The mission of the US Renal Data System (USRDS) is to characterize the burden of kidney disease and serve as a comprehensive, regularly updated, online resource for descriptive epidemiology of chronic kidney disease (CKD), acute kidney injury (AKI), and end-stage renal disease (ESRD) in the United States. In addition, supporting investigator-initiated research by providing data to researchers remains a key function.

Supported by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) at the National Institutes of Health, and the Centers for Medicare & Medicaid Services, the USRDS Coordinating Center has operated from the Kidney Epidemiology and Cost Center (KECC) at the University of Michigan, in partnership with Arbor Research Collaborative for Health, in Ann Arbor, Michigan, from February 2014 through July 2019. On August 8, 2019, the USRDS contract transferred to the Chronic Disease Research Group at the Hennepin Health Research Institute, Minneapolis, Minnesota.

The NIDDK has decided that there will not be a full USRDS Annual Data Report (ADR) in 2019. This year’s ADR is therefore in abbreviated form, highlighting key findings. For more detailed information, readers should refer to the 2018 ADR published in AJKD in March 2019 (https://www.ajkd.org/issue/S0272-6386(19)X0002-5), which is also available at the USRDS website (www.usrds.org).

The prevalence of recognized CKD based on analysis of Medicare data has steadily risen year after year across all stages of CKD. From 2016 to 2017, the proportion of Medicare patients with recognized CKD increased from 13.8% to 14.5%.

Rates of urine testing for albumin remain low among Medicare beneficiaries. Among those without a CKD diagnosis but with both diabetes mellitus and hypertension, 43.2% had urine albumin testing in 2017, a relatively low rate of testing given that this is a high-risk population.

In 2017, a third of incident ESRD patients had received little or no pre-ESRD nephrology care, and a large majority (80%) of hemodialysis patients started dialysis using an indwelling catheter.

The standardized US rates for ESRD (i.e., dialysis or transplantation) rank among the highest in the world, but may finally be beginning to decline. In 2017, there were 124,500 new cases of registered ESRD, compared to 125,408 the prior year. The standardized rate of 340.7 per million in 2017 was the lowest since 1998. This likely reflects improvements in the prevention or postponement of kidney failure in the United States, possibly due to interventions such as greater blood pressure control and the use of statins in the general population. The prevalence of ESRD continues to rise and reached 746,557 cases in 2017 (vs 727,912 in 2016), representing a 2.6% increase since 2016, a reflection of decreasing mortality rates in the ESRD population. The abbreviated ADR also highlights key findings regarding ESRD among children, adolescents, and young adults.

The number of dialysis patients on the kidney transplant waiting list as of December 31, 2017 marked a third consecutive year of decline with an 8.8% reduction from the previous year, to 75,745 candidates, 85% of whom were awaiting their first kidney transplant. This decrease almost certainly resulted from the Kidney Allocation System (KAS) policy changes that took effect on December 4, 2014. During 2017 in the United States, 20,161 kidney transplants were performed (19,301 were kidney-alone), continuing the relatively rapid rise (exclusively from deceased donors) of the last few years.

The importance and relevance of kidney disease surveillance through systems such as the USRDS has been further elevated by the recent executive order on improving US kidney care. The early signs of declining incidence of ESRD should not lull the
community into a false sense of security as there continues to be an enormous burden of kidney disease in the United States, which is highlighted in the 2019 USRDS ADR.

**Article Information**


**Support:** Funding for the USRDS Coordinating Center is provided under contract to University of Michigan Kidney Epidemiology and Cost Center (HHSN 276201400001C).

**Financial Disclosure:** Dr Morgenstern is a consultant at Arbor Research Collaborative for Health. The remaining authors declare that they have no relevant financial interests.

**Disclaimer:** Due to unforeseen administrative issues, NIDDK decided on an abbreviated format for the 2019 edition of the USRDS Annual Data Report. The 2019 ADR, produced by the University of Michigan contractors, consists of a summary chapter and a shortened number of data tables that capture the essential information the renal community has come to expect. NIDDK expects that a full ADR will be published in 2020. Quarterly updates on the website will be available before the full ADR is published.

Publications based upon USRDS data reported here must include a citation and the following notice: The data reported here have been supplied by the US Renal Data System (USRDS). The interpretation and reporting of these data are the responsibility of the authors and in no way should be seen as an official policy or interpretation of the US government.

**Publication Information:** © 2019 Published by Elsevier Inc. on behalf of the National Kidney Foundation, Inc. Published online November 5, 2019 with doi 10.1053/j.ajkd.2019.09.003