



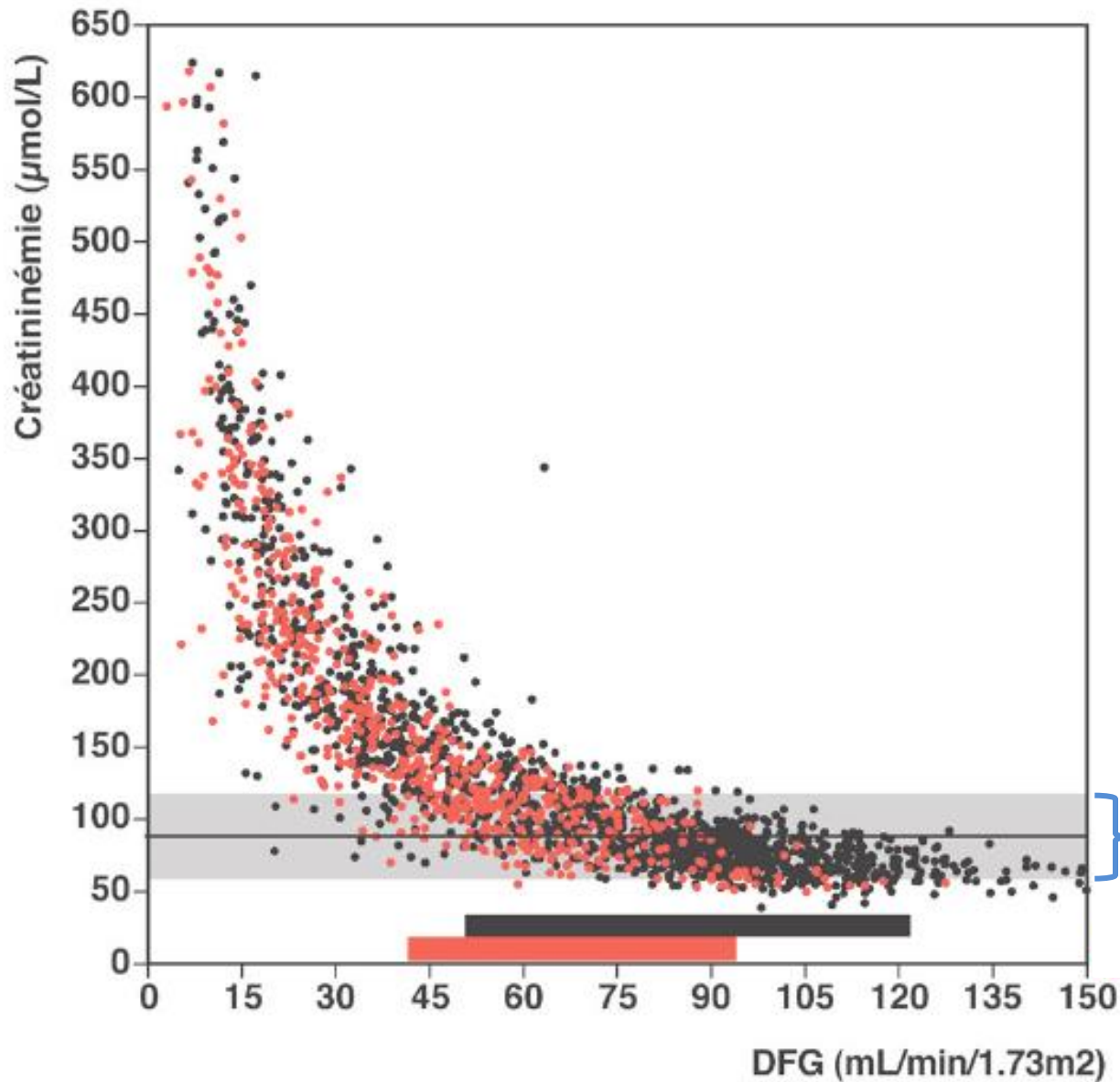
**Les nouvelles équations pour estimer le
DFG
et leur applicabilité dans les diverses
populations**

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Université de Liège
CHU Sart Tilman
BELGIQUE**

| Category | Disclosure Information |
|----------------------------------|--|
| Employer | Nothing to disclose. |
| Ownership Interest | Nothing to disclose. |
| Consultancy | IDS; Nephrolyx; Alentis Therapeutics; ARK Bioscience; Astellas |
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| Honoraria | IDS; Fresenius Kabi; Fresenius Medical Care; Nephrolyx; Alentis Therapeutics; ARK Bioscience; AstraZeneca; Bayer |
| Patents or Royalties | Nothing to disclose. |
| Advisory or Leadership Role | Nothing to disclose. |
| Speakers Bureau | Nothing to disclose. |
| Other Interests or Relationships | Nothing to disclose. |
| Disclosure Updated Date | 07/18/2023 |

Le DFG est le paramètre le plus utilisé pour estimer la fonction globale du rein

- Le DFG est estimé avec des biomarqueurs
- La créatinine est une des analyses les plus prescrites
- Le plus important est probablement d'en connaître les limites...



Cohorte NephroTest
(France)

Quel DFG correspond à une
concentration de créatinine
mesurée à **0.9 mg/dL (80
 $\mu\text{mol/L}$)** ?

IC 95% pour sujets <65 ans
IC 95% pour sujets >65 ans

Valeurs normales
de créatinine

Avec la permission de Marc Froissart

Autres Limites

Analytiques

- Méthodes de Jaffe
- Méthodes enzymatiques
- Ces deux méthodes donnent des résultats différents
- Pseudochromogènes: glucose, fructose, ascorbate, protéines, urate, acetoacetate, acétone, pyruvate => faux +
- Bilirubines: faux –
- CALIBRATION

Physiologiques: Sécrétion tubulaire

- 10 à 40%
- Augmente quand le DFG diminue
- Difficile à prédire à l'échelle individuelle

Physiologiques: Masse musculaire

- Production (relativement) constante mais production musculaire => créatinine sérique dépend de la masse musculaire, pas seulement du DFG (âge? sexe/genre? race/population?)
- Production extra-rénale

Perrone RD, Clin Chem, 1992, 38, p1933

Delanaye P, Nephron, 2017, 136, p302

Créatinine: à la poubelle?

- Bon marché! (0.04€ /Jaffe)
- Bonne spécificité
- Bon CV analytique
- Préférence pour les méthodes enzymatiques

Clairance de créatinine

- N'est recommandée par aucun guidelines
- Sécrétion tubulaire
- Manque de précision:

erreurs dans la collecte

22 à 27% chez les patients « entraînés »

50 to 70 % pour les autres

importante variabilité intra-individuelle
de l'excrétion urinaire de créatinine

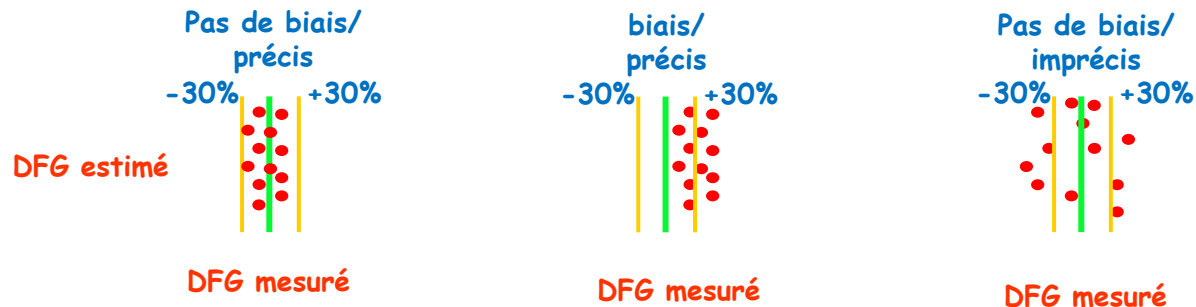
KDIGO, Kidney Int, 2012, 3

Perrone RD, Clin Chem, 1992, 38, 1933

Delanaye P, Ann Biol Clin (Paris), 2010, 68, 531

Statistiques

- Corrélation: une condition “*sine qua non*” mais insuffisante!
- Biais: différence moyenne entre 2 valeurs = erreur systématique
- Précision: SD autour de ce biais = erreur aléatoire
- Exactitude 30% = % du DFG estimée dans $\pm 30\%$ du DFG mesuré



Bland JM, Altman DG, Lancet, 1986, 8476, 307

Delanaye P, Nephrol Dial Transplant, 2013, 28, 1396

Quelles équations?

- Cockcroft
- CKD-EPI
- EKFC

Quelles équations?

- ~~Cockcroft~~
- CKD-EPI
- EKFC

L'équation CKD-EPI

A New Equation to Estimate Glomerular Filtration Rate

Andrew S. Levey, MD; Lesley A. Stevens, MD, MS; Christopher H. Schmid, PhD; Yaping (Lucy) Zhang, MS; Alejandro F. Castro III, MPH; Harold I. Feldman, MD, MSCE; John W. Kusek, PhD; Paul Eggers, PhD; Frederick Van Lente, PhD; Tom Greene, PhD; and Josef Coresh, MD, PhD, MHS, for the CKD-EPI (Chronic Kidney Disease Epidemiology Collaboration)*

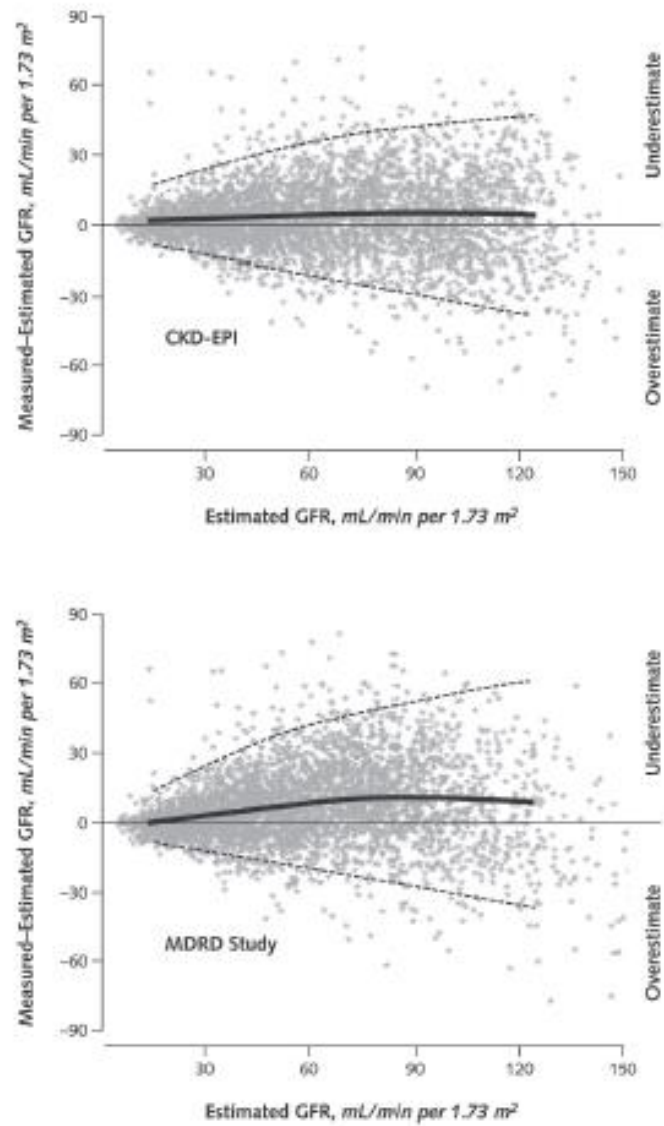
Ann Intern Med. 2009;150:604-612.

