

2024 Update to Clinical Practice Guidelines

For chronic kidney disease

Approximately 37 to 40 million American adults, or more than 1 in 7, have chronic kidney disease (CKD).¹ Further, kidney disease is a top-10 leading cause of death in the US.² In March 2024, the National Kidney Foundation and the Kidney Disease: Improving Global Outcomes (KDIGO) initiative released new guidelines on the testing algorithm for CKD.³

1. Start with the Kidney Profile (test code 39165)

The Kidney Profile consists of



Serum Creatinine with eGFR
CKD Stage

and



Urine Albumin-Creatinine Ratio (uACR)
CKD Stage

Guidelines recommend annual Kidney Profile testing in all patients with

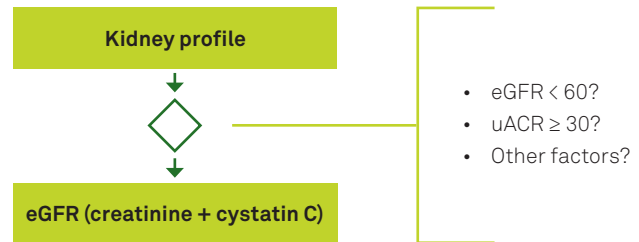
- Diabetes
- Hypertension
- Existing CKD
- Family history of CKD
- Other risk factors for CKD

2. Add eGFR (creatinine-cystatin C) for some patients (test code: 13581)

The 2024 clinical guidelines include a new formula for estimating CKD stage that combines 2 biomarkers, creatinine and cystatin C.

This test may be ordered for patients

- With CKD stage of 3A or greater (eGFR < 60)
- With elevated uACR (uACR ≥ 30 mg/dL)
- On a high- or low-meat diet
- With extremes of body mass



3. Interpret results using the updated KDIGO heat map

The KDIGO heat map provides evidence-based guidance on the frequency of testing and the recommended approach to care of CKD patients. The new 2024 KDIGO guidelines also provide information about treatment options and testing recommendations for CKD-related complications and comorbidities.

		Albuminuria categories and ACR ranges (mg/g creatinine)			Care approach	
		Normal to mildly increased <30	Moderately increased 30–300	Severely increased >300		
CKD stage and eGFR range (mL/min/1.73 m ²)	1	≥90	Screen 1	Treat 1	Treat 3	Primary care
	2	60–89	Screen 1	Treat 1	Treat 3	
	3A	45–59	Treat 1	Treat 2	Treat 3	Transition to nephrology
	3B	30–44	Treat 2	Treat 3	Treat 3	
	4	15–29	Treat 3	Treat 3	Treat 4+	Transition to Interprofessional care
	5	<15	Treat 4+	Treat 4+	Treat 4+	

- **Low risk (if no other markers of kidney disease, no CKD):** screen for CKD annually if patient has risk factors range
- **Moderately increased risk:** monitor annually
- **High risk:** monitor 2 times per year
- **Very high risk:** monitor 3 times per year
- **Very high risk:** monitor ≥4 times per year

1. National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). Kidney disease statistics for the United States. Last reviewed May 2023. Accessed May 28, 2024. <https://www.niddk.nih.gov/health-information/health-statistics/kidney-disease>

2. CDC. Center for National Health Statistics. FastStats Homepage. Last reviewed April 28, 2024. Accessed May 28, 2024. <https://www.cdc.gov/nchs/fastats/kidney-disease.htm>

3. Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. KDIGO 2024 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. *Kidney Int.* 2024; 105 (Suppl 4S):S117–S314. doi:10.1016/j.kint.2023.10.018

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Test codes may vary by location. Please contact your local laboratory for more information.

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