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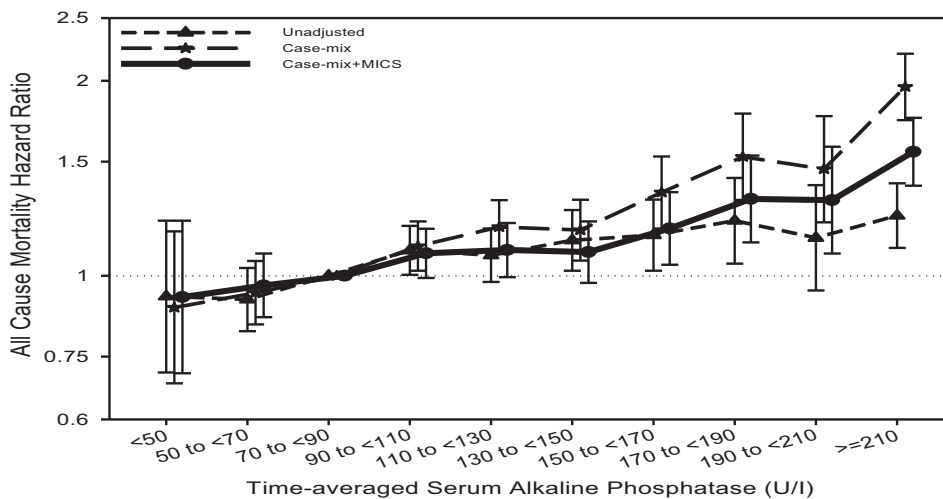
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COMPARATIVE MORTALITY-PREDICTABILITY FOR PTH AND ALKALINE PHOSPHATASE IN PERITONEAL DIALYSIS PATIENTS

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It is unknown how biochemical indices of mineral metabolism are associated with mortality in peritoneal dialysis (PD) patients. Survival models were examined to assess the association of serum PTH and alkaline phosphatase (ALP) and mortality in a 6-year cohort of 12,422 PD patients. PD patients were 54±16 years old and included 47% women and 23% Blacks. In the fully adjusted model, hazard ratios (HR) of death (and 95% CI) for time-averaged intact PTH increments of 500-<600, 600-<700, and ≥700 pg/ml, compared to 200-<300 pg/ml (ref.), were 1.21 (1.05-1.39), 1.19 (0.99-1.41), and 1.16 (1.03-1.31). Increased mortality risk was detected in groups with lower PTH.



Compared to serum PTH 200-<300 pg/ml (ref.), patients with PTH 100-<200 and ≤100 pg/ml had 17% (1.17 (1.07-1.28)) and 40% (1.40 (1.25-1.58)) higher death risk, respectively. Figure shows unadjusted, case-mix, and MICS adjusted death HR respectively for time-averaged serum ALP. Hence, whereas PTH shows a U-shape association, ALP shows a more linear association with mortality in PD patients.