Table 2. The CKD-EPI Equation for Estimating GFR on the Natural Scale*

| Race and Sex | Serum Creatinine Level, $\mu\text{mol/L}$ (mg/dL) | Equation |
|-----------------------|---|---|
| Black | | |
| Female | ≤ 62 (≤ 0.7) | $\text{GFR} = 166 \times (\text{Scr}/0.7)^{-0.329} \times (0.993)^{\text{Age}}$ |
| | > 62 (> 0.7) | $\text{GFR} = 166 \times (\text{Scr}/0.7)^{-1.209} \times (0.993)^{\text{Age}}$ |
| Male | ≤ 80 (≤ 0.9) | $\text{GFR} = 163 \times (\text{Scr}/0.9)^{-0.411} \times (0.993)^{\text{Age}}$ |
| | > 80 (> 0.9) | $\text{GFR} = 163 \times (\text{Scr}/0.9)^{-1.209} \times (0.993)^{\text{Age}}$ |
| White or other | | |
| Female | ≤ 62 (≤ 0.7) | $\text{GFR} = 144 \times (\text{Scr}/0.7)^{-0.329} \times (0.993)^{\text{Age}}$ |
| | > 62 (> 0.7) | $\text{GFR} = 144 \times (\text{Scr}/0.7)^{-1.209} \times (0.993)^{\text{Age}}$ |
| Male | ≤ 80 (≤ 0.9) | $\text{GFR} = 141 \times (\text{Scr}/0.9)^{-0.411} \times (0.993)^{\text{Age}}$ |
| | > 80 (> 0.9) | $\text{GFR} = 141 \times (\text{Scr}/0.9)^{-1.209} \times (0.993)^{\text{Age}}$ |

- CKD-EPI
- “Development dataset”: n=5504
- “Internal validation”: n=2750
- “External validation”: n=3896
- Créatinine calibrée
- DFG médian = 68 mL/min/1.73 m²

Figure. Performance of the CKD-EPI and MDRD Study equations in estimating measured GFR in the external validation data set.



KDIGO 2012 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease

VOLUME 3 | ISSUE 1 | JANUARY 2013

<http://www.kidney-international.org>



Révisé in 2024

CKD-EPI: What else?

Development and Validation of a Modified Full Age Spectrum Creatinine-Based Equation to Estimate Glomerular Filtration Rate

A Cross-sectional Analysis of Pooled Data

Hans Pottel, PhD*; Jonas Björk, PhD*; Marie Courbebaisse, MD, PhD; Lionel Couzi, MD, PhD; Natalie Ebert, MD, MPH; Björn O. Eriksen, MD, PhD; R. Neil Dalton, PhD; Laurence Dubourg, MD, PhD; François Gaillard, MD, PhD; Cyril Garrouste, MD; Anders Grubb, MD, PhD; Lola Jacquemont, MD, PhD; Magnus Hansson, MD, PhD; Nassim Kamar, MD, PhD; Edmund J. Lamb, PhD; Christophe Legendre, MD; Karin Littmann, MD; Christophe Mariat, MD, PhD; Toralf Melsom, MD, PhD; Lionel Rostaing, MD, PhD; Andrew D. Rule, MD; Elke Schaeffner, MD, PhD, MSc; Per-Ola Sundin, MD, PhD; Stephen Turner, MD, PhD; Arend Bökenkamp, MD; Ulla Berg, MD, PhD; Kajsa Åsling-Monemi, MD, PhD; Luciano Selistre, MD, PhD; Anna Åkesson, BSc; Anders Larsson, MD, PhD; Ulf Nyman, MD, PhD†; and Pierre Delanaye, MD, PhD†

- Sujets avec DFG mesuré et créatinine standardisée
- n=11,251 “développement et validation interne”
- n=8,378 “validation externe”
- n=1,254 âge entre 2 et 18 ans
- 7 + 6 cohortes
- « Caucasiens »

Figure 1. The new EKFC equation.

| Age | SCr/Q | Equation |
|--------|----------|---|
| 2–40 y | <1 | $107.3 \times (SCr/Q)^{-0.322}$ |
| | ≥ 1 | $107.3 \times (SCr/Q)^{-1.132}$ |
| >40 y | <1 | $107.3 \times (SCr/Q)^{-0.322} \times 0.990^{(Age - 40)}$ |
| | ≥ 1 | $107.3 \times (SCr/Q)^{-1.132} \times 0.990^{(Age - 40)}$ |

Q Values

For ages 2–25 y:

Males:

$$\ln(Q) = 3.200 + 0.259 \times Age - 0.543 \times \ln(Age) - 0.00763 \times Age^2 + 0.0000790 \times Age^3$$

Females:

$$\ln(Q) = 3.080 + 0.177 \times Age - 0.223 \times \ln(Age) - 0.00596 \times Age^2 + 0.0000686 \times Age^3$$

For ages >25 y:

Males:

$$Q = 80 \mu\text{mol/L (0.90 mg/dL)}$$

Females:

$$Q = 62 \mu\text{mol/L (0.70 mg/dL)}$$

SCr and Q in $\mu\text{mol/L}$ (to convert to mg/dL, divide by 88.4)

Q values (in $\mu\text{mol/L}$ or mg/dL) correspond to the median SCr values for the age- and sex-specific populations. EKFC = European Kidney Function Consortium; SCr = serum creatinine.

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Age-adapted percentiles of measured glomerular filtration in healthy individuals: extrapolation to living kidney donors over 65 years

Avant 40 ans: DFG mesuré = 107 mL/min/1.73m²
...et cela semble assez universel

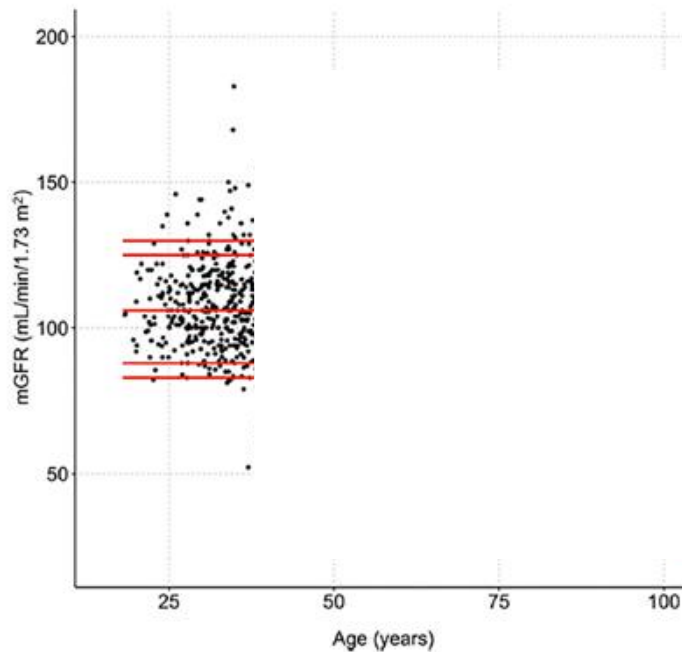


Figure 3: mGFR according to age in the development (dark dots) and external validation cohort (n=329) (gray dots). Red lines are percentiles 5, 10, 50, 90 and 95, calculated from kidney donors younger than 65 years and extrapolated for ages >65 years.

Pierre Delanaye*, François Gaillard, Jessica van der Weijden, Geir Mjøen, Ingela Ferhman-Ekholm, Laurence Dubourg, Natalie Ebert, Elke Schaeffner, Torbjörn Åkerfeldt, Karolien Goffin, Lionel Couzi, Cyril Garrouste, Lionel Rostaing, Marie Courbebaisse, Christophe Legendre, Maryvonne Hourmant, Nassim Kamar, Etienne Cavalier, Laurent Weekers, Antoine Bouquegneau, Martin H. de Borst, Christophe Mariat, Hans Pottel and Marco van Londen

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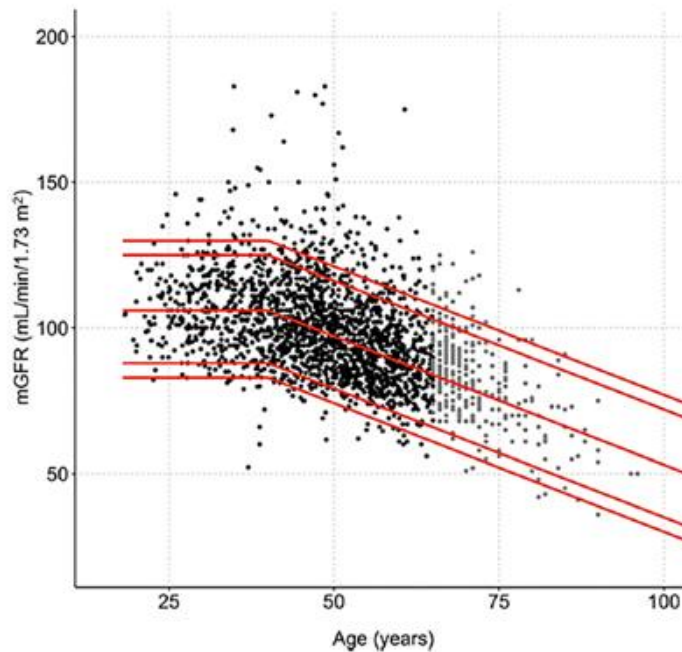
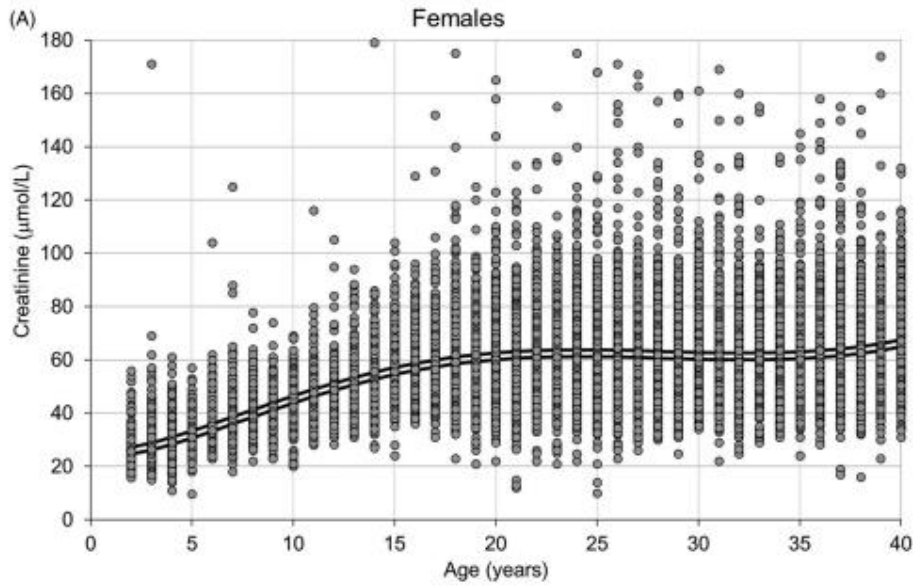
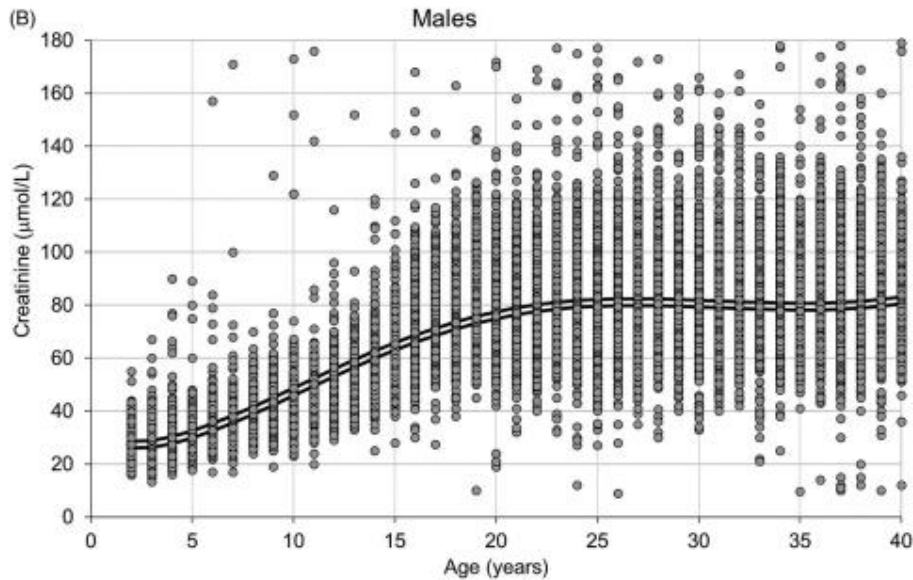


