

## Authors' Reply

We agree that there are limitations to the use of Sequential Organ Failure Assessment (SOFA) scores for stratification of mortality risk of patients with CKD and ESKD.<sup>1</sup> Using a single creatinine (or daily urine volume) measurement to assess the kidney function of patients with CKD is one of many limitations of SOFA scores, as is the lack of differentiation in the SOFA score between acute kidney disease and CKD. We agree that these limitations are particularly important when used to compare one individual with another for possible resource prioritization, and acknowledge that the SOFA score, along with virtually all other severity of illness scores, tends to overestimate mortality risk of patients with advanced CKD. Nevertheless, while recognizing these caveats, we believe that the SOFA score is still helpful to objectively assess patients with complex illness, but agree with Dr. Sanghavi<sup>2</sup> that even better methods to assess mortality risk are needed to optimize equitable allocation of resources in the setting of scarcity.

### DISCLOSURES

The author has nothing to disclose.

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### REFERENCES

1. Silberzweig J, Ikizler TA, Kramer H, Palevsky PM, Vassalotti J, Kliger AS: Rationing scarce resources: The potential impact of COVID-19 on patients with chronic kidney disease. *J Am Soc Nephrol* 31: XXX–XXX, 2020
2. Sanghavi S: Critically ill patients with CKD deserve better mortality prediction scores. *J Am Soc Nephrol* 31: XXX–XXX, 2020

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See related Letters to the Editor, "Critically Ill Patients with CKD Deserve Better Mortality Prediction Scores," on pages xxx–xxx.

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