巻頭言（PREFACE）

日本および中国におけるCKD（慢性腎臓病）管理の現状と課題

Current Status and Challenges of CKD Management in Japan and China

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Chronic kidney disease (CKD) is a major global health issue, with rising prevalence and increasing importance as a cause of death and as a risk factor for cardiovascular death. North and East Asia is one of the most densely populated in the world. The North and East Asia region also has the highest prevalence of kidney failure in the world. The high burden of CKD in this region is likely attributed to the growing burden of diabetes and an aging population with frequent coexisting noncommunicable diseases including obesity and hypertension.

According to the analysis by the Global Kidney Health Atlas of the International Society of Nephrology, all countries in North and East Asia have official registries for dialysis and transplantation; however, only China and Japan have CKD registries. Both China and Japan offer testing for CKD in high-risk groups. CKD testing, including blood pressure, body mass index, serum glucose, serum creatinine, and urinalysis test strips, are generally available at the primary care level both in China and Japan. Both China and Japan have a specific strategy for improving CKD care, and the governments recognize CKD and kidney failure as health priorities.

In China and Japan, the"Four Pillars" of treatment (RAAS inhibitors, SGLT2 inhibitors, non-steroidal MRAs, and GLP-1 RAs) are now employed at clinical practice. China and Japan are also leaders in some fields of treatment of CKD complications. The landmark studies of HIF-PH inhibitor were completed in China and showed successful improvement of anemia in CKD. HIF-PH inhibitors were first approved in China and Japan, and they are now widely used in the countries.

Japan is a super-aged society and is currently a global leader in adapting kidney care to an ultra-aged population. Japan represents a"super-aging CKD model". The focus is not just on preventing dialysis, but on"preserving function and quality of life". There remain some gaps in early detection and nephrology referral, and the Japanese Society of Nephrology published a guide of referral of patients to nephrologists for primary care physicians.

China is managing the world's largest CKD population, and represents a"rapidly expanding CKD burden". The primary driver has shifted from glomerulonephritis to diabetic kidney disease, necessitating massive changes in public health policy and drug accessibility. China has rapidly reduced the"drug lag," with modern therapies (SGLT2i and GLP-1 RAs) now included in the National Reimbursement Drug List, making them affordable for millions. As China is a huge country with broad land, a major future goal is the use of tele-nephrology and digital monitoring to bridge the gap between top city hospitals and rural primary care clinics. China is also leveraging its massive patient cohorts to develop Polygenic Risk Scores and biomarker-driven treatment plans tailored to Asian genotypes.

Japan and China are engaged in several areas of kidney-related collaboration, ranging from clinical research and pharmaceutical development to academic studies on CKD epidemiology and genetic risk factors in East Asian populations. We need to improve kidney health in our countries as well as in the globe. For global kidney health, we need to work together.