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N=83,257 de 3 laboratoires
(Suède, Belgique)

62 $\mu\text{mol/L}$ = 0,70 mg/dL



80 $\mu\text{mol/L}$ = 0,90 mg/dL

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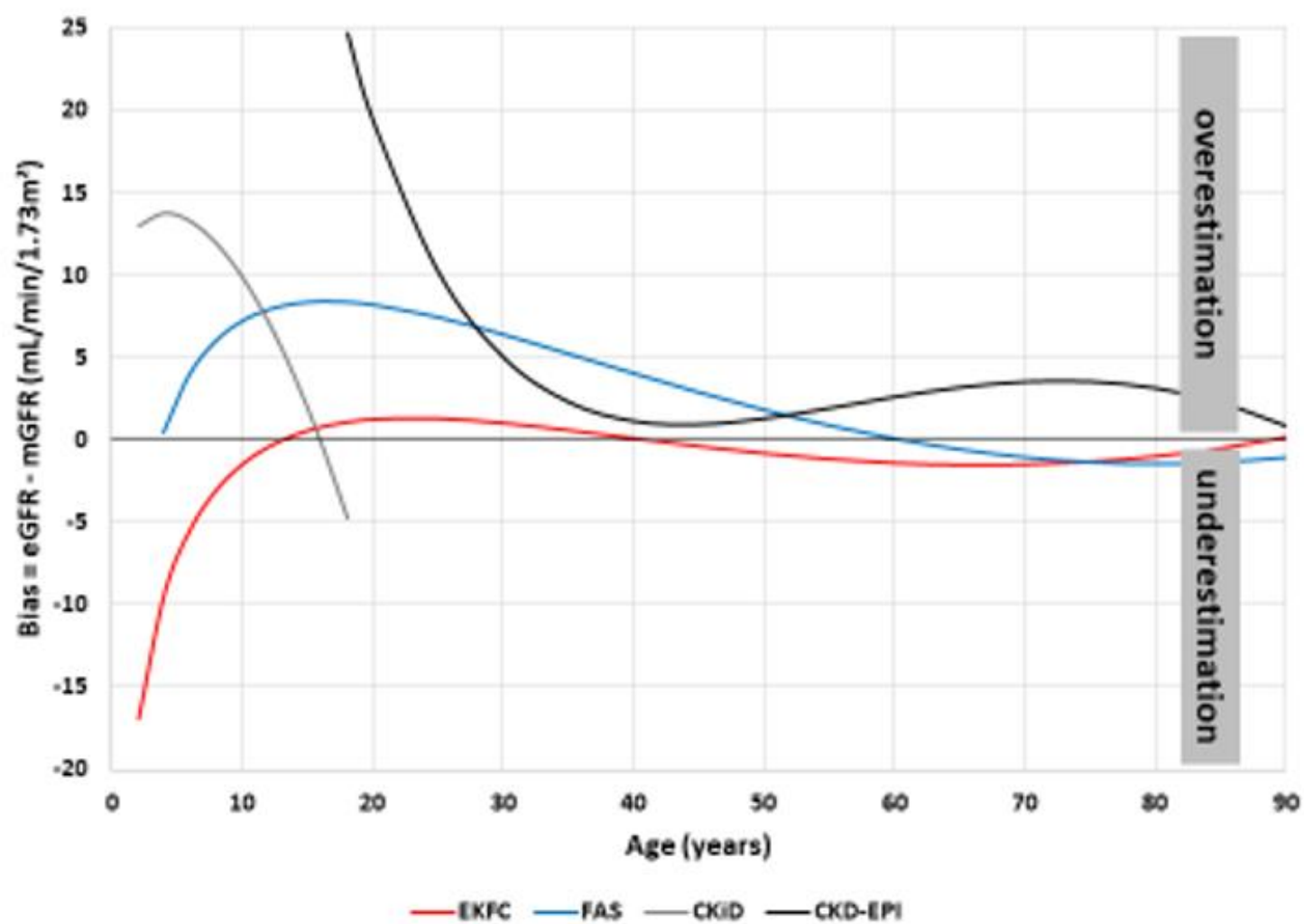
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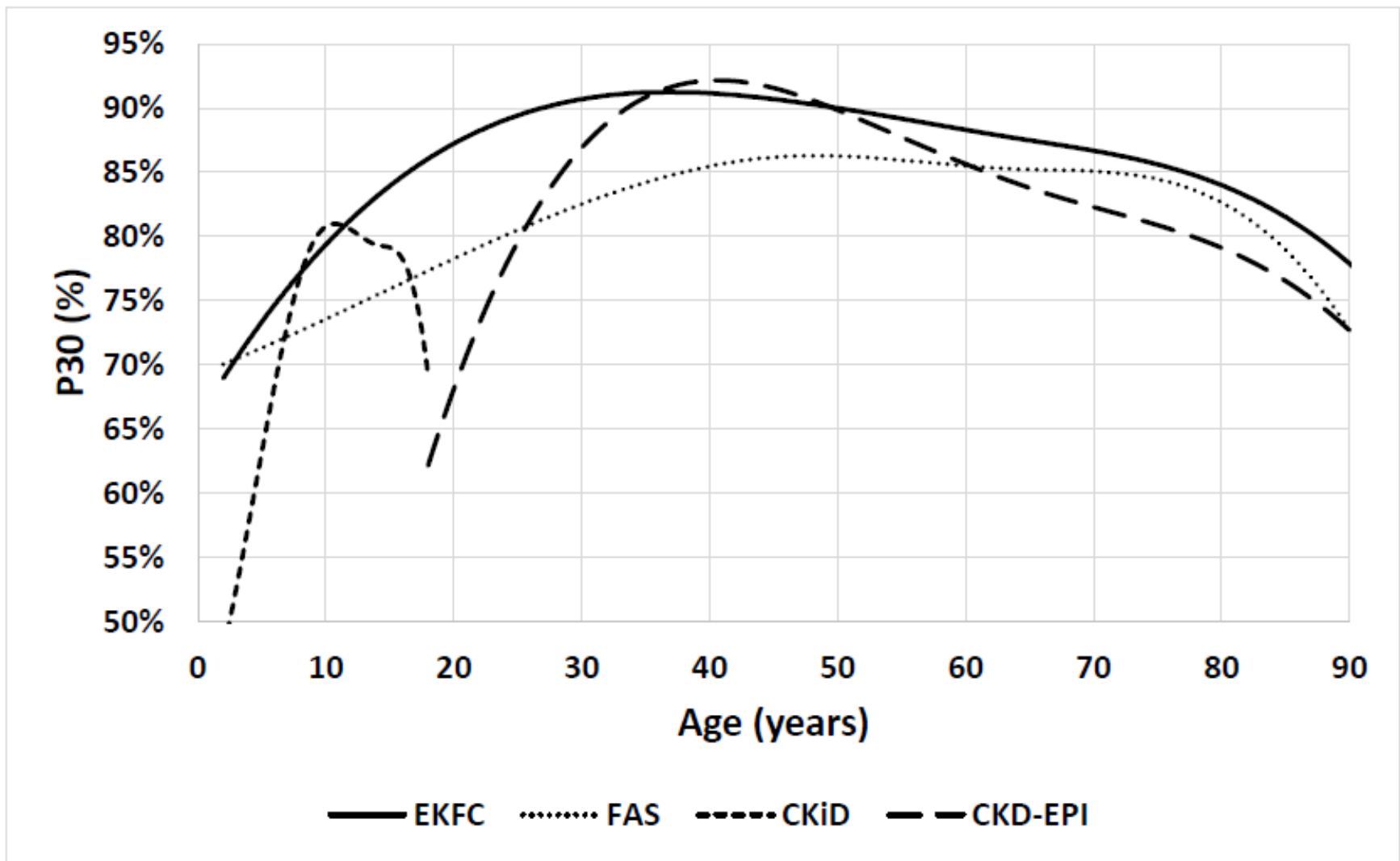


Figure S8. P30-accuracy against age for the EKFC, FAS, CKiD and CKD-EPI equation in the external validation dataset. P30 (%) was graphically presented across the age spectrum using cubic splines with two free knots and using 3rd degree polynomials.

Avantages de EKFC

- Meilleures performances (pas plus cher)
- Plus « physiologique »: correction au niveau de la créatinine (sexe, « race »), âge mieux conceptualisé, « Q » spécifique pour des populations spécifiques
- Valide à tout âge (et pas de « jump » à 18 ans)
- Enfant: pas besoin de la taille
- Même formule (« concept ») pour la cystatine C (et les autres biomarqueurs)

Débat sur la « race » aux USA

Remarque sémantique

La créatinine sérique est différente entre Noir et Blancs aux USA (on ne sait pas pourquoi!)

Le DFGm (normal) n'est pas différent

La correction pour le facteur racial dans CKD-EPI₂₀₀₉ a été considéré comme discriminant



ORIGINAL ARTICLE

New Creatinine- and Cystatin C–Based Equations to Estimate GFR without Race

L.A. Inker, N.D. Eneanya, J. Coresh, H. Tighiouart, D. Wang, Y. Sang, D.C. Crews, A. Doria, M.M. Estrella, M. Froissart, M.E. Grams, T. Greene, A. Grubb, V. Gudnason, O.M. Gutiérrez, R. Kalil, A.B. Karger, M. Mauer, G. Navis, R.G. Nelson, E.D. Poggio, R. Rodby, P. Rossing, A.D. Rule, E. Selvin, J.C. Seegmiller, M.G. Shlipak, V.E. Torres, W. Yang, S.H. Ballew, S.J. Couture, N.R. Powe, and A.S. Levey, for the Chronic Kidney Disease Epidemiology Collaboration*

➤ [N Engl J Med. 2021 Nov 4;385\(19\):1737-1749.](#)

Table 3. Accuracy of Current and New Approaches for GFR Estimation as Compared with Measured GFR in the Validation Data Set.

| Filtration Marker and Equation* | Black Participants | Non-Black Participants | Difference between Black Participants and Non-Black Participants (95% CI)† |
|---|---------------------|------------------------|--|
| Bias: Median Difference between Measured GFR and eGFR (95% CI)‡ | | | |
| <i>milliliters per minute per 1.73 square meters</i> | | | |
| Creatinine | | | |
| eGFRcr(ASR), current | -3.7 (-5.4 to -1.8) | -0.5 (-0.9 to 0.0) | -3.2 (-5.0 to -1.3) |
| eGFRcr(ASR-NB), new | 7.1 (5.9 to 8.8) | -0.5 (-0.9 to 0.0) | 7.6 (6.1 to 9.0) |
| eGFRcr(AS), new | 3.6 (1.8 to 5.5) | -3.9 (-4.4 to -3.4) | 7.6 (5.6 to 9.5) |
| Creatinine | | | |
| eGFRcr(ASR), current | 85.1 (82.2 to 87.9) | 89.5 (88.5 to 90.4) | -4.4 (-7.6 to -1.2) |
| eGFRcr(ASR-NB), new | 86.4 (83.4 to 89.1) | 89.5 (88.5 to 90.4) | -3.1 (-6.2 to 0) |
| eGFRcr(AS), new | 87.2 (84.5 to 90.0) | 86.5 (85.4 to 87.6) | 0.7 (-2.4 to 3.8) |












