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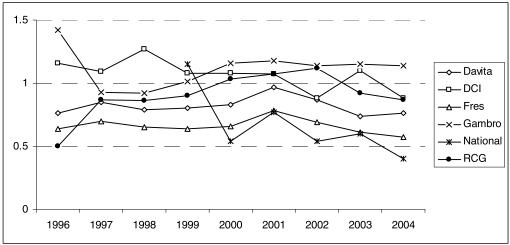
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Variation in Peritoneal Dialysis (PD) Utilization among Large Dialysis Organizations (LDOs): An Explanation for PD Decrease? Osman Khawar^{1,2}, Kamyar Kalantar-Zadeh^{1,2}, Uyen Duong^{1,2}, Linda Fried⁴, Keith Norris^{2,3}, Allen Nissenson² and Rajnish Mehrotra^{1,2} ¹LA BioMed at Harbor-UCLA. Torrance. CA. ²David Geffen School of Medicine at UCLA, Los Angeles, CA, ³Charles Drew University, Los Angeles, CA, ⁴VA Pittsburgh Health Care System, Pittsburgh, PA **Background**: PD use in the US has declined significantly over the last decade, while dialysis delivery has become consolidated in LDOs. We examined the PD utilization in LDOs over a 9-year period (1996-2004) and the effects of consolidation of dialysis delivery on modality distribution. **Methods**: Using data of all incident patients from United States Renal Data System, dialysis modality on day 90 of ESRD and odds ratio for PD use were determined, using non-chain units as the reference. **Results:** A progressive decline in the proportion of incident ESRD patients undergoing treatment in non-chain unit occurred from 61% in 1996 to 37% in 2004. In 2004, 24% of incident patients were treated in Fresenius, 14% in DaVita and 13% in Gambro. The Multivariate adjusted odds for PD were examined (Figure):



Most LDOs had significantly lower odds for PD than non-chain units, with the lowest odds for Fresenius and National, whereas Gambro had higher odds of PD. The originally higher PD odds in DCI declined after 1999 and was thereafter not significantly different from non-chain units. **Conclusions:** PD use has declined in US coincident with consolidation of delivery of dialysis care in LDOs.