On December 4, 2017, TriCore instituted a change to the eGFR calculation for all adult outpatients by implementing the Chronic Kidney Disease Epidemiology Collaboration (CKD-EPI Creatinine 2009)\(^1\) Equation. The CKD-EPI Equation replaced the Modification of Diet in Renal Disease (MDRD) Study Group Calculation previously used. The CKD-EPI Equation is the preferred method of estimating GFR and recommended by the National Kidney Foundation.\(^2,3,4\) Estimated GFR values previously reported as >60ml/min/1.73m\(^2\) will now be reported with an estimated value in ml/min/1.73m.\(^2\)

The CKD-EPI Equation:
- provides more accurate results for eGFR values between 60 and 120ml/min/1.73m\(^2\)
- provides similar results compared to the MDRD equation for patients <60ml/min/1.73m\(^2\)
- can detect CKD among those patients with risk factors despite a serum creatinine concentration that appears to fall within the normal reference range
- uses an isotope dilution mass spectrometry (IDMS) traceable creatinine-based equation reducing variation
- includes variables for age, gender, and race

The link below provides additional information about the CKD-EPI Equation calculation and the reasons this is the preferred method:

https://www.niddk.nih.gov/health-information/communication-programs/nkdep/laboratory-evaluation/glomerular-filtration-rate/estimating

An easy to use calculator for estimating GFR in adult patients who are stable is available at:

https://www.kidney.org/professionals/KDOQI/gfr_calculator

References
4. kidney.org/content/ckd-epi-creatinine-equation-2009