Nephrology Dialysis Transplantation (2023) 38: 106–118

<https://doi.org/10.1093/ndt/gfac241>

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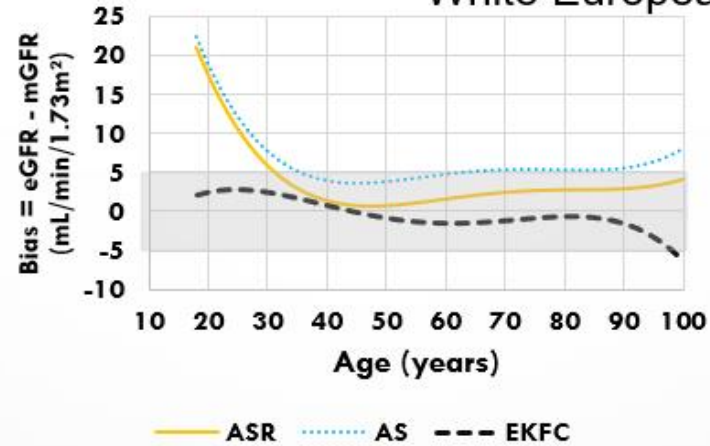
Performance of creatinine-based equations to estimate glomerular filtration rate in White and Black populations in Europe, Brazil and Africa

Pierre Delanaye ^{1,2,*}, Emmanuelle Vidal-Petiot ^{3,*}, Jonas Björk ^{4,5}, Natalie Ebert ⁶, Björn O. Eriksen⁷, Laurence Dubourg⁸, Anders Grubb⁹, Magnus Hansson¹⁰, Karin Littmann¹¹, Christophe Mariat¹², Toralf Melsom⁷, Elke Schaeffner⁶, Per-Ola Sundin ¹³, Arend Bökenkamp¹⁴, Ulla B. Berg¹⁵, Kajsa Åsling-Monemi¹⁵, Anna Åkesson^{4,5}, Anders Larsson¹⁶, Etienne Cavalier ¹⁷, R. Neil Dalton¹⁸, Marie Courbebaisse¹⁹, Lionel Couzi ²⁰, Francois Gaillard ²¹, Cyril Garrouste²², Lola Jacquemont²³, Nassim Kamar²⁴, Christophe Legendre²⁵, Lionel Rostaing ²⁶, Thomas Stehlé ^{27,28}, Jean-Philippe Haymann²⁹, Luciano da Silva Selistre³⁰, Jorge P. Strogoff-de-Matos ³¹, Justine B. Bukabau³², Ernest K. Sumaili³², Eric Yayo³³, Dagui Monnet³³, Ulf Nyman³⁴, Hans Pottel^{35,†} and Martin Flamant^{36,†}

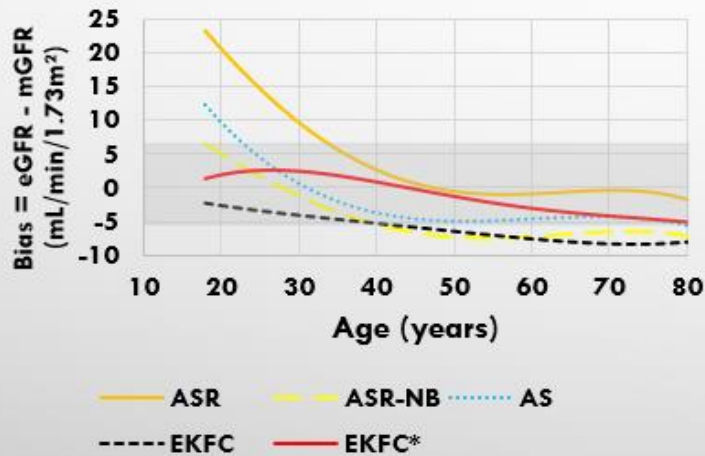
Méthodes

- Sujets de plus de 18 ans, DFG mesuré, créatinine sérique “IDMS traceable”
- EKFC consortium: 11 cohortes d’Europe (n=17,321)
- Données de Paris (n=4,429, parmi lesquels 964 européens noirs)
- Données d’Afrique (RDC et Côte d’Ivoire, n=508)

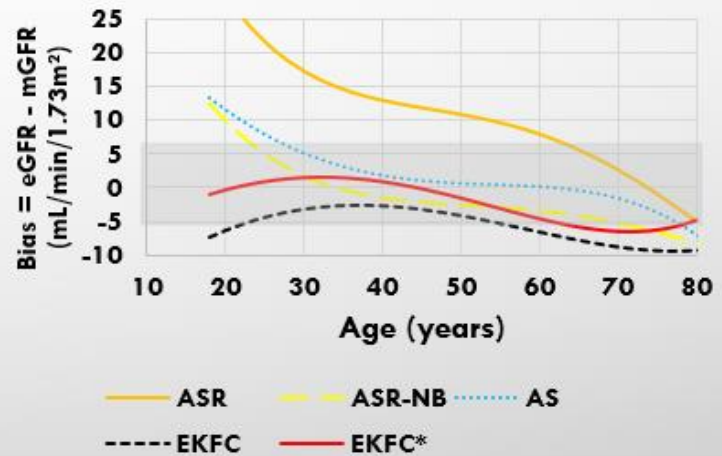
White Europeans (n=17,321)



Black Europeans (n=964)



Black Africans (n=508)



Americentrism in estimation of glomerular filtration rate equations

Kidney International (2022) **101**, 856–858; <https://doi.org/10.1016/j.kint.2022.02.022>



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Dialysis-Apheresis, Hôpital
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France; ³Department of Public
Health and Primary Care,
Katholieke Universiteit Leuven
Campus Kulak Kortrijk, Kortrijk,
Belgium; and ⁴Department of
Medicine, Geffen School of
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KEYWORDS: glomerular filtration rate; race; serum creatinine

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EFLM Paper

Pierre Delanaye, Elke Schaeffner, Mario Cozzolino, Michel Langlois, Mario Plebani, Tomris Ozben and Etienne Cavalier*, on behalf of the Board members of the EFLM Task Group Chronic Kidney Diseases

The new, race-free, Chronic Kidney Disease Epidemiology Consortium (CKD-EPI) equation to estimate glomerular filtration rate: is it applicable in Europe? A position statement by the European Federation of Clinical Chemistry and Laboratory Medicine (EFLM)


Nephrol Dial Transplant (2023) 38: 1–6

<https://doi.org/10.1093/ndt/gfac254>

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What should European nephrology do with the new CKD-EPI equation?

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Le principal avantage de EKFC est sa flexibilité

Performance of the European Kidney Function Consortium (EKFC) creatinine-based equation in United States cohorts



see commentary on page 445

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Validation de EKFC aux USA

| Cohorts | Sample Size | Age (years) | Measured GFR (mL/min/1.73m ²) | % of women | % of Black subjects | Proportion of individuals with urinary clearance data available |
|--------------------|-------------|-------------|---|------------|---------------------|---|
| <i>All</i> | 12,854 | 56.0 [22.1] | 57 [46] | 44.3 | 21.7 | 93.2 |
| AASK | 1,844 | 54.5 [16.0] | 57 [35] | 35.9 | 100 | 100 |
| ALTOLD | 381 | 43.3 [19.0] | 97 [18] | 65.1 | 1.8 | 0 |
| CRIC | 1,194 | 59.0 [17.7] | 48 [28] | 44.4 | 44.7 | 100 |
| CRISP | 217 | 34.0 [13.0] | 93 [34] | 59.0 | 11.1 | 100 |
| DCCT/EDIC | 809 | 31.0 [9.0] | 119 [25] | 47.8 | 1.4 | 100 |
| GENOA/ECAC | 1,093 | 66.1 [12.1] | 80 [27] | 56.6 | 0 | 100 |
| Mayo Clinic | 5,069 | 59.0 [21.0] | 50 [40] | 44.6 | 2.0 | 100 |
| MDRD | 1,756 | 51.0 [21.0] | 36 [29] | 39.5 | 12.4 | 100 |
| PERL | 491 | 52.0 [15.0] | 70 [25] | 33.6 | 10.8 | 0 |

Results are expressed in % or Median [interquartile range].

GFR: glomerular filtration rate

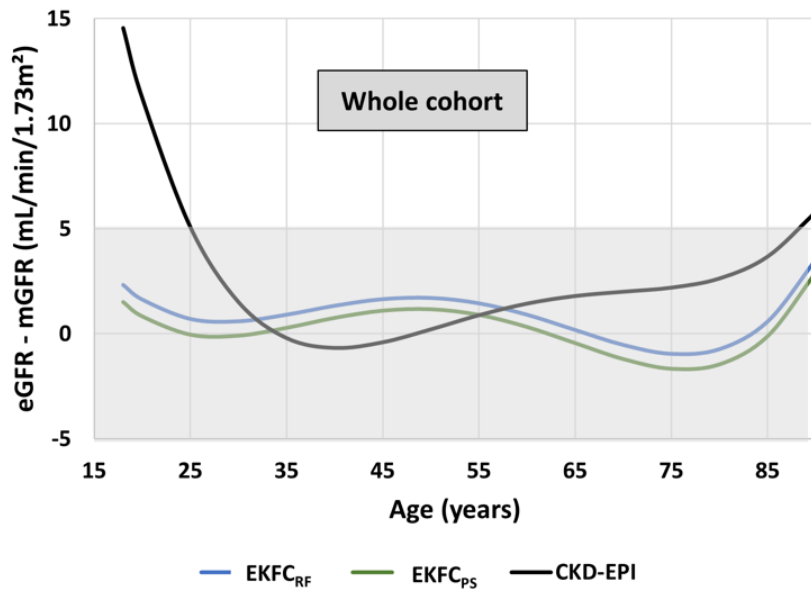
Les valeurs de Q sont adaptées aux populations

Q-values determined in different populations

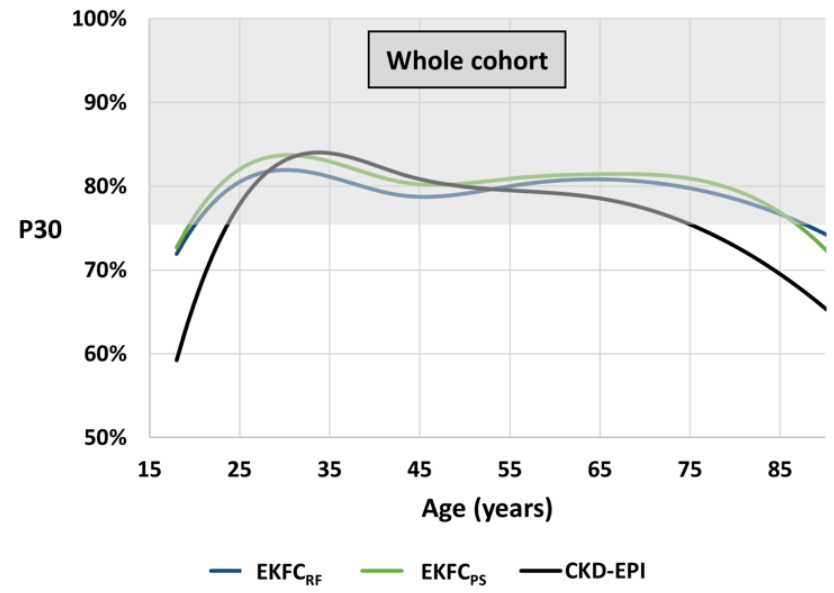
| | Q value in women | Q value in men | Origine |
|--|------------------|----------------|--|
| White European | 0.70 | 0.90 | Large data from laboratories in Sweden and Belgium |
| Black European | 0.74 | 1.02 | Living kidney donors in Paris |
| Black Africans (Central Africa) | 0.72 | 0.96 | Healthy people in Congo |
| White US population-specific | 0.73 | 0.93 | Large data from laboratories from University of Washington Medicine System |
| Black US population-specific | 0.73 | 1.00 | Large data from laboratories from University of Washington Medicine System |
| White US population-specific | 0.70 | 0.94 | National Health and Nutrition Examination Survey |
| Black US population-specific | 0.72 | 1.03 | National Health and Nutrition Examination Survey |
| US race-free | 0.73 | 0.97 | Large data from laboratories from University of Washington Medicine System |
| China | 0.62 | 0.88 | 27,830 healthy people |

