

— CHRONIC — KIDNEY DISEASE in Disadvantaged Populations

Edited by
Guillermo García-García
Lawrence Y. Agodoa
Keith C. Norris



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Guillermo García-García, MD, FACP, FASN

Nephrology Service, Hospital Civil de Guadalajara

University of Guadalajara Health Sciences Center, Guadalajara, Jalisco, Mexico

International Society of Nephrology Committee on Kidney Health in Disadvantaged Populations

Lawrence Y. Agodoa, MD

National Institutes of Health; and National Institute of Diabetes and

Digestive and Kidney Diseases (NIDDK), Bethesda, MD, United States

International Society of Nephrology Committee on Kidney Health in Disadvantaged Populations

Keith C. Norris, MD, PhD, FACP, FASN

David Geffen School of Medicine at

UCLA, Los Angeles, CA, United States

International Society of Nephrology Committee on Kidney Health in Disadvantaged Populations



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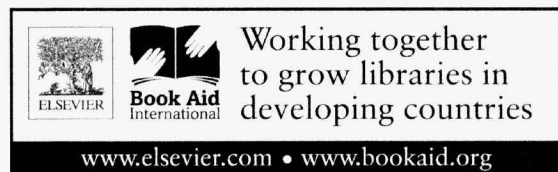
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Contributors

- Lawrence Y. Agodoa**, National Institutes of Health; and National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), Bethesda, MD, United States
- Ejaz Ahmed**, Sindh Institute of Urology and Transplantation, Civil Hospital, Karachi, Pakistan
- Fazal Akhtar**, Sindh Institute of Urology and Transplantation, Civil Hospital, Karachi, Pakistan
- Luz Alcantar-Vallin**, Guadalajara Civil Hospital, Guadalajara, Jalisco, Mexico
- Miguel Almaguer-López**, Nephrology Institute, Havana, Cuba
- Gloria Ashuntantang**, University of Yaounde I, Yaounde, Cameroon
- Tahir Aziz**, Sindh Institute of Urology and Transplantation, Civil Hospital, Karachi, Pakistan
- Rashad S. Barsoum**, Cairo University, The Cairo Kidney Center, Cairo, Egypt
- Aminu K. Bello**, University of Alberta, Edmonton, AB, Canada
- Miguel Betancourt-Cravioto**, Carlos Slim Foundation, Mexico City, Mexico
- Hugo Breien-Coronado**, Regional Hospital “Valentin Gomez Farias”, Guadalajara, Jalisco, Mexico
- Fergus Caskey**, Southmead Hospital; Canynge Hall, University of Bristol, Bristol, England
- Jonathan S. Chavez-Iñiguez**, Nephrology Service, Hospital Civil de Guadalajara, University of Guadalajara Health Sciences Center, Guadalajara, Jalisco, Mexico
- José A. Chipi-Cabrera**, Héroes del Baire Hospital, Nueva Gerona, Cuba
- John F. Collins**, University of Auckland, Auckland City Hospital, Auckland, New Zealand
- Ricardo Correa-Rotter**, Salvador Zubirán National Institute of Health Sciences and Nutrition, Mexico City, Mexico
- Laura Cortés-Sanabria**, Hospital de Especialidades, Centro Médico Nacional de Occidente, Instituto Mexicano del Seguro Social, Guadalajara, Jalisco, México
- Deidra C. Crews**, Welch Center for Prevention, Epidemiology and Clinical Research; Hopkins Center to Eliminate Cardiovascular Health Disparities, Johns Hopkins University School of Medicine, Baltimore, MD, United States
- Alfonso M. Cueto-Manzano**, Hospital de Especialidades, Centro Médico Nacional de Occidente, Instituto Mexicano del Seguro Social, Guadalajara, Jalisco, México
- Ana M. Cusumano**, CEMIC University Institute, Buenos Aires, Argentina
- Jorge P.O. Díaz**, Institute of Nephrology, Cuba
- Librado de la Torre-Campos**, Guadalajara Civil Hospital, Guadalajara, Jalisco, Mexico
- Gavin Dreyer**, Barts Health NHS Trust, London, United Kingdom
- Arogundade F. Abiola**, Obafemi Awolowo University, Ife, Osun State, Nigeria
- Liliana Gadola**, Centro de Nefrología, Universidad de la República, Montevideo, Uruguay
- Héctor Gallardo-Rincón**, Carlos Slim Foundation, Mexico City, Mexico
- Hector García-Bejarano**, Regional Hospital, Jalisco Health Secretariat, Guadalajara, Jalisco, Mexico
- Guillermo García-García**, Nephrology Service, Hospital Civil de Guadalajara, University of Guadalajara Health Sciences Center, Guadalajara, Jalisco, Mexico
- María C. González-Bedat**, Executive Board of the Latin American Dialysis and Transplantation Registry, Montevideo, Uruguay
- Alfonso Gutierrez-Padilla**, Hospital Civil Foundation, Guadalajara, Mexico
- Altaf Hashmi**, Sindh Institute of Urology and Transplantation, Civil Hospital, Karachi, Pakistan
- A.S. Hassan**, Sindh Institute of Urology and Transplantation, Civil Hospital, Karachi, Pakistan
- Brenda Hemmelgarn**, Cumming School of Medicine, University of Calgary, Calgary, AB, Canada
- Raúl Herrera-Valdés**, Nephrology Institute, Havana, Cuba
- Wendy E. Hoy**, NHMRC CKD Centre for Research Excellence and Centre for Chronic Disease, UQCCR, The University of Queensland, Herston, QLD, Australia
- Wendy Hoy**, Royal Brisbane and Women’s Hospital, The University of Queensland, Brisbane, QLD, Australia
- Manzoor Hussain**, Sindh Institute of Urology and Transplantation, Civil Hospital, Karachi, Pakistan

