AGS Geriatrics Healthcare Professionals
Leading Change. Improving Care for Older Adults.

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Subject: AGS Comments on USPSTF Screening for Chronic Kidney Disease Research Plan

To Whom it May Concern:

The American Geriatrics Society (AGS) appreciates the opportunity to review and comment on the United States Preventive Services Taskforce's (USPSTF's) draft research plan on Screening for Chronic Kidney Disease.

Founded in 1942, the AGS is a nationwide, not-for-profit society of geriatrics healthcare professionals dedicated to improving the health, independence, and quality of life of older people. Our nearly 6,000 members include geriatricians, geriatrics nurses, social workers, family practitioners, internists, pharmacists, physician assistants who are pioneers in advanced-illness care for older adults, with a focus on championing interprofessional teams, eliciting personal care goals, and treating older people as whole persons. The AGS believes in a just society, one where we all are supported by and able to contribute to communities where ageism, ableism, classism, homophobia, racism, sexism, xenophobia, and other forms of bias and discrimination no longer impact healthcare access, quality, and outcomes for older adults and their caregivers. The AGS advocates for policies and programs that support the health, independence, and quality of life of all of us as we age.

Considering that the population of people aged 65 and older is projected to increase dramatically in the coming years, the AGS believes that both the quality and efficiency of care delivered to older Americans with multiple chronic and complex conditions must be improved. Older people living with chronic illnesses and complex conditions often do not receive optimal care which reduces overall well-being and contributes to disproportionately high healthcare costs for these individuals. We support resources and guidelines that support delivering high-quality, effective, efficient, and coordinated care for older adults and all Americans as we age.

Proposed Research Plan – AGS Recommendations
AGS recognizes the longstanding disparity in the diagnosis of chronic kidney disease (CKD) with the historical use of a race-based equation for kidney function, leading to the undertreatment of Black or African American individuals. While this is now changing with the revision of the equation, it will take some time to reduce the disparities. We believe the recommendations should acknowledge that the change will take time and emphasize that the revised equation for kidney function should be used. AGS also recommends highlighting interventions that address the challenges faced by those adults—including older

adults, racially/ethnically minoritized adults, and those with a lower socioeconomic status—with CKD who have limited access to routine CKD care due to lack of transportation.

AGS notes that the USPSTF's approach for populations does not include disaggregated information by age group, only including those who are 18 years or older. Given the heterogenity of the adult population, we recommend that USPTSF revise this approach as advised by NIH in its Across the Lifespan report.[1] Further, we believe it is important to acknowledge the heterogenity in the population in terms of disease burden. By this we mean that some recognition should be given in the approach to the questions that CKD can often be one of many chronic diseases, particularly as someone living with CKD ages.

AGS recommends focusing on 'functional independence' in addition to "quality of life" as it finalizes the proposed research plan. For older adults living with CKD, functional independence is often cited by patients as the most important outcome to them.

In addition, given mood, fatigue freedom from pain are prioritized by older adults living with CKD , some consideration be given to non-pharmacologic strategies in the research plan. For older adults, this is particularly important due to their high medication burden and polypharmacy.

Comments on the Proposed Analytic Framework

- AGS recommends adding 'functional independence' as a key outcome that is prioritized by people living with CKD.
- AGS recommends changing 'end stage renal disease/composite renal outcomes' to 'kidney failure and CKD progression' to more explicitly identify outcomes that are prioritized by people living with CKD, particularly older adults.
- Simplifying the graphic is important as it can be confusing the follow.

Proposed Key Questions (KQ) to be Systematically Reviewed

AGS proposes the following edits in red to the key questions:

KQ#1: What are the benefits and harms of screening for CKD vs. no screening on clinical outcomes or care processes, including differences in the benefits and harms for older adults and those who are a member of racially/ethnically minoritized groups?

KQ#6: Among adults with CKD stages 1–3,[†] what are the effects of medical treatments on likelihood of developing stage 4 or 5 CKD?

a. What unique considerations need to be made prior to initiating or continuing a medical treatment to reduce CKD progression in older adults living with CKD?
    1. Specifically, is there a significant reduction in mortality or kidney failure risk when initiating an SGLT2 inhibitor or mineralocorticoid receptor antagonist in an older adult living with CKD?)

[1] National Institutes of Health. Inclusion Across the Lifespan: June 1-2, 2017 Workshop Summary. Revised July 2018. Accessed February 13, 2023. https://report.nih.gov/sites/report/files/docs/NIH%20Inclusion%20Across%20the%20Lifespan%20Workshop%20Summary%20Report.pdf

b. *Additional Comments on Proposed KQ #6:*

- Older individuals who are living with less severe CKD are unlikely to develop the downstream adverse outcomes associated with CKD when factoring in lifespan. The focus on earlier stages of CKD has the potential for leading to overtreatment in older adults. AGS suggests revising this question to accommodate for age and/or multimorbidity, so that any screening recommendations can be adjusted to each individual's characteristics.

KQ#7: Among adults with CKD stages 1–3,[†] what are the benefits vs. harms of kidney replacement therapy (dialysis, transplantation, or conservative kidney management) on clinical outcomes?

b. (How does choice of kidney replacement therapy affect functional outcomes, quantity and quality of life for an older adult with CKD?)

Additional Key Questions to Consider

The AGS recommends consideration of the following additional questions:

- At what age should screening begin and what should be the frequency of screening if the initial result is negative or positive?
- How would the frequency of screening change in the presence of diabetes mellitus or hypertension?
- Should the interval between screenings be shortened above a certain age?

Proposed Contextual Questions

AGS proposes the following edits in red to the key questions:

Q#1: What causes the known disparities ~~are present~~ in the diagnosis of CKD and utilization of treatment for CKD~~, and what factors are associated with disparities~~?

Q#3: What are the harms of being labeled with a diagnosis of CKD stages 1–3?

- How does being labeled with a diagnosis of CKD affect the daily life of an older adult?

Additional Contextual Questions to Consider:

AGS recommends consideration of the following additional contextual questions:

- What are the most effective interventions that successfully reduce disparities in CKD progression?
  - What interventions most effectively reduce CKD progression in racial or ethnic minorities?
  - What interventions most effectively reduce CKD progression in older adults?

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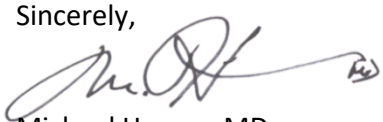
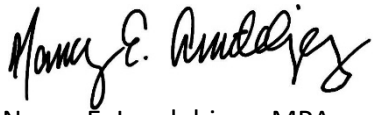
Thank you for taking the time to review our feedback and recommendations. For additional information or if you have any questions, please do not hesitate to contact, Mary Jordan Samuel at mjsamuel@americangeriatrics.org.

Sincerely,



Michael Harper, MD
President



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