All results are expressed in mg/dL

A



B



Glomerular Filtration Rate Estimation in Adults: Myths and Promises

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- Le principal avantage de EKFC est sa flexibilité
- Q peut être adapté à chaque population
- Y compris une population “mixée” ou un concept “race-free”
- Q peut être obtenu à partir de grandes cohortes ou de données spécifiques
- **Q peut être obtenu dans chaque hôpital (vrai Q “local”)**

ORIGINAL ARTICLE

Cystatin C–Based Equation to Estimate GFR without the Inclusion of Race and Sex

H. Pottel, J. Björk, A.D. Rule, N. Ebert, B.O. Eriksen, L. Dubourg, E. Vidal-Petiot, A. Grubb, M. Hansson, E.J. Lamb, K. Littmann, C. Mariat, T. Melsom, E. Schaeffner, P.-O. Sundin, A. Åkesson, A. Larsson, E. Cavalier, J.B. Bukabau, E.K. Sumaili, E. Yayo, D. Monnet, M. Flamant, U. Nyman, and P. Delanaye

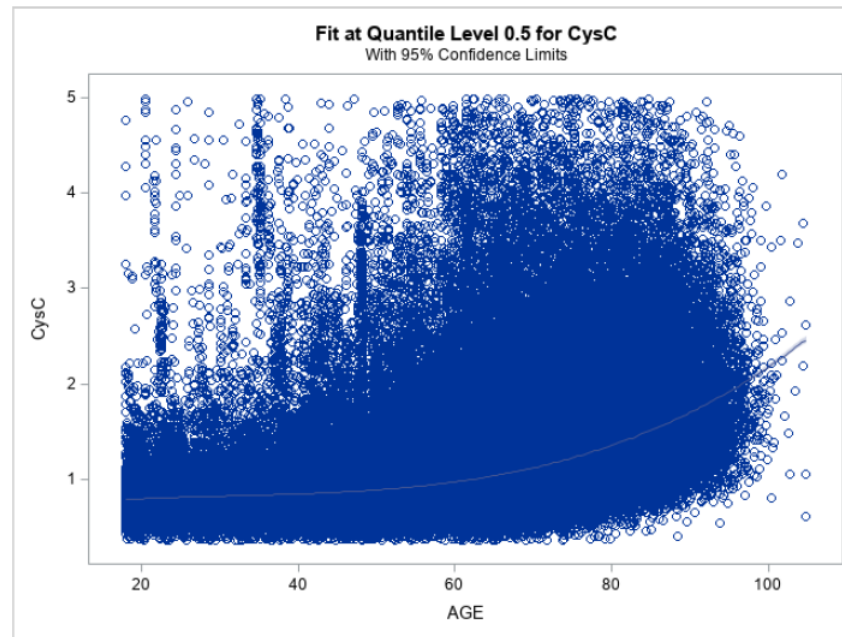
ABSTRACT

N Engl J Med 2023;388:333-43.

1^{er} étape: cystatine C et âge

Données de labo de Suède
N=227,643
♀ 95,469
♂ 132,174

Figure S3. Cystatin C versus age and the median quantile line for the 227,643 included subjects.

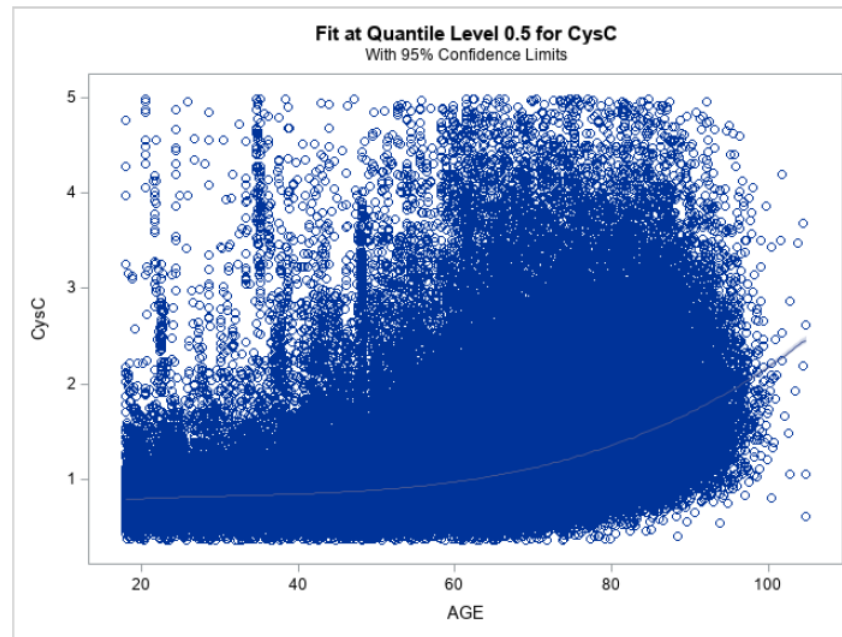


$$\begin{aligned} \text{♀ } Q' &= 0.79 \text{ mg/L jusqu'à 50 ans,} \\ & Q' = 0.79 + 0.005 \times (\text{Age} - 50) \\ \text{♂ } Q' &= 0.86 \text{ mg/L jusqu'à 50 ans} \\ & Q' = 0.86 + 0.005 \times (\text{Age} - 50) \end{aligned}$$

1^{er} étape: cystatine C et **sexe**

Données de labo de Suède
N=227,643
♀ 95,469
♂ 132,174

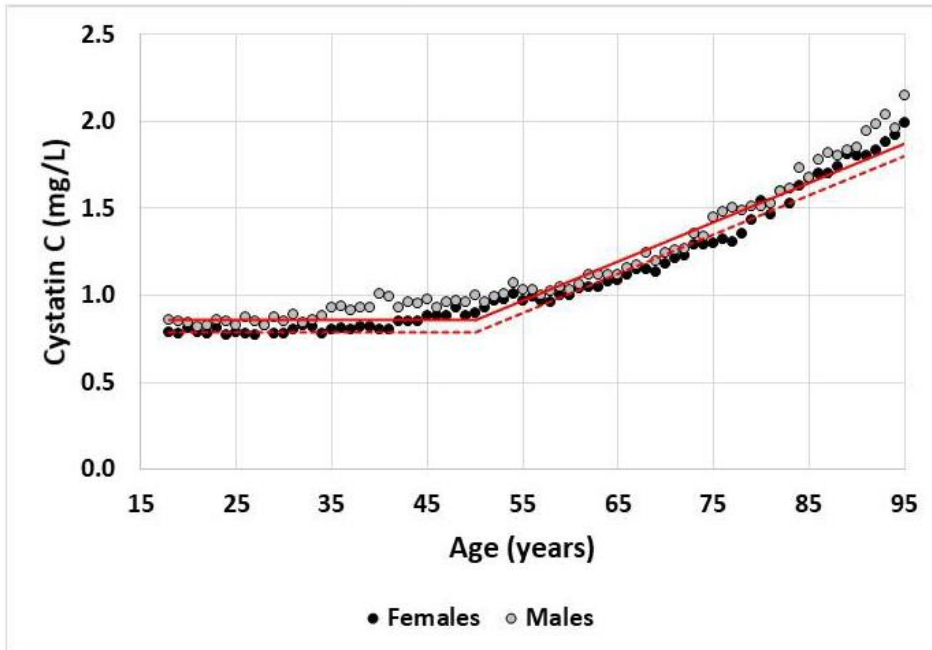
Figure S3. Cystatin C versus age and the median quantile line for the 227,643 included subjects.



♀ $Q' = 0.79 \text{ mg/L}$ jusqu'à 50 ans,
 $Q' = 0.79 + 0.005 \times (\text{Age} - 50)$
♂ $Q' = 0.86 \text{ mg/L}$ jusqu'à 50 ans
 $Q' = 0.86 + 0.005 \times (\text{Age} - 50)$

2^{ème} étape: cystatine C et **sexe**

Figure S4. Median plasma cystatin C in one-year intervals against age for men and women. A mathematical model to define Q'-values is proposed (red solid line): for adults Q' = 0.79 mg/L (women, dashed line) and 0.86 mg/L (men, solid line) until 50 years and a linear increasing model thereafter.



$$Q' = 0.83 \text{ mg/L jusqu'à 50 ans}$$
$$Q' = 0.83 + 0.005 \times (\text{Age} - 50)$$

3^{ème} étape: Cystatine C et “race”

- Données du même centre en France
- Même DFG de référence (Cr-EDTA)
- Même dosage de créatinine et de cystatine C

Table S3. Patient characteristics of the entire cohorts used for the matching analysis (mean \pm SD)

| Ethnicity/Sex | N | Age (years) | BMI (kg/m ²) | mGFR (mL/min/1.73m ²) | SCr (mg/dL) | CysC (mg/L) |
|---------------|------------|-----------------|--------------------------|-----------------------------------|-----------------|-----------------|
| White Men | 1296 (57%) | 53.0 \pm 14.6 | 26.2 \pm 4.9 | 61.8 \pm 26.0 | 1.52 \pm 0.73 | 1.52 \pm 0.68 |
| Black Men | 436 (63%) | 50.7 \pm 13.1 | 26.3 \pm 4.5 | 62.0 \pm 22.1 | 1.73 \pm 0.81 | 1.41 \pm 0.61 |
| | | | | | | |
| White Women | 966 (43%) | 52.5 \pm 15.2 | 25.8 \pm 6.2 | 62.8 \pm 26.8 | 1.16 \pm 0.61 | 1.38 \pm 0.73 |
| Black Women | 261 (37%) | 51.9 \pm 15.2 | 27.4 \pm 5.8 | 59.1 \pm 25.6 | 1.40 \pm 0.79 | 1.46 \pm 0.76 |

3^{ème} étape: Cystatin C et “race”

Analyse matchée 1:1

- Pour le sexe
- IMC ($\pm 2,5$ kg/m²)
- DFG mesuré (± 3 mL/min/1.73m²)
- âge (± 3 ans)

Table S4. Demographic and renal characteristics of the matched White and Black subjects (mean \pm SD)

| Sex | N | Age (years) | BMI (kg/m ²) | mGFR (mL/min/1.73m ²) | SCr (mg/dL) | CysC (mg/L) |
|-------------|-----|-----------------|--------------------------|-----------------------------------|-----------------|-----------------|
| White Men | 377 | 51.1 \pm 12.2 | 25.7 \pm 3.4 | 63.8 \pm 21.0 | 1.43 \pm 0.62 | 1.41 \pm 0.56 |
| Black Men | 377 | 50.8 \pm 12.3 | 25.8 \pm 3.5 | 63.6 \pm 21.0 | 1.65 \pm 0.64 | 1.37 \pm 0.59 |
| White Women | 200 | 53.4 \pm 11.9 | 26.1 \pm 4.6 | 59.7 \pm 23.2 | 1.16 \pm 0.53 | 1.40 \pm 0.69 |
| Black Women | 200 | 53.3 \pm 11.9 | 26.2 \pm 4.6 | 59.8 \pm 23.1 | 1.33 \pm 0.61 | 1.41 \pm 0.64 |

4^{ème} étape: Validation de la nouvelle équation

$$\text{EKFC} - \text{eGFR} = 107.3/[\text{Biomarker}/\text{Q}]^\alpha \times \\ [0.990^{(\text{Age}-40)} \text{ if age } >40 \text{ years}],$$

with $\alpha=0.322$ when biomarker/Q is less than 1
and $\alpha=1.132$ when biomarker/Q is 1 or more.

