The Kidney Disease Improving Global Outcomes (KDIGO) clinical practice guidelines recommend referring patients with CKD to nephrology for the following indications:

- Acute kidney injury or abrupt sustained fall in glomerular filtration rate (GFR)
- GFR <30ml/min/1.73m²
- A consistent finding of significant albuminuria (albumin to creatinine ratio (ACR) of ≥300mg/g (or albumin excretion rate of ≥300mg/24 hours, which is approximately equivalent to protein creatinine ratio (PCR) ≥500mg/g or protein excretion rate of ≥500mg/24 hours)
- Progression of CKD
- Urinary red cell casts, RBC > 20 per high power field, sustained and not readily explained
- CKD and hypertension refractory to treatment with 4 or more antihypertensive agents
- Persistent abnormalities of serum potassium
- Recurrent or extensive nephrolithiasis
- Hereditary kidney disease

Nephrologists frequently meet new patients well after they have had chronic kidney disease (CKD) for years and are often the first to tell someone that they have kidney disease. However, there are several important advantages to referring patients to nephrology earlier. Most importantly, early compared to late referral to nephrology is associated with decreased patient mortality (11% vs 23% (p<0.0001)) and decreased 1-year mortality (13% vs. 29% (p=0.028)). Other benefits include less emergency dialysis, more choice in treatment options, reduced hospital stays, and better management of comorbidities. On the other hand, late referral is associated with more sequelae of CKD, including more anemia, bone disease, severe hypertension and fluid overload, delayed referral for kidney transplant, and worse psychosocial adjustment for patients.

Part of the reason that patients are referred late is that the standard test for kidney function, serum creatinine, is flawed. By the time the serum creatinine is abnormal, kidney function can be significantly impaired.
MANAGING PATIENTS WITH CHRONIC KIDNEY DISEASE continued...

For patients with progressive CKD in whom the risk of kidney failure requiring dialysis is 10-20% or higher within one year, the recommendation is for timely referral to nephrology. This can be calculated online at http://kidneyfailurerisk.com, and is based on age, gender, GFR, and ACR.

Christine Hsu, MD, MS, recently joined The Polyclinic Nephrology Department. She is available for patient consultations and referrals at 206.860.5575. Dr. Hsu covers all areas of nephrology and has a special practice interest in working with patients transitioning from pediatric to adult renal care.

Breast Cancer Risk Factors
By: Mikki Seagren, DO

The incidence of breast cancer in Washington state was estimated to be 138.3 per 100,000. This puts our state above the national average and consistently among a group of states with the highest known incidence of breast cancer. There are a limited number of risk factors that can be modified to lower the risk of developing breast cancer. Therefore, regular screening mammography to detect breast cancer at its earliest, most treatable stages remains the best strategy to reduce mortality.

Breast Density Notification Legislation has been passed in numerous states, such as Oregon and California. In these states, women who have dense breast tissue on mammogram are sent a letter of notification. There is proposed legislation in the state of Washington (Senate Bill 50-40) which if passed will mean women in our state will receive a similar notification letter if they have dense breast tissue. These letters vary by state, but typically include language stating dense breast tissue can hide small abnormalities, may increase the risk of breast cancer, recommend supplemental screening, and inform patients to contact their physician.

In Washington state, 75% of women ages 40 and older reported having a mammogram within the past two years. Approximately 50% of these women will have breast tissue that is classified by the interpreting radiologist as either heterogeneously dense or extremely dense. This means half of your patients should receive this letter.

What does this mean?

Patients with dense breast tissue on mammogram should receive a breast cancer risk assessment. This should be performed by a physician with experience selecting and interpreting breast cancer risk models or can be performed by a cancer risk assessment program. Patients with a lifetime risk >20% or 10-year risk >5% should receive annual breast MRI in addition to mammography.

What can you do for your patients?

1. At The Polyclinic Hereditary Cancer Risk Clinic we can answer the questions your patients may have about their mammogram findings. We will assess their individual risk for breast cancer and make the appropriate recommendations for individualized screening and risk reduction strategies. Patients found to be high risk should have supplemental screening, in addition to annual mammograms.

2. The Polyclinic Breast Imaging Center utilizes tomosynthesis for both screening and diagnostic mammograms. We also offer breast MRI and have the ability to perform MR-guided breast biopsies. (It is recommended that breast MR should only be done in facilities able to perform the MR guided breast biopsy if indicated.)

Dr. Mikki Seagren is available for consultations and referrals at 206.860.2223. She specializes in the surgical treatment of breast cancer including mastectomy, lumpectomy, sentinel lymph node and axillary lymph node dissection, oncoplastic breast conservation, and total nipple-sparing mastectomy.

Laboratory Services Open to Referring Providers

The Polyclinic provides comprehensive lab services for our patients as well as patients affiliated with other health care groups in the region at multiple locations across Seattle including Broadway, Downtown, Madison Center, and Northgate Meridian. Our flagship location – Madison Center – has a full-size, CLIA high-complexity, fully automated lab with state-of-the-art instrumentation. The lab specializes in clinical chemistry and immunology, hematology, coagulation, urinalysis, microscopy, and pathology.

We offer courier services with multiple sample pick-ups, consultation services, auto-faxing of lab reports, and Saturday hours. For more information, please contact Larry Arakelyan, Director of Laboratory Services, at 206.860.5425 or Larry.Arakelyan@polyclinic.com.