharmaceuticals, Malinckrodt Pharmaceuticals, and Ostuka Pharmaceuticals. The other authors declare that they have no relevant financial interests.

We hope researchers, practitioners, and policy makers will gain valuable insights by fully exploring these and many other patterns of US kidney disease in this year's USRDS annual report.

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