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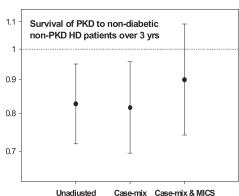
# COMPARING DEATH RISK OF POLYCYSTIC KIDNEY DISEASE (PKD) HEMODIALYSIS (HD) PATIENTS TO NON-PKD HD PATIENTS

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Although mortality among PKD patients (pts) with ESRD is thought to be lower than that of non-PKD ESRD pts, the source of the survival advantage is not known. To test the hypothesis that superior survival of PKD HD pts arises from lower disease burden, we examined 3-yr (7/2001-6/2004) survival of 61,022 HD pts in all DaVita dialysis clinics & compared 1,596 PKD to non-PKD pts using baseline & time-dependent Cox models, adjusted for case-mix & malnutrition-inflammation-cachexia syndrome (MICS). We also "matched" PKD to non-PKD by sex, age (+/-5 yrs), diabetes (DM), vintage & state. Table shows 3-vr death hazard ratios [in bold] (and 95% confidence levels):

Comparing to	Cox	Unadjusted	Case-mix	MICS
All pts	Baseline	0.62	0.77	0.80
		(0.56-0.68)	(0.70 - 0.85)	(0.73-0.89)
All pts	Time	0.61	0.74	0.86
	dependent	(0.56-0.68)	(0.67-0.81)	(0.78-0.95)
All pts	Baseline	0.71	0.72	0.82
(matched)		(0.62-0.71)	(0.62-0.84)	(0.68-0.98)
All pts	Time	0.71	0.71	0.72
(matched)	dependent	(0.62-0.71)	(0.61-0.83)	(0.59-0.87)
Non-DM pts	Baseline	0.83	0.83	0.91*
(matched)		(0.72 - 0.95)	(0.71-0.97)	(0.76-1.09)
Non-DM pts	Time	0.82	0.82	0.90*
(matched)	dependent	(0.72 - 0.95)	(0.70 - 0.96)	(0.74-1.09)

Case-mix models showed 23% to 29% lower mortality in PKD pts compared to other HD pts, & 17% to 18% compared to non-DM non-PKD pts. Control for MICS mitigated the survival benefit, indicating that a main contributor to better survival of PKD pts is a more favorable nutritional or inflammatory status of these pts.



Unadjusted Case-mix Case-mix & MICS
5-Yr Death Risk of Polycystc to Non-Diabetic Pts (Time-Dependent)