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Albuminuria

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Introduction

An international symposium on albuminuria entitled “The Role of Albuminuria in Health and Disease: Predicting Outcomes and Target for Therapy” was held in New York from May 16 to 18, 2004. The goal of this symposium was to present the (global) evidence that details the role of albuminuria as an independent marker for renal and cardiovascular disease. Additionally, the role of albuminuria as an independent therapy target for primary and secondary prevention of renal and cardiovascular disease development was addressed. The invited participants, both speakers and audience, were international key opinion leaders on this topic from the fields of nephrology, cardiology, endocrinology, hypertension, and epidemiology. Representatives of national and international societies and governmental bodies from both the United States and Europe also participated in this meeting.

The meeting was presented by the National Kidney Foundation U.S. (NKF), in association with the International Society of Nephrology (ISN), and supported by the American Diabetes Association (ADA), American Society of Hypertension, Inc. (ASH), American Society of Nephrology (ASN), European Society of Hypertension (ESH), International Diabetes Federation (IDF), Juvenile Diabetes Research Foundation International (JDRF), and the following councils of the American Heart Association (AHA): Council on Clinical Cardiology, Council on Cardiovascular Nursing, Council on High Blood Pressure Research, and the Council on Kidney in Cardiovascular Disease. The symposium was made possible by an unrestricted educational grant from AusAm Biotechnologies, Inc.

The meeting reached a clear consensus. Specifically, albuminuria is an important independent risk marker for

both cardiovascular and renal disease. The pathophysiologic mechanisms behind this predictive relationship are still not fully understood, but much evidence appears to link any level of albuminuria to a generalized loss of vascular (endothelial) function in many organs, providing a common mechanism for augmented *cardiovascular* and *renal* risk in patients with microalbuminuria. Clearly, inhibition of the renin-angiotensin-aldosterone-system is an instrument to reduce albuminuria at all levels, whether it is preventing its development in those who are normoalbuminuric or have overt proteinuria. New and intriguing data were presented, showing that the magnitude of albuminuria reduction is associated with cardiovascular and renal protection in advanced disease states, as well as in otherwise healthy individuals. This linkage between lowering albuminuria and disease progression makes albuminuria an interesting new target for therapy.

The consensus also stated that new guidelines should be formulated covering all areas of expertise, including how and when urinary albumin should be measured, and with what method. How does albuminuria as a cardiovascular risk marker relate to reduced GFR as a cardiovascular risk marker? In addition, intervention trial(s) should be designed such that they will link therapeutic targeting of albuminuria reduction to cardiovascular and renal protection.

This supplement is a state of the art collection of the data presented at this stimulating multidisciplinary meeting. We hope this focus of international expertise will serve as a stimulus for future meetings and insightful research on this topic.

DICK DE ZEEUW, GEORGE BAKRIS, and MARC A. PFEFFER
Guest Editors