Methods

Joslin T2 Diabetes Cohort

- Subjects received treatment at the Joslin Diabetes Center between 2003 and 2009
- Age at study enrollment between 35 and 69 years
- Diagnosed with diabetes between 40 and 64 years or diagnosed between 20 and 39 years with no Insulin treatment within 2 years of diagnosis
- Exclude Prevalent ESRD and CKD Stages 4 and 5
- Exclude non-diabetic renal disease

Results

Conclusions

- Although incidence was highest in the proteinuria group, two-thirds of FDA approved events are occurring in Normo and Microalbuminuria groups.
- One third of all events are occurring with a baseline eGFR above 90 ml/min/1.73m².
- Proportion of Decliners by Quartiles of plasma TNFR1
- Proportion of Decliners by Quartiles of urinary MCP-1
- Proportion of Decliners by Quartiles of plasma KIM1
- Proportion of Decliners by Quartiles of urinary KIM1

Aims

- Explore the availability of patients for FDA approved renal outcomes in T2 Diabetes according to CKD stages and ACR subgroups
- Develop recruitment criteria for T2D patients at risk for FDA approved renal outcomes

Subjects were assessed for albuminuria status. We attempted to recruit all Microalbuminuria and Proteinuria subjects.

Subjects were classified based on median ACR values in the 2 years prior to study enrollment.

Blood, Urine and Medical History was collected at baseline.

Subjects were followed over time in a number of methods:
- Examination by recruiters at Joslin clinic visits or at home
- Lab results from Joslin medical records
- Matching with United States Renal Data Service Rosters
- Matching with National Death Index Rosters

Samples sent to University of Minnesota Lab for measurement of ACR and eGFR.

Serial eGFR measurements were used to calculate linear slopes for rates of eGFR loss.

Slopes were used to calculate an estimated time to lose 30% of baseline eGFR.

Plasma levels of TNFR1 were measured at EKF Diagnostics.

Plasma and urine levels of MCP-1 and KIM1 were measured using an ELISA by R&D.

Urine levels of MCP-1 were measured on Luminex with an EMD Millipore assay.

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We attempted to recruit an equal number of Normoalbuminuria subjects (about 1/3 of the available population)

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