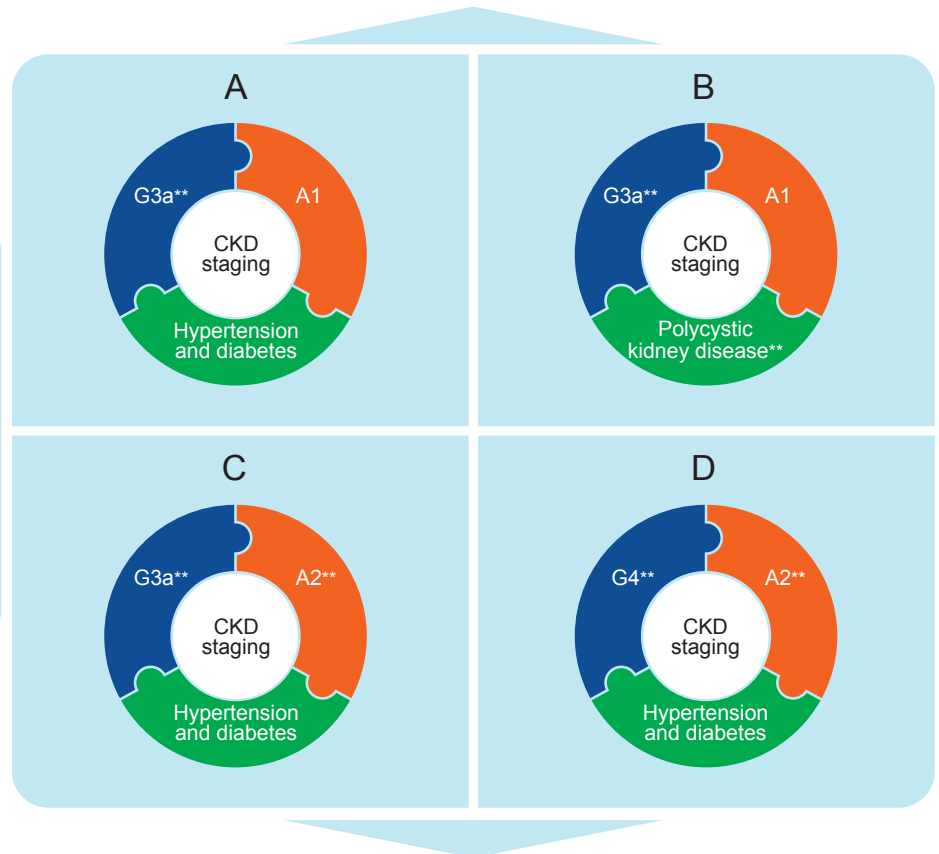


**Figure 2.** Clinical scenarios illustrating the importance of GFR, UACR, and cause in CKD staging

Despite having the same GFR and UACR categories, patients in scenarios A and B may have different prognosis and would be managed differently because of the different causes of their CKD.

Despite having the same GFR category and CKD cause, patient in scenario C has more severe albuminuria than patient in scenario A (as reflected by the higher UACR category), hence patient in scenario C is expected to:

- Have a poorer prognosis (i.e. progress to kidney failure more quickly without appropriate management)
- Have a more stringent blood pressure target



Despite having the same UACR category and CKD cause, patient in scenario D has poorer kidney function than patient in scenario C (as reflected by the higher GFR category), which would lead to different prognosis and selection of medications for managing CKD or comorbidities.

CKD, chronic kidney disease; GFR, glomerular filtration rate; UACR, urine albumin:creatinine ratio

\*\* Findings present for at least three months which meet CKD diagnostic criteria (see Recommendation 2 on page 3).