- Zafar Hussain**, Sindh Institute of Urology and Transplantation, Civil Hospital, Karachi, Pakistan
- Margarita Ibarra-Hernandez**, Hospital Civil Foundation, Guadalajara, Mexico
- Vivekanand Jha**, George Institute for Global Health India, New Delhi, India; University of Oxford, Oxford, United Kingdom
- Ciara Kierans**, The University of Liverpool, Liverpool, England
- Kajiru G. Kilonzo**, Kilimanjaro Christian Medical University College, Kilimanjaro Christian Medical Centre, Moshi, Tanzania
- Vivek Kumar**, Postgraduate Institute of Medical Education and Research, Chandigarh, India
- Miguel A. López**, Institute of Nephrology, Cuba
- Zuo Li**, Peking University People's Hospital, Beijing, China
- Valerie A. Luyckx**, Institute of Biomedical Ethics, University of Zurich, Zurich, Switzerland
- Mitra Mahdavi-Mazdeh**, Tehran University of Medical Sciences, Iranian Tissue Bank & Research Center, Tehran, Iran
- Héctor R. Martínez-Ramírez**, Hospital de Especialidades, Centro Médico Nacional de Occidente, Instituto Mexicano del Seguro Social, Guadalajara, Jalisco, México
- Anna Mathew**, Hofstra Northerly School of Medicine, Great Neck, NY, United States
- Stephen McDonald**, Central Northern Adelaide Renal and Transplantation Service; Australia and New Zealand Dialysis and Transplant Registry, South Australian Health and Medical Research Institute; The University of Adelaide, Adelaide, SA, Australia
- Rajnish Mehrotra**, Kidney Research Institute and Harborview Medical Center, University of Washington, Seattle, WA, United States
- Rehan Mohsin**, Sindh Institute of Urology and Transplantation, Civil Hospital, Karachi, Pakistan
- Susan A. Mott**, NHMRC CKD Centre for Research Excellence and Centre for Chronic Disease, UQCCR, The University of Queensland, Herston, QLD, Australia
- Saraladevi Naicker**, University of the Witwatersrand, Johannesburg, South Africa
- Mirza Naqi Zafar**, Sindh Institute of Urology and Transplantation, Civil Hospital, Karachi, Pakistan
- Syed A. Anwar Naqvi**, Sindh Institute of Urology and Transplantation, Civil Hospital, Karachi, Pakistan
- Robert Nee**, Walter Reed National Military Medical Center, Bethesda, MD, United States
- Susanne B. Nicholas**, David Geffen School of Medicine at UCLA, Los Angeles, CA, United States
- Jennifer L. Nicol**, NHMRC CKD Centre for Research Excellence and Centre for Chronic Disease, UQCCR, The University of Queensland, Herston, QLD, Australia
- Keith C. Norris**, David Geffen School of Medicine at UCLA, Los Angeles, CA, United States
- Jorge F. Pérez-Oliva-Díaz**, Nephrology Institute, Havana, Cuba
- Leonardo Pazarin-Villaseñor**, Civil Hospital "Dr. Juan I. Menchaca", Guadalajara, Jalisco, Mexico
- Gustavo Perez-Cortez**, Civil Hospital "Dr. Juan I. Menchaca", Guadalajara, Jalisco, Mexico
- Pablo G. Ríos Sarro**, Fondo Nacional de Recursos, Montevideo, Uruguay
- Karina Renoirte-Lopez**, Hospital Civil Foundation, Guadalajara, Mexico
- Raul Reyna-Raygoza**, Hospital Civil Foundation, Guadalajara, Mexico
- Syed A.H. Rizvi**, Sindh Institute of Urology and Transplantation, Civil Hospital, Karachi, Pakistan
- Orlando L. Rodríguez**, Ministry of Public Health, Cuba
- Enrique Rojas-Campos**, Hospital de Especialidades, Centro Médico Nacional de Occidente, Instituto Mexicano del Seguro Social, Guadalajara, Jalisco, México
- Guillermo J. Rosa Diez**, Executive Board of the Latin American Dialysis and Transplantation Registry, Buenos Aires, Argentina
- Carlos Rosales-Galindo**, Hospital Civil Foundation, Guadalajara, Mexico
- Alireza H. Rouchi**, Tehran University of Medical Sciences, Iranian Tissue Bank & Research Center, Tehran, Iran
- Susan Samuel**, Alberta Children's Hospital, Calgary, AB, Canada
- Nestor J. Santiago-Hernandez**, Nephrology Service, Hospital Civil de Guadalajara, University of Guadalajara Health Sciences Center, Guadalajara, Jalisco, Mexico
- Faissal A.M. Shaheen**, Saudi Center for Organ Transplantation, Riyadh, Saudi Arabia
- Laura Sola**, University of the Republic, Montevideo, Uruguay
- Manish Sood**, The Ottawa Hospital Research Institute, University of Ottawa, Ottawa, ON, Canada
- John W. Stanifer**, Duke University; Duke Clinical Research Institute; Duke Global Health Institute, Durham, NC, United States
- Sydney C.W. Tang**, The University of Hong Kong, Queen Mary Hospital, Hong Kong, China

