**Abstract title (max. 25 words):**

Albuminuria testing rates in people with diabetes: Analysis of an Australian dataset

**Abstract content (max. 300 words):**

Aims: To examine rates of screening and monitoring for chronic kidney disease (CKD) using urine albumin-creatinine ratio (uACR) testing among people with diabetes mellitus, and factors associated with likelihood of testing.

Methods: This quantitative retrospective cohort study included all adult individuals with at least one eGFR level from St Vincent’s Pathology Melbourne (a hospital and community-based service) between January 2023 and December 2023 (n = 154,526). Patients with diabetes mellitus were identified through HbA1c level > 6.5% or clinical documentation of diabetes. We assessed the number of uACR collections within 6 months before or after the index eGFR measurement and factors associated with testing frequency.

Results: From the above cohort, we identified 19,198 (12.4%) patients with diabetes. Mean age was 63.7 (SD: 15.5) years, mean eGFR was 79.4 (SD: 24.3) mL/min/1.73m2 and 54% were male. Only 23.7% of patients had at least one recorded uACR collection within 6 months of the index eGFR and only 6.7% of patients had > 1 test. Having a uACR measurement was more likely with decreasing eGFR; eGFR 15–29 versus ≥ 90 mL/min/1.73m2 (odds ratio (OR) [95% CI]: 3.45 [2.87–4.14], p < 0.001). There was also a statistically higher likelihood of having ≥ 1 uACR collected with increasing HbA1c (OR [95% CI]: 1.09 [1.06–1.11], p < 0.001), increasing age (OR [95% CI]: 1.01 [1.01–1.01], p < 0.001), and being male (OR [95% CI]: 1.15 [1.08–1.23], p < 0.001).

Conclusion: Fewer than one-quarter of the population we studied had a uACR collection over a 12-month period. Our findings highlight the need to refocus on albuminuria testing to improve CKD detection, monitoring, and timely initiation of interventions that have kidney-protective effects in people with diabetes.