Adultes

DFGm, créatinine et cystatine C calibrées

N=12,832

11 cohortes

Européens blancs: n=7,727

Européens blancs de Paris: n=2,646

US blancs: n=1,093

Européens noirs de Paris: n=858

Africains noirs: n=508

Table 1. Performance of Single Biomarker (Serum Creatinine or Cystatin C)–Based Equations to Estimate the Glomerular Filtration Rate.*

| Variable | Serum Creatinine–Based Equations | | |
|--|-------------------------------------|------------------------------------|----------------------------|
| | CKD-EPI eGFR _{cr} (ASR) | CKD-EPI eGFR _{cr} (AS) | EKFC eGFR _{cr} |
| EKFC cohort, 7727 White patients | | | |
| Median bias (95% CI) — ml/min/1.73 m ² † | 3.96 (3.67 to 4.32) | 7.40 (7.02 to 7.76) | 0.58 (0.32 to 0.86) |
| IQR of estimated GFR– measured GFR— ml/min/1.73 m ² ‡ | 15.5 (–3.0 to 12.5) | 16.3 (0.0 to 16.3) | 14.5 (–6.5 to 8.0) |
| Root-mean-square error (95% CI) — ml/min/1.73 m ² § | 14.8 (14.4 to 15.2) | 16.3 (15.9 to 16.6) | 13.1 (12.8 to 13.4) |
| P ₃₀ — % (95% CI)¶ | 40.3 (39.2 to 41.4) | 34.7 (33.6 to 35.8) | 43.3 (42.2 to 44.4) |
| P ₉₀ — % (95% CI)‖ | 81.6 (80.8 to 82.5) | 75.7 (74.8 to 76.7) | 85.8 (85.0 to 86.5) |

| | |
|---------------------|---------------------|
| 7.40 (7.02 to 7.76) | 0.58 (0.32 to 0.86) |
| 16.3 (0.0 to 16.3) | 14.5 (–6.5 to 8.0) |
| 16.3 (15.9 to 16.6) | 13.1 (12.8 to 13.4) |
| 34.7 (33.6 to 35.8) | 43.3 (42.2 to 44.4) |
| 75.7 (74.8 to 76.7) | 85.8 (85.0 to 86.5) |

Table 1. Performance of Single Biomarker (Serum Creatinine or Cystatin C)–Based Equations to Estimate the Glomerular Filtration Rate.*

| Variable | Cystatin C–Based Equations | |
|--|--------------------------------|---|
| | CKD-EPI eGFR _{cys} | EKFC eGFR _{cys} without Sex |
| EKFC cohort, 7727 White patients | | |
| Median bias (95% CI) — ml/min/1.73 m ² † | 0.28 (–0.02 to 0.64) | 0.00 (–0.37 to 0.27) |
| IQR of estimated GFR– measured GFR— ml/min/1.73 m ² ‡ | 19.1 (–7.9 to 11.2) | 14.4 (–7.9 to 6.5) |
| Root-mean-square error (95% CI) — ml/min/1.73 m ² § | 15.8 (15.5 to 16.1) | 13.5 (12.9 to 14.1) |
| P ₃₀ — % (95% CI)¶ | 32.0 (31.0 to 33.0) | 41.7 (40.6 to 42.8) |
| P ₉₀ — % (95% CI)‖ | 80.8 (79.9 to 81.7) | 86.2 (85.4 to 87.0) |

Cystatin C–Based Equations

| CKD-EPI eGFR _{cys} | EKFC eGFR _{cys} without Sex |
|--------------------------------|---|
| 0.28 (–0.02 to 0.64) | 0.00 (–0.37 to 0.27) |
| 19.1 (–7.9 to 11.2) | 14.4 (–7.9 to 6.5) |
| 15.8 (15.5 to 16.1) | 13.5 (12.9 to 14.1) |
| 32.0 (31.0 to 33.0) | 41.7 (40.6 to 42.8) |
| 80.8 (79.9 to 81.7) | 86.2 (85.4 to 87.0) |

Table 1. Performance of Single Biomarker (Serum Creatinine or Cystatin C)-Based Equations to Estimate the Glomerular Filtration Rate.*

| Variable | Serum Creatinine-Based Equations | | | Cystatin C-Based Equations | |
|--|-------------------------------------|------------------------------------|----------------------------|--------------------------------|---|
| | CKD-EPI eGFR _{cr} (ASR) | CKD-EPI eGFR _{cr} (AS) | EKFC eGFR _{cr} | CKD-EPI eGFR _{cys} | EKFC eGFR _{cys} without Sex |
| EKFC cohort, 7727 White patients | | | | | |
| Median bias (95% CI) — ml/min/1.73 m ² † | 3.96 (3.67 to 4.32) | 7.40 (7.02 to 7.76) | 0.58 (0.32 to 0.86) | 0.28 (-0.02 to 0.64) | 0.00 (-0.37 to 0.27) |
| IQR of estimated GFR- measured GFR— ml/min/1.73 m ² ‡ | 15.5 (-3.0 to 12.5) | 16.3 (0.0 to 16.3) | 14.5 (-6.5 to 8.0) | 19.1 (-7.9 to 11.2) | 14.4 (-7.9 to 6.5) |
| Root-mean-square error (95% CI) — ml/min/1.73 m ² § | 14.8 (14.4 to 15.2) | 16.3 (15.9 to 16.6) | 13.1 (12.8 to 13.4) | 15.8 (15.5 to 16.1) | 13.5 (12.9 to 14.1) |
| P ₃₀ — % (95% CI)¶ | 40.3 (39.2 to 41.4) | 34.7 (33.6 to 35.8) | 43.3 (42.2 to 44.4) | 32.0 (31.0 to 33.0) | 41.7 (40.6 to 42.8) |
| P ₃₀ — % (95% CI)‖ | 81.6 (80.8 to 82.5) | 75.7 (74.8 to 76.7) | 85.8 (85.0 to 86.5) | 80.8 (79.9 to 81.7) | 86.2 (85.4 to 87.0) |

Table 2. Performance of Combined Serum Creatinine– and Cystatin C–Based Equations to Estimate GFR.*

| Variable | CKD-EPI eGFRcr-cys(ASR) | CKD-EPI eGFRcr-cys(AS) | EKFC eGFRcr-cys without Sex |
|--|----------------------------|---------------------------|--------------------------------|
| EKFC cohort, 7727 White patients | | | |
| Median bias (95% CI) — ml/min/1.73 m ² † | 2.50 (2.17 to 2.76) | 5.04 (4.69 to 5.36) | 0.37 (0.14 to 0.66) |
| IQR of estimated GFR – measured GFR — ml/min/1.73 m ² ‡ | 14.8 (–3.6 to 11.2) | 16.7 (–1.8 to 14.9) | 12.0 (–5.9 to 6.1) |
| Root-mean-square error (95% CI) — ml/min/1.73 m ² § | 13.1 (12.8 to 13.4) | 14.7 (14.4 to 15.0) | 11.3 (11.0 to 11.6) |
| P ₁₀ — % (95% CI) ¶ | 41.5 (40.4 to 42.6) | 37.2 (36.2 to 38.3) | 48.9 (47.8 to 50.0) |
| P ₃₀ — % (95% CI) | 88.3 (87.6 to 89.0) | 84.2 (83.4 to 85.0) | 90.4 (89.8 to 91.1) |
| Paris cohort, 2646 White patients | | | |
| Median bias (95% CI) — ml/min/1.73 m ² † | –1.35 (–1.82 to –0.97) | 0.64 (0.16 to 1.15) | –0.65 (–1.06 to –0.23) |
| IQR of estimated GFR – measured GFR — ml/min/1.73 m ² ‡ | 13.4 (–7.5 to 5.8) | 14.1 (–5.8 to 8.3) | 12.4 (–6.8 to 5.6) |
| Root-mean-square error (95% CI) — ml/min/1.73 m ² § | 12.1 (11.6 to 12.7) | 12.6 (12.0 to 13.1) | 11.8 (11.2 to 12.4) |
| P ₁₀ — % (95% CI) ¶ | 43.9 (42.0 to 45.8) | 42.3 (40.4 to 44.1) | 45.8 (43.9 to 47.7) |
| P ₃₀ — % (95% CI) | 89.7 (88.5 to 90.8) | 89.2 (88.0 to 90.4) | 92.1 (91.1 to 93.1) |
| U.S. cohort, 1093 White patients | | | |
| Median bias (95% CI) — ml/min/1.73 m ² † | 9.23 (8.45 to 10.10) | 13.9 (13.1 to 14.9) | 0.97 (0.01 to 2.12) |
| IQR of estimated GFR – measured GFR — ml/min/1.73 m ² ‡ | 18.4 (0.5 to 18.8) | 18.1 (5.1 to 23.3) | 17.4 (–8.2 to 9.2) |
| Root-mean-square error (95% CI) — ml/min/1.73 m ² § | 18.1 (17.1 to 19.1) | 21.0 (20.1 to 22.0) | 15.5 (14.3 to 16.7) |
| P ₁₀ — % (95% CI) ¶ | 37.1 (34.3 to 40.0) | 28.1 (25.4 to 30.8) | 45.7 (42.7 to 48.6) |
| P ₃₀ — % (95% CI) | 79.5 (77.1 to 81.9) | 72.1 (69.4 to 74.8) | 88.7 (86.9 to 90.6) |
| Paris cohort, 858 Black patients | | | |
| Median bias (95% CI) — ml/min/1.73 m ² † | –0.37 (–1.06 to 0.57) | –2.08 (–2.71 to –1.32) | –0.65 (–1.23 to 0.11) |
| IQR of estimated GFR – measured GFR — ml/min/1.73 m ² ‡ | 15.2 (–6.4 to 8.8) | 14.0 (–7.9 to 6.1) | 12.4 (–6.2 to 6.2) |
| Root-mean-square error (95% CI) — ml/min/1.73 m ² § | 13.3 (11.9 to 14.6) | 12.6 (11.2 to 13.9) | 11.6 (10.0 to 13.0) |
| P ₁₀ — % (95% CI) ¶ | 38.7 (35.4 to 42.0) | 38.9 (35.7 to 42.2) | 48.3 (44.9 to 51.6) |
| P ₃₀ — % (95% CI) | 87.9 (85.7 to 90.1) | 89.0 (87.0 to 91.1) | 92.0 (90.1 to 93.8) |
| African cohort, 508 Black patients | | | |
| Median bias (95% CI) — ml/min/1.73 m ² † | 8.55 (6.87 to 10.30) | 4.08 (2.37 to 5.78) | 0.42 (–1.03 to 1.51) |
| IQR of estimated GFR – measured GFR — ml/min/1.73 m ² ‡ | 24.7 (–4.5 to 20.1) | 22.0 (–7.4 to 14.7) | 17.1 (–7.2 to 10.0) |
| Root-mean-square error (95% CI) — ml/min/1.73 m ² § | 19.7 (18.2 to 21.1) | 17.2 (15.8 to 18.5) | 14.7 (13.3 to 16.0) |
| P ₁₀ — % (95% CI) ¶ | 28.7 (24.8 to 32.7) | 34.3 (30.1 to 38.4) | 43.5 (39.2 to 47.8) |
| P ₃₀ — % (95% CI) | 75.0 (71.2 to 78.8) | 77.6 (73.9 to 81.2) | 84.3 (81.1 to 87.4) |

Cystatine C

- La cystatine C permet une estimation du DFG sans les variables “âge” ni “sexe”
- L'équation EKFC est mathématiquement la même pour la créatinine et la cystatine C, seul Q change
- Continuum entre enfants et adultes pour $EKFC_{crea}$ et $EKFC_{CC}$
- Les équations EKFC sont un peu meilleures que les équations CKD-EPI correspondantes => **alternative valable en Europe et en Afrique**
- Les équations basées sur la cystatine C ne sont pas meilleures que les équations basées sur la créatinine
- Les équations combinées sont meilleures (exactitude +5-10%)
- Standardisation
- Plus cher
- Comment gérer les résultats différents entre créatinine et cystatine C?