Philip K. Tao Li, Prince of Wales Hospital, Chinese

University of Hong Kong, Shatin, Hong Kong

Roberto Tapia-Conyer, Carlos Slim Foundation, Mexico
City, Mexico

Marcello Tonelli, Cumming School of Medicine,
University of Calgary, Calgary, AB, Canada

Viliame Tutone, Middlemore Hospital, Auckland,
New Zealand

Raúl H. Valdés, Institute of Nephrology, Cuba

Curtis Walker, Palmerston North Hospital, Palmerston
North, New Zealand

Sandra F. Williams, Cleveland Clinic, Weston;
Florida Atlantic University, Boca Raton, FL,
United States

Karen Yeates, Queen's University, Kingston,
ON, Canada

Luxia Zhang, Peking University First Hospital,
Beijing, China

Foreword

The publication of a new book devoted to contemporary problems associated with kidney disease in disadvantaged nations and communities is both welcome and timely. Although not the first such endeavor, it is certainly the most comprehensive, and has the advantage that the authors of many of the chapters are themselves working under the conditions that they describe. As such it should serve as the default reference source for nephrologists and other professionals whose practice brings them into contact with the problems associated with acute and chronic progressive renal disease.

And there are indeed problems, many of them, such as prioritization of resources, which are beyond the capacity of nephrologists to resolve. Given that limitation, renal physicians, most of who work in association with metropolitan academic institutions, should not ignore the fact that much of the world's renal disease burden is occurring in these disadvantaged communities. This inconvenient paradox should throw up clues to the etiology of these diseases. Clinical research, on the ground, importantly, may lead to useful evidence in the search for disease prevention. Such an approach coupled with a renal education component ought to provide the impetus for younger trained nephrologists to acquaint themselves directly in the field. This, though, could only happen if it obtained the support of senior influential nephrologists.

Nephrology as a specialty is barely 75 years old, but it has seen spectacular advances in that time, particularly in the areas of histopathology and in the treatment of end-stage disease. Sadly, these advances have really only been applicable in developed countries with mature health services. Elsewhere, in the absence of such services or private insurance, progressive renal disease has been and largely remains a death sentence. Our understanding of the pathophysiological mechanisms which result in renal failure is still rudimentary, and the fact that the incidence of chronic renal disease is so high within disadvantaged communities suggests that the etiological net should be cast much wider. Thus the main focus needs to be on prevention.

Not that preventive programs can be introduced without difficulty, or with any easy optimism about beneficial outcomes. While a screening diagnosis of important renal disease, justified on the grounds that renal disease is highly prevalent, may rest with certainty on the simple finding of persistent proteinuria, backed up by simple blood tests and blood pressure readings, one has to ask the question, "what next?" If the anticipated answer is "surveillance" of identified cases, how are they to be followed, and is it not morally reprehensible if consequential necessary treatment is not offered?

The widespread availability of computing technology, and simple statistical programs has led to a mushrooming of mostly retrospective studies in this area, often presented at conferences and symposia. In many instances the material presented is not "fit for purpose" and the results are likely to benefit the researcher rather more than the population under study, and this, as well as being wasteful of scarce resources, simply produces data rather than knowledge. Again, there is an ethical dilemma.

Nephrology has tended to operate in an exclusive fashion with day-to-day activities and professional meetings largely confined to the discipline. So, a tick for the fact that this book has broadened the investigational frontier, with chapters referring to dietary concerns, and consideration of anthropological aspects of renal disease, as well as health economics. Disadvantaged communities continue to need help from the wider nephrological community, and they remain fertile ground for the work of nephrologists in the efforts to resolve as yet unanswered questions regarding the genesis of renal disease and its adequate treatment.

David Pugsley
Adelaide, Australia

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*Guillermo García-García, Lawrence Y. Agodoa
and Keith C. Norris*

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