Removal of the race/ethnicity correction for kidney function testing and the NICE Chronic Kidney Disease (CKD) guideline: A statement from Race & Health.

On behalf of Race & Health a global network of medical and non-medical professionals working to highlight the impact of racism, xenophobia, and discrimination on health - we welcome the update to the National Institute of Health and Care Excellence (NICE) Chronic Kidney Disease (CKD) guidelines released on the 25th August 2021. This has removed the recommendation from the previous guideline to adjust for ethnicity when calculating kidney function (the estimated glomerular filtration rate, eGFR) in people racialised as Black.

The recommendations around measuring kidney function by creatinine-based eGFR (eGFRcreatinine) can be found specifically in section 1.1 of the guideline. They continue to recommend the use of the Chronic Kidney Disease Epidemiology (CKD-EPI) eGFRcreatinine for adults, but do not recommend adjustment for ethnicity stating that "eGFRcreatinine has not been well validated in certain ethnic groups, for example, black, Asian, and other minority ethnic groups with CKD living in the UK". They also give key recommendations for research with people from Black, Asian and other minority ethnic groups with CKD living in the UK, which are 1) to explore which existing eGFR calculations are the most accurate, 2) to look at what biomarkers or factors, other than ethnicity, improve the diagnostic accuracy of eGFR calculations and 3) to assess the accuracy of the 4-variable Kidney Failure Risk Equation.

With this change in guidance, NICE are acting in concordance with colleagues in the United States. There, the National Kidney Foundation/American Society of Nephrology Task Force on Reassessing the Inclusion of Race in Diagnosing Kidney Diseases released a statement from its leaders in agreement that "race modifiers should not be included in equations to estimate kidney function".

Race & Health responded to the consultation regarding the NICE guideline update in early 2021 as we were concerned about the use of race-based medicine in the guidelines. The over-simplified use of race or ethnicity is a flawed and inconsistent shortcut for a far more complex fusion of underlying economic, social, cultural, and ancestral differences, and is endemic in medicine. The CKD EPI calculation for estimating GFR is a prominent example, as it is based on an erroneous perception amongst physicians that Black patients and patients from other racially minoritised groups have homogenous creatinine physiology based on biological differences. Such assumptions have impacts on patient outcomes such as delays to specialist care and transplant listing, widening already existing health inequalities.

By changing the recommendations and taking ethnicity out of the calculation for kidney function, NICE have responded to the concerns expressed by our group and others, and are taking a small but welcome step to address health inequalities faced by racially minoritised groups in the UK. We hope that this can be a springboard to challenge the widespread, poorly-evidenced use of race in clinical algorithms and to more generally address deeper structural barriers not only in kidney health but also beyond.