<https://ekfccalculator.pages.dev/>



**KDIGO 2024 CLINICAL PRACTICE GUIDELINE
FOR THE EVALUATION AND MANAGEMENT
OF CHRONIC KIDNEY DISEASE**

1.2.4 Selection of GFR estimating equations

Recommendation 1.2.4.1: We recommend using a validated GFR estimating equation to derive GFR from serum filtration markers (eGFR) rather than relying on the serum filtration markers alone (1D).

Practice Point 1.2.4.1: Use the same equation within geographical regions (as defined locally [e.g., continent, country, and region] and as large as possible). Within such regions, equations may differ for adults and children.

Practice Point 1.2.4.2: Use of race in the computation of eGFR should be avoided.

Special considerations

Pediatric considerations

Practice Point 1.2.4.3: Estimate GFR in children using validated equations that have been developed or validated in comparable populations.

Table 14 | Validated GFR estimating equations

| Marker | Equation name and year | Age | Variables | Development populations |
|------------|------------------------------|--|---|--|
| Creatinine | CKD-EPI 2009 ²³⁸ | ≥18; modification CKD-EPI 40 for pediatric available | Developed using A, S, R but reported not using the Black race coefficient, A, S, R (NB) | 8254 Black and NB individuals from 10 studies in the United States and Europe ^a |
| | CKiD U25 2021 ²³⁹ | 1–25 | A, S, height | 928 children with CKD in the United States and Canada |
| | CKD-EPI 2021 ¹⁴⁷ | ≥18 | A, S | 8254 Black and NB individuals from 10 studies in the United States and Europe ^a |
| | EKFC 2021 ²⁴⁰ | 2–100 | A, S, European Black and NB specific Q-value; separate Q-values for Africa vs. Europe | mGFR vs. SCr (11,251 participants in 7 studies in Europe and 1 study from the United States) Normal GFR from 5482 participants in 12 studies of kidney donor candidates (100% Caucasian) European NB Q from 83,157 laboratory samples (age 2–40 years) in 3 European hospital clinical laboratories; European Black Q-value (N = 90 living kidney donors from Paris); African Black Q-value (N = 470 healthy individuals from République Démocratique de Congo); All Q-values developed in cohorts independent for EKFC development and validation |
| Cystatin C | CKD-EPI 2012 ¹⁴⁸ | ≥18 | A, S | 5352 Black and NB individuals from 13 studies in the United States and Europe |
| | EKFC 2023 ⁹¹ | 18–100 | A | mGFR vs. SCys (assumed to be the same as mGFR vs. SCr) Normal GFR (same as for the SCr equation) Q from laboratory samples from 227,643 (42% female) laboratory samples from Uppsala University Hospital, Sweden |

Limitations des formules = créatinine

Populations spécifiques:
Les équations ne sont pas magiques!!
Gardons notre sens clinique!!

Anorexie nerveuse (Delanaye P, Clin Nephrol, 2009, 71, 482)

Cirrhose (Skluzacek PA, Am J Kidney Dis, 2003, 42, 1169)

USI (Delanaye P, BMC Nephrology, 2014, 15, 9)

Hospitalisés (Poggio ED, Am J Kidney Dis, 2005, 46, 242)

Greffés cœur (Delanaye P, Clin Transplant, 2006, 20, 596)

Greffés rein (Masson I, Transplantation, 2013, 95, 1211)

Obèse (Bouquegneau A, NDT, 2013, 28, iv122)

Ne pas sur-interpreter un DFG estimé...

Toutes les équations restent des estimations

OK au niveau populationnel

Manque de précision au niveau individuel

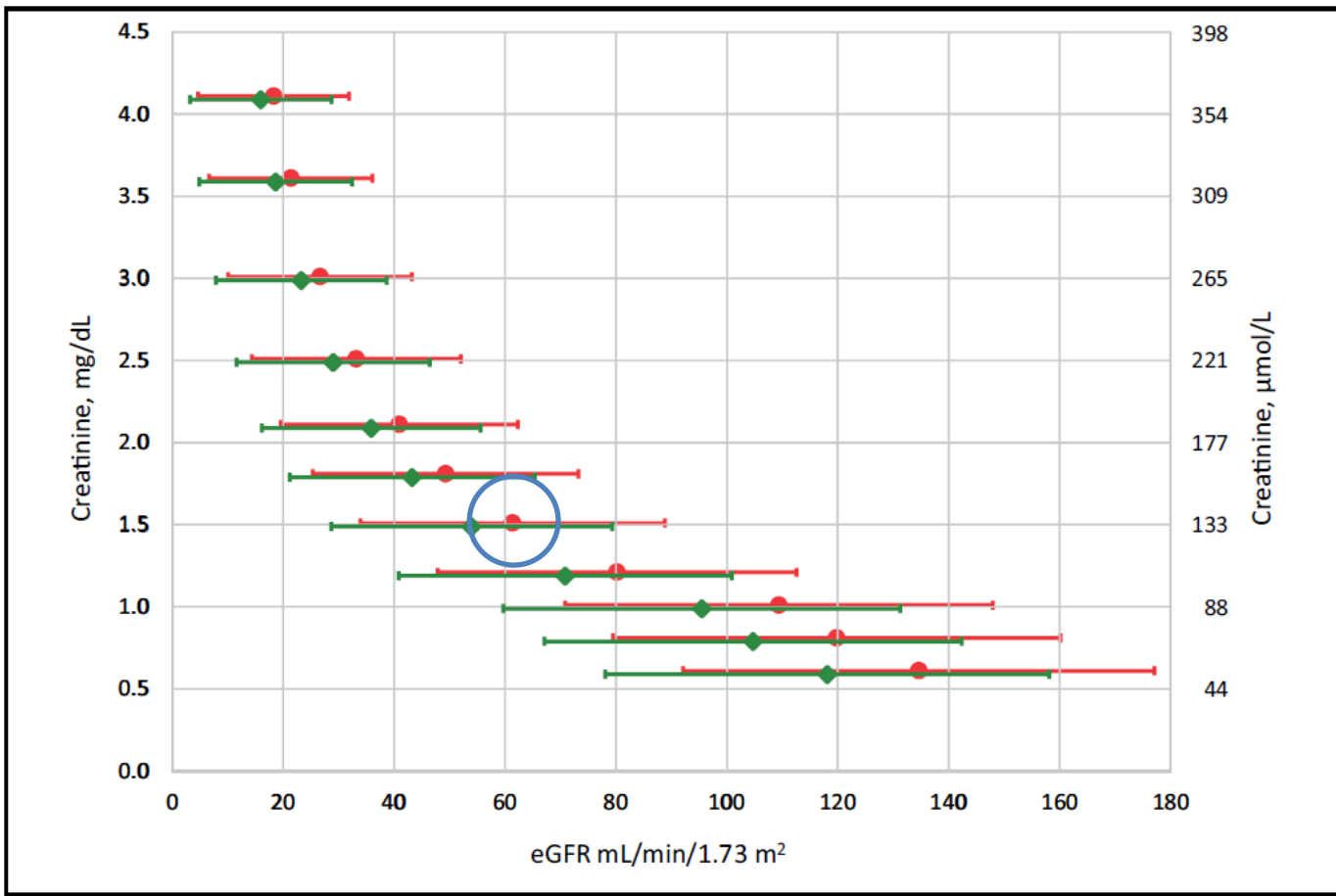


Fig. 1. Uncertainty of eGFR calculated using the CKD-EPI equations for African-Americans and non-African-Americans at various creatinine concentrations for a 50-year-old male. Circles (red, larger values) indicate African-American and diamonds (green, lower values) indicate non-African-American equations. Plot symbols are the eGFR values and error bars represent the 95% CI for each eGFR value.

$$DFGe = 60,25 \text{ ml/min/1.73m}^2$$

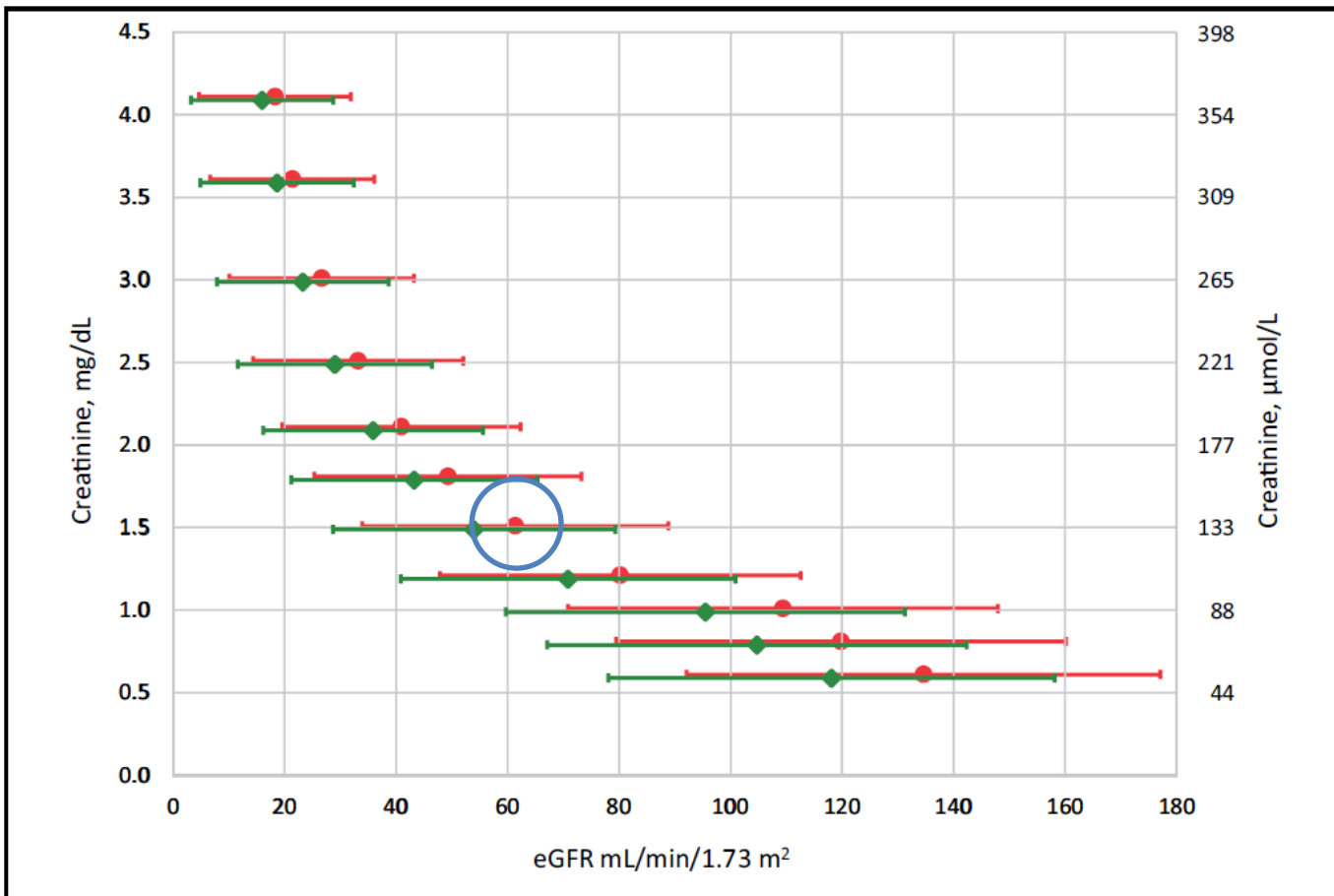


Fig. 1. Uncertainty of eGFR calculated using the CKD-EPI equations for African-Americans and non-African-Americans at various creatinine concentrations for a 50-year-old male. Circles (red, larger values) indicate African-American and diamonds (green, lower values) indicate non-African-American equations. Plot symbols are the eGFR values and error bars represent the 95% CI for each eGFR value.

