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Survival comparison between HD and PD: another French Paradox ?

11 April 2018 | Cecile Courivaud, Bert Bammens, Andrew Davenport, Simon Davies, Kitty Jager, Mark Lambie, Wim Van Biesen et Eric Goffin

C Courivaud, Dpt of Nephrology, Dialysis and Transplantation, University hospital of Besançon, France

Thiery et al used data from the French REIN (Réseau Epidémiologique et Information en Néphrologie) cohort registry between 2006 to 2008 to analyse patient' survival censored for transition and transplantation for planned hemodialysis (HD) as compared to peritoneal dialysis (PD). The conclusions differ markedly from those available in recent publications on the same topic (1-5).

It appears somewhat difficult to interpret the meaning of the presented results for routine

clinical practice and especially to generalize these results to all ESRD populations worldwide. The key question really is to determine whether these diverse findings could be explained by different methodological approaches or whether the French PD population differs from that described in other studies.

Examining the methodological approach, it would really be interesting to know why the authors have not opted for an intention-to-treat analysis? The current analysis censors at death, transplantation or at modality shift ; this “unimodal survival” model has been abandoned in favour of more “integrated care” model, where people are allowed (as a policy) to transfer between modalities. As a consequence, the current analysis does not answer the clinically relevant question “does it benefit or hurt to start patients on PD and then subsequently transfer them to HD when needed”.

The second important question is to understand whether the French PD population differs from that in other countries and more specifically : “what does the conclusion of the Thiery et al study mean for the potential to extrapolate the findings to a more general setting out of the French situation?” Proportionally more elderly patients were started on PD ($p < 0.001$ vs 50-75 group). The supplementary graphs about patient’s survival indicate no survival difference for either modality for patient’s age < 50 years (fig 1), while for those 50-75 years, the survival curves start to separate after 1 year and converge after 5 years (figure 2), and for those > 75 years (figure 3) the curves start to separate around 6 months and then remain separate. Because of this, the “outcome” of PD technique becomes predominantly determined by those older, more comorbid, patients, who by definition, are likely to have a worse outcome and who are likely to remain on PD. This contention is further supported by the fact that their older PD patients may be assisted by nurses at home ; assisted PD has indeed been associated with an increased risk of death, even after adjustment for age and comorbidities (6). The authors did logically not take this adjustment variable into account as HD patients are not treated with assistance at home. In addition, it would be of interest to know if the exclusion of the patients starting dialysis in emergency, mainly on HD (7), together with the non-exclusion of patients with very high GFR at dialysis start, i.e. those with cardio-renal syndrome mainly treated by PD (8), might not have favored survival for the HD population ? To answer this question, a sensitivity analysis including all patients might have been of interest.

Altogether, it is difficult to make firm conclusions on a causal relation between modality per se and survival when considering the heterogeneity between the two populations. The true meaning of the findings is further hampered by the fact that the selected outcome (technique success) is misleading. Most important, we should put more emphasis on patient-centered care, quality of life analyses, identification of unmet patient’s needs ..., mainly because we are facing a growing cohort of predominantly elderly dialysis patients, with more comorbidities and a limited access to kidney transplantation. The recent SONG initiative, amongst many others, indicates that patients prioritize outcomes relevant to their well-being and quality of life rather than survival.

-Cécile Courivaud, Dpt of Nephrology, Dialysis and Transplantation, University hospital of

Besançon, France

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-Bert Bammens, Dept. of Nephrology, Dialysis and Renal Transplantation, University

Hospitals Leuven, Leuven, Belgium

-Andrew Davenport, UCL Centre for Nephrology, Department of Medicine University

College London Royal Free Hospital London, UK

-Simon Davies, Professor of Nephrology and Dialysis Medicine, Keele University.

Consultant Nephrologist, University Hospital of North Midlands

-Kitty Jager, ERA-EDTA Registry, Department of Medical Informatics, Academic Medical

Center, University of Amsterdam, Amsterdam Public Health Research Institute,

Amsterdam, The Netherlands

-Mark Lambie, Dpt of Nephrology, University Hospital of North Staffordshire, Stoke-on-

Trent, UK

-Wim Van Biesen, Renal Division, Ghent University Hospital, Ghent, Belgium

-Eric Goffin, Dpt of Nephrology, Cliniques universitaires St Luc, Université catholique de

Louvain, Brussels, Belgium

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