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US Renal Data System 2014 Annual Data Report: Epidemiology of Kidney Disease in the United States

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In February 2014, the National Institutes of Health (NIH) competitively awarded a new contract for the US Renal Data System (USRDS) Coordinating Center to the University of Michigan at the Kidney Epidemiology and Cost Center (KECC), in Ann Arbor, Michigan. The University of Michigan KECC has partnered with Arbor Research Collaborative for Health as well as the University of California Irvine (UCI).

Two new special studies were also awarded in 2014. The first is a study of palliative and end-of-life care related to kidney disease at the University of Washington, in collaboration with Stanford University. The second is a study to examine the critical transition period from advanced chronic kidney disease (CKD) to end-stage renal disease (ESRD) at UCI, in collaboration with the University of Tennessee Health Science Center and Kaiser Permanente of Southern California.

In addition to being published as an annual, online *AJKD* supplement, the USRDS Annual Data Report is available at the USRDS website (www.usrds.org), where the data also continue to be disseminated. A summary of key findings is provided in the introductions to volumes 1 (CKD; page S1) and 2 (ESRD; page S79) of the Annual Data Report. Notable among these, CKD prevalence in the United States in 2012 (not including ESRD) was estimated at 13.6%, and has been relatively stable over the last decade. There were 114,813 new cases of ESRD reported in 2012, and the incidence rate of ESRD showed a slight decrease, of 3.8%, for a third consecutive year. A total of 636,905 individuals were treated for ESRD in 2012, a number that continues to rise. The total Medicare expenditure for all stages of kidney disease (including ESRD and earlier stages of CKD, but not including prescription medications) was over \$87 billion in 2012. Medicare costs for ESRD alone were 3.5% higher in 2012 than in 2011 (\$28.6 billion vs \$27.7 billion). On a positive note, a

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large, net reduction in mortality has been observed (28% for hemodialysis patients, 47% for peritoneal dialysis patients, and 51% for transplant patients) since 2003.

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