QUESTIONS & ANSWERS

eGFR Change

Starting February 28, 2022, Labcorp will change the calculation of the estimated glomerular filtration rate (eGFR) from creatinine to the new CKD-EPI 2021_{cr} equation, which does not include a race coefficient. This new equation is recommended by the National Kidney Foundation and the American Society of Nephrology's Task Force (NKF-ASN Task Force) on Reassessing the Inclusion of Race in Diagnosing Kidney Disease. The Task Force's final report recommended adoption of the new eGFR CKD- EPI 2021_{cr} creatinine equation without a race variable.

General eGFR questions

1. What is happening with the change in eGFR testing?

A: The National Kidney Foundation and the American Society of Nephrology's Task Force (NKF-ASN Task Force) on Reassessing the Inclusion of Race in Diagnosing Kidney Disease recommended that eGFR will no longer be calculated using an equation that includes a race factor and will be replaced by a new race-free equation known as the CKD-EPI 2021_{cr} equation.[1]

2. When will Labcorp implement the new calculation?

A: We are targeting February 28, 2022.

3. Will this change turnaround time?

A: No. The turnaround time is unchanged.

4. If a customer previously had their eGFR reporting turned off in LCLS, will they now receive the new eGFR?

A: No. Your customer will not automatically receive the new eGFR reporting if they requested that their eGFR reporting be turned off. To add eGFR reporting, the customer will need to initiate this change through their Labcorp representative, who will then contact Labcorp's Customer Master team for this change.

Clinical related questions

1. How does this affect people who identify as Black and/or African American?

A: While this may not apply to all patients who identify as Black and/or African American, the previous equation may have resulted in assignment of a level of kidney function that was higher than the new estimate.[2] With the new equation, eGFR estimates will be lower and more patients will likely be diagnosed with CKD. Possible implications for some patients may include a new CKD diagnosis, need for medication adjustments based on updated eGFR results, and a referral to nephrology or transplant.

2. Should patients who underwent previous eGFR testing now be retested?

A: Retesting is not needed as the serum creatinine test, from which eGFR is calculated, has not changed. Only the equation for calculating eGFR has changed. To convert prior eGFR results to the new eGFR equation, providers can visit an online calculator on the NKF website.

3. How does this affect people who do not identify as Black and/or African American?

A: New eGFR values may be slightly higher in other races versus previously reported values. The eGFR change may exceed 10% in patients with lower serum creatinine concentrations and at younger adult ages, which may cause a change in their CKD classification stage.[2] Providers can use the online calculator on the NKF website to recalculate their patient's 2021_{cr} eGFR value.

4. What do I do with the NKF calculator?

A: The calculator on the NKF website can convert previous results to results that use the new eGFR equation. Providers can visit an online calculator on the NKF website.

5. How might the eGFR change? Are there specific patient demographics?

A: New eGFR values will be slightly lower in patients who identify as Black and/or African American, and slightly higher in other races. The eGFR change may exceed 10% in

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patients with lower serum creatinine concentrations and for younger adult age groups. In some patients, this may cause a change in their CKD classification stage. Retesting is not needed, but prior eGFR results can be converted to the new eGFR equation by using an online calculator on the NKF website.

6. Does this change any treatment?

A: Assessment of kidney function and treatment considerations should be based on the updated eGFR calculation.

7. How does eGFR affect medication and dosing?

A: Certain medications may require dosing based on a patient's level of kidney function. This is commonly assessed based on the eGFR estimate.

8. What other factors do I need to consider for diagnosing CKD?

A: CKD is diagnosed and staged based on eGFR results, as well as other tests to assess kidney damage, most commonly urine albumin to creatinine ratio. According to the Kidney Disease: Improving Global Outcomes (KDIGO) guidelines, CKD is defined as "abnormalities of kidney structure or function, present for >3 months, with implications for health," and requires one of two criteria documented or inferred for >3 months: either GFR <60 ml/min/1.73 m^2 or markers of kidney damage, including albuminuria. These KDIGO guidelines are available at https://kdigo.org/wp-content/uploads/2020/10/KDIGO-2020-Diabetes-in-CKD-GL.pdf.

Code change questions

1. Will eGFR-related test numbers remain the same?

A: Yes. The test numbers that contain serum creatinine are not changing.

2. Is the result code for the eGFR calculation changing?

A: Yes. The result code for eGFR is changing to reflect the updated equation and the reporting of a unified eGFR result. The new result code will be 100779. This replaces result code 100791 and 100797. Offices that receive results through an electronic medical record (EMR) will need to update the result code in their systems.

3. Will there be a new LOINC code?

A: Yes. The LOINC result code for eGFR is changing to reflect the updated equation and the reporting of a single eGFR result. The new LOINC result code will be 98979-8. This replaces LOINC result codes 88294-4 and 88293-6.

EMR/EDI questions

1. Will Labcorp be able to provide a compendium and test with my EMR prior to implementation?

A: Yes, Labcorp will be available to test. Please reach out to your local EDI support team.

Data Feed/Population Health Reporting questions

1. How will this impact my data feeds?

A: You will receive all the new eGFR testing results in your data feed, but they will be associated with a new LOINC code. The new LOINC result code will be 98979-8. This replaces LOINC result codes 88294-4 and 88293-6. You will also have access to the historical eGFR testing.

2. How will this impact my population health reports?

A: Population health reports from Labcorp will take all changes into account and will keep all historical testing. There will be no notable change in the format of the reports, and the information will be usable from the launch of the test change. If you have specific concerns, please reach out to your Labcorp representative.

References:

1. Cynthia Delgado, Mukta Baweja, Nilka Ríos Burrows, et al. A Unifying Approach for GFR Estimation: Recommendations of the NKF-ASN Task Force on Reassessing the Inclusion of Race in Diagnosing Kidney Disease -Special Report. *Am J Kidney Dis*. Published online 09, 2020 doi: 10.1053. pages 1-21. https://doi.org/10.1053/j.ajkd.2021.08.003
2. Miller WG, Kaufman HW, Levey AS, et al. National Kidney Foundation Laboratory Engagement Working Group Recommendations for Implementing the CKD-EPI 2021 Race-Free Equations for Estimated Glomerular Filtration Rate: Practical Guidance for Clinical Laboratories. Manuscript submitted to Clinical Chemistry. https://academic.oup.com/clinchem/advance-article/doi/10.1093/clinchem/hvab278/6463626. Accessed January 3, 2022.

Updated 1/10/22