



### PURPOSE

containing cystatin C are reported to underperform in transplant recipients. We creatinine, cystatin C, myo-inositol, and valine, in 67 post-transplant recipients.

## METHODS

Bias, precision, and accuracy of GFR(NMR), and the common GFR equations CKD-EPI<sub>2021</sub>Cr (creatinine) and CKD-EPI<sub>2021</sub>CrCys (creatinine plus cystatin C) were compared to measured GFR (short iothalamate clearance). Bias was median difference of eGFR minus mGFR, and precision was the median difference interquartile range (IQR) using McNemars Chi-squared test. Accuracy  $(P_{30} \text{ and } P_{15})$  was the percentage of samples within ±30% and ±15% of mGFR as per the Bootstrap method. Benjamini & Hochburg correction was used for p-value correction.





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# Superior Bias and Precision of an NMR-Based GFR Equation in Kidney Transplant Recipients

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P<sub>30</sub> of GFR(NMR) was 97%; significantly higher than CKD-EPI<sub>2021</sub>CrCys (84%) and higher than CKD-EPI2021Cr (88%).  $P_{15}$  of GFR(NMR) was 63%; higher than both  $CKD-EPI_{2021}Cr (54\%) and CKD-EPI_{2021}CrCys (51\%) equations (Fig. 3).$ 

CONCLUSION GFR(NMR) was less biased, more precise, and more accurate than creatinine and cystatin C based GFR equations in transplant recipients.