$$\begin{aligned}
 \text{DFGe} &= \cancel{60,25 \text{ ml/min/1.73m}^2} \\
 &= 60 \text{ ml/min/1.73m}^2 \quad (\text{CI } 95\%: 33-87)
 \end{aligned}$$

| Variable | CKD-EPI eGFRcr-cys(ASR) | CKD-EPI eGFRcr-cys(AS) | EKFC eGFRcr-cys without Sex |
|--|----------------------------|---------------------------|--------------------------------|
| EKFC cohort, 7727 White patients | | | |
| Median bias (95% CI) — ml/min/1.73 m ² † | 2.50 (2.17 to 2.76) | 5.04 (4.69 to 5.36) | 0.37 (0.14 to 0.66) |
| IQR of estimated GFR – measured GFR — ml/min/1.73 m ² ‡ | 14.8 (-3.6 to 11.2) | 16.7 (-1.8 to 14.9) | 12.0 (-5.9 to 6.1) |
| Root-mean-square error (95% CI) — ml/min/1.73 m ² § | 13.1 (12.8 to 13.4) | 14.7 (14.4 to 15.0) | 11.3 (11.0 to 11.6) |
| P ₃₀ — % (95% CI)¶ | 41.5 (40.4 to 42.6) | 37.2 (36.2 to 38.3) | 48.9 (47.8 to 50.0) |
| P ₃₀ — % (95% CI) | 88.3 (87.6 to 89.0) | 84.2 (83.4 to 85.0) | 90.4 (89.8 to 91.1) |

The applicability of eGFR equations to different populations

Pierre Delanaye and Christophe Mariat



RETOUR à une mesure du DFG

Delanaye P, Nature Rev Nephrol, 2013, 9, p513

Ebert N, Clin Kidney J, 2021, 14, p1861

Agarwal R, Nephrol Dial Transplant, 2019, 34, p2001

Shafi T, Ann Intern Med, 2022, 175, p1073

Practice Point 1.2.2.2: Where more accurate ascertainment of GFR will impact treatment decisions, measure GFR using plasma or urinary clearance of an exogenous filtration marker (Table 9).

Iohexol plasma clearance measurement protocol standardization for adults: a consensus paper of the European Kidney Function Consortium

OPEN

Natalie Ebert^{1,25}, Elke Schaeffner^{1,25}, Jesse C. Seegmiller², Marco van Londen³, Arend Bökenkamp⁴, Etienne Cavalier⁵, Pierre Delanaye^{6,7}, Laurence Derain-Dubourg⁸, Bjørn O. Eriksen⁹, Olafur S. Indridason¹⁰, Runolfur Palsson^{10,11}, Tariq Shafi¹², Anders Christensson¹³, Sebastjan Bevc^{14,15}, Fabiola Carrara¹⁶, Marie Courbebaisse¹⁷, R. Neil Dalton¹⁸, Markus van der Giet¹⁹, Toralf Melsom⁹, Shona Methven²⁰, Gunnar Nordin²¹, Hans Pottel²², Andrew D. Rule²³, Matias Trillini¹⁶ and Christine A. White²⁴; and the European Federation of Clinical Chemistry and Laboratory Medicine Task Group on Chronic Kidney Disease (EFLM TG-CKD)

¹Charité Universitätsmedizin Berlin, Institute of Public Health, Berlin, Germany; ²Department of Laboratory Medicine and Pathology, University of Minnesota, Minneapolis, Minnesota, USA; ³Division of Nephrology, Department of Internal Medicine, University Medical Center Groningen, Groningen, the Netherlands; ⁴Department of Pediatric Nephrology, Amsterdam University Medical Centers, Amsterdam, the Netherlands; ⁵Department of Clinical Chemistry, University of Liège, Centre Hospitalier Universitaire du Sart-Tilman, Liège, Belgium; ⁶Department of Nephrology-Dialysis-Transplantation, University of Liège, Centre Hospitalier Universitaire du Sart-Tilman, Liège (ULiege), Belgium; ⁷Department of Nephrology-Dialysis-Apheresis, Hôpital Universitaire Carêmeau, Nîmes, France; ⁸Service de Néphrologie, Dialyse, Hypertension et Exploration Fonctionnelle Rénale, Centre de Référence des Maladies Rénales Rares, Service de Néphrologie et Rhumatologie Pédiatriques, Hospices Civils de Lyon, Lyon, France; ⁹Section of Nephrology, University Hospital of North Norway and Metabolic and Renal Research Group, UiT, The Arctic University of Norway, Tromsø, Norway; ¹⁰Division of Nephrology, Landspítali University Hospital, Reykjavik, Iceland; ¹¹Faculty of Medicine, University of Iceland, Reykjavik, Iceland; ¹²Division of Kidney Diseases, Hypertension and Transplantation, Department of Medicine, Houston Methodist Hospital, Houston, Texas, USA; ¹³Department of Nephrology, Skåne University Hospital, Lund University, Malmö, Sweden; ¹⁴Department of Nephrology, Department of Pharmacology, University Medical Centre Maribor, Maribor, Slovenia; ¹⁵Faculty of Medicine, University of Maribor, Maribor, Slovenia; ¹⁶Clinical Research Center for Rare Diseases, Istituto di Ricerche Farmacologiche Mario Negri IRCCS, Bergamo, Italy; ¹⁷Université Paris Cité; Physiology Department, Hôpital Européen Georges-Pompidou, Assistance Publique-Hôpitaux de Paris, Paris, France; ¹⁸The WellChild Laboratory, Evelina London Children's Hospital, London, UK; ¹⁹Department of Nephrology, Charité-Universitätsmedizin Berlin, Berlin, Germany; ²⁰Department of Renal Medicine, Aberdeen Royal Infirmary, Scotland, UK; ²¹Equalis AB, Uppsala, Sweden; ²²Department of Public Health and Primary Care, Katholieke Universiteit Leuven Campus Kulak Kortrijk, Kortrijk, Belgium; ²³Division of Nephrology and Hypertension, Mayo Clinic, Rochester, Minnesota, USA; and ²⁴Department of Medicine, Queen's University, Kingston, Ontario, Canada

Clairance plasmatique d'iohexol

Pas si difficile

Pas si cher

12h20 – 12h40 : Validation d'une méthode de mesure directe du DFG par dosage de l'iohexol par HPLC –

Mohammed CHOUKRI, Oujda.

Yassamine BENTATA

Diagnostic standard: assessing glomerular filtration rate

Pierre Delanaye^{1,2}, Hans Pottel³, Etienne Cavalier⁴, Martin Flamant⁵, Thomas Stehlé⁶ and Christophe Maria⁷

¹Department of Nephrology-Dialysis-Transplantation, University of Liège (ULiège), CHU Sart Tilman, Liège, Belgium

²Department of Nephrology-Dialysis-Apheresis, Hôpital Universitaire Carêmeau, Nîmes, France

³Department of Public Health and Primary Care, KU Leuven Campus Kulak Kortrijk, Kortrijk, Belgium

⁴Department of Clinical Chemistry, University of Liège (ULiège), CHU Sart Tilman, Liège, Belgium

⁵Assistance Publique-Hôpitaux de Paris, Bichat Hospital, and Université Paris Cité, UMR 1149, Paris, France

⁶Assistance Publique-Hôpitaux de Paris, Hôpitaux Universitaires Henri Mondor, Service de Néphrologie et Transplantation, Fédération Hospitalo-Universitaire «

Innovative therapy for immune disorders », Créteil, France

⁷Service de Néphrologie, Dialyse et Transplantation Rénale, Hôpital Nord, CHU de Saint-Etienne, France

Correspondence to: Pierre Delanaye; E-mail: pdelanaye@chuliege.be

Watch the video of this contribution at https://academic.oup.com/ndt/pages/author_videos

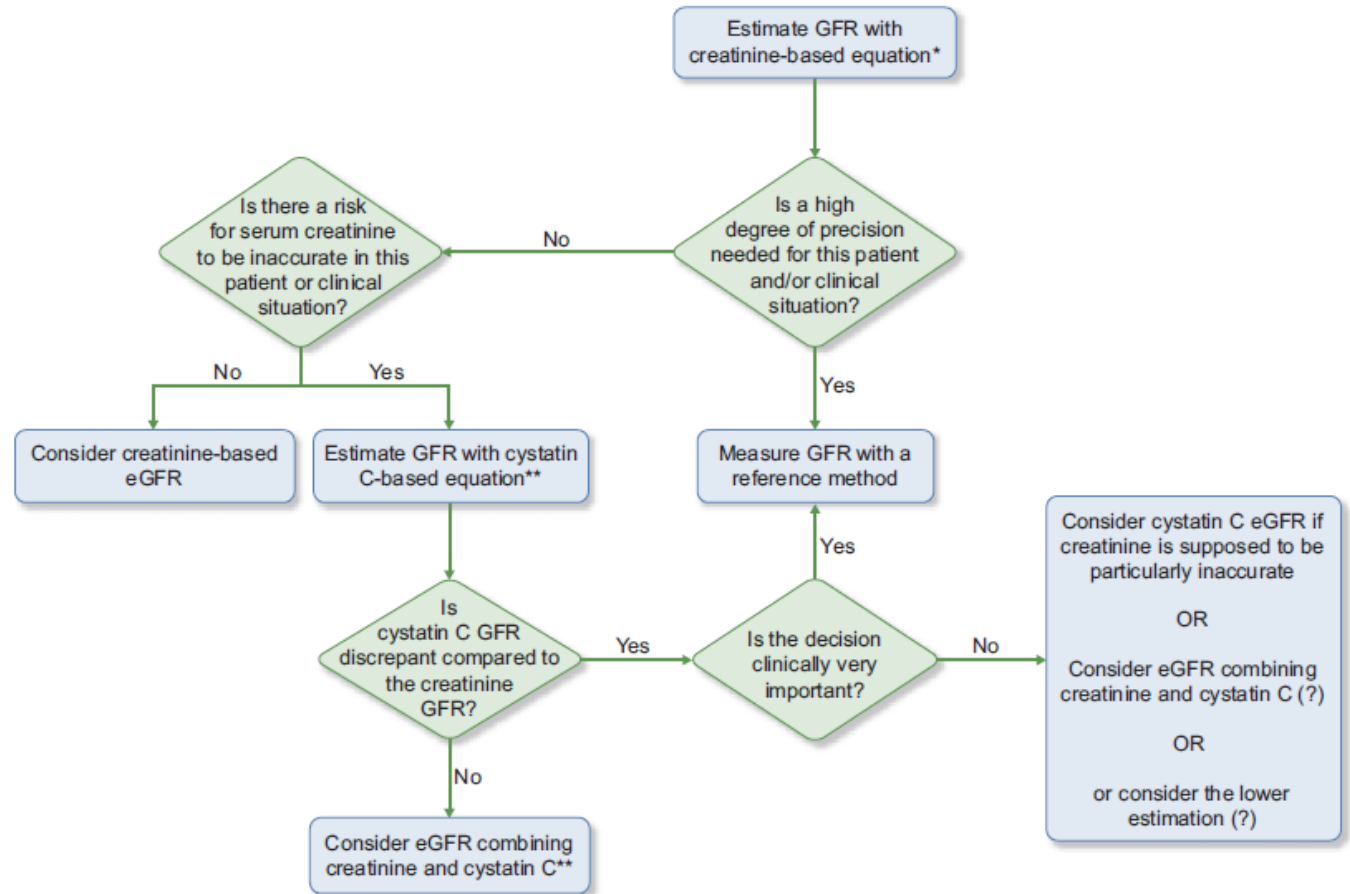


Figure 1: Estimation of GFR in Nephrology, in clinical practice and at the individual level. *Using the best validated equation in your region and/or population. **Using the cystatin C or combined equation corresponding to the creatinine-based equation used at the first step.

Merci

