**Supplementary data**

Table S1. Age and CCI of the incident patients by PD start year.

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| **PD start year** | **Age [median (IQR)]** | **CCI [median (IQR)]** |
| 2005 | 66.5 (56.1-80.2) | 4 (2-5) |
| 2006 | 71.6 (55-80.6) | 4 (2-5) |
| 2007 | 69.5 (55.2-79.7) | 3 (2-5) |
| 2008 | 69.3 (53.8-79.1) | 3 (2-5) |
| 2009 | 70.3 (54.8-80.9) | 4 (2-5) |
| 2010 | 69.9 (54.4-80.3) | 4 (2-5) |
| 2011 | 67.3 (53-79.5) | 3 (2-5) |
| 2012 | 70.1 (55