**MEDICAL ERACISM — ENDING RACE BASED eGFR**

**August 2020**

**CONTEXT**
- When calculating a patient’s kidney function (GFR), we often use a set of calculations based on various factors to estimate their glomerular filtration rate or eGFR.
- Traditionally, these risk factors include serum creatinine, age, sex and race (Black vs. non-Black).
- The equation reports out two values. For Black patients, it increases the estimated GFR by 16-21% to account for their “increased muscle mass”, though no robust scientific evidence exists to support this claim.
- The unintended consequence is to assert and propagate a biological cause for Black bodies being different from all non-Black bodies, a popular eugenicist view.

**CONTRIBUTING FACTORS**
- African Americans have a 3x and Hispanics 1.5x higher risk of developing kidney failure than White Americans.
- By having higher eGFRs, Black patients might have delayed referral to specialty services, dialysis and transplantation.

**KEY TAKEAWAYS**
- The inclusion of race is fraught with bias and has lasting deleterious implications for our Black patients. For a multitude of social and scientific reasons, the Nephrology workgroup feels strongly that the inclusion of subjective race (a social construct) as an objective (biologic) proxy for creatinine generation/clearance in the biomedical environment does not meet the scientific rigor required at NYC Health + Hospitals for our diagnostic screening tools.

**PLANS FOR CORRECTIVE ACTION**
- Lab Services - Standardize all eGFR calculations to use CKD-EPI eGFR(Cr) where results will be reported without race adjustment based on serum creatinine, age, sex, and is normalized to 1.73m2 body surface area.
- Epic – Work to ensure race-based eGFR is no longer reported out as 2 different values to our clinicians and patients.
- Approved by Nephrology Workgroup, IM Council, ICU & OB/GYN leadership, Quality & Safety, Medical & Professional Affairs, Equity & Access Council, Clinical Lab Council, CMO Council.

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2. https://tinyurl.com/3ke5bspc