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Clinicopathological predictors of rapid kidney function decliners with biopsy-proven diabetic kidney disease in type 2 diabetes

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Objectives : Kidney function rapid decliners in diabetic kidney disease (DKD) perform a high annual rate of estimated glomerular filtration rate (eGFR) decline and usually have poor prognoses. It is of interest to identify more proper clinicopathological predictors of rapid eGFR decliners in type 2 diabetes (T2D) patients since the performance of proteinuria alone as a predictor is far from perfect.

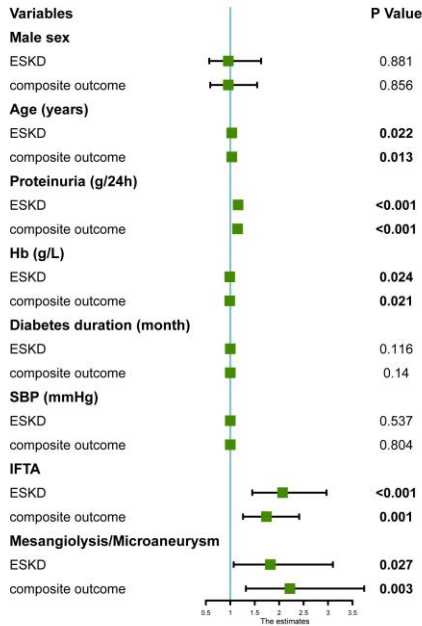
Methods : The current study was longitudinal and retrospective, with 181 biopsy-proven DKD patients with T2D. Rapid eGFR decline was defined as the eGFR decline slope ≤ -5 ml/min/1.73 m²/year. Multivariate logistic analysis, propensity score method (PSM), net reclassification index (NRI), and integrated discrimination improvement (IDI) were used to determine clinicopathological predictors of rapid kidney function decline.

Results : Among these 181 patients, 108 and 73 were classified as rapid and non-rapid decliners, respectively. In the multivariate logistic model, higher baseline eGFR, mesangiolytic/microaneurysm, and interstitial fibrosis and tubular atrophy (IFTA) were independent predictors of rapid eGFR decline [odds ratio (OR) and 95% confidence interval (CI): 1.40 (1.12-1.76), $P = 0.004$; 5.40 (2.37-12.29), $P < 0.001$; 2.92 (1.46-5.86), $P = 0.002$, respectively]. These variables significantly improved model fit and calibration ($P < 0.001$), discrimination [area under the curve 0.80 (0.73-0.86), $P < 0.001$], and reclassification [NRI and 95% CI: 0.83 (0.57-1.18); IDI and 95% CI: 19% (13.1%-24.8%)]. The multivariable linear regression analysis revealed that the correlation between eGFR decline slope and the variables including baseline eGFR, mesangiolytic/microaneurysm, and IFTA remained significant.

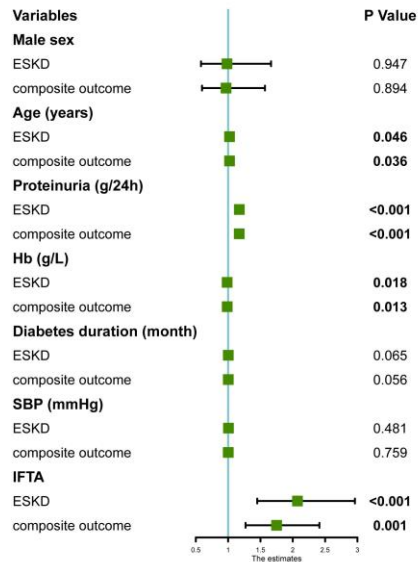
Conclusions : Higher baseline eGFR, mesangiolytic/microaneurysm, and IFTA were independent predictors of rapid eGFR decline in DKD patients with T2D.

Figure1.jpg

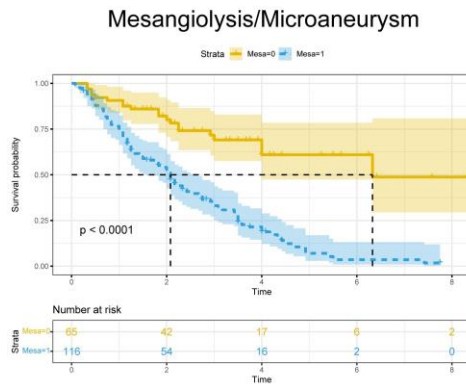
a



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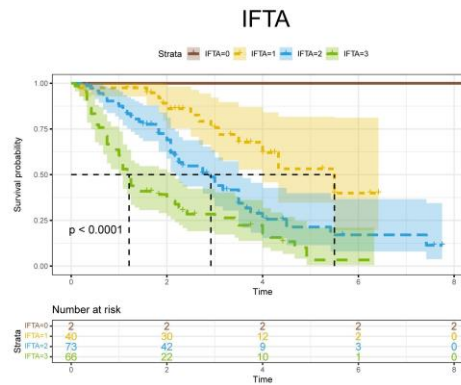


Figure1.jpg

Variables	Clinical model 1	Clinical model 2	Clinical and histopathological model 3
	(N = 177)	(model 1 + proteinuria) (N = 177)	(model 2 + histopathological variables) (N = 177)
Male sex	1.15 (0.53, 2.47), 0.73	1.01 (0.46, 2.20), 0.99	0.85 (0.36, 2.01), 0.71
Age (years)	0.98 (0.95, 1.01), 0.15	1.00 (0.96, 1.03), 0.65	1.02 (0.98, 1.06), 0.31
Higher baseline eGFR (per 10ml/min/1.73 m ²)	1.02 (1.01, 1.06), 0.78	1.11 (0.95, 1.30), 0.21	1.40 (1.12, 1.76), 0.004
SBP (mmHg)	1.02 (1.00, 1.04), 0.04	1.01 (0.99, 1.03), 0.21	1.02 (0.99, 1.04), 0.20
Duration of diabetes (mo)	1.00 (1.00, 1.01), 0.07	1.00 (1.00, 1.01), 0.09	1.00 (1.00, 1.01), 0.27
Hb (g/l)	0.98 (0.97, 1.00), 0.05	0.98 (0.97, 1.00), 0.06	0.99 (0.97, 1.01), 0.48
Proteinuria (g/24h)	-	1.17 (1.05, 1.29), 0.003	1.09 (0.97, 1.21), 0.14
IFTA	-	-	2.92 (1.46, 5.86), 0.002
Mesangiolysis/Microaneurysm	-	-	5.40 (2.37, 12.29), 0.00006
Performance measure			
LRT x ² test, P	13.54, P < 0.01	23.57, P < 0.001	50.62, P < 0.001
ΔLRT x ² test, P	-	10.03, P < 0.001	37.09, P < 0.001
H-L test x2, P	17.52, 0.03	16.63, 0.03	4.75, 0.78
Sensitivity (%)	0.90	0.93	0.42
Specificity (%)	0.39	0.33	0.63
Positive predictive value (%)	0.68	0.67	0.63
Negative predictive value (%)	0.74	0.77	0.43
AUC	0.65 (0.56, 0.73)	0.71 (0.63, 0.80)	0.80 (0.73, 0.86)
ΔAUC, P	-	0.06, 0.03	0.15, P < 0.001
NRI > 0	-	0.59 (0.24, 0.89)	0.83 (0.57, 1.18)
NRI _R	-	0.08 (-0.08, 0.31)	0.47 (0.28, 0.67)
NRI _{NR}	-	0.50 (0.24, 0.63)	0.36 (0.20, 0.60)
IDI (%)	-	6.20 (3.00, 9.40)	19.00 (13.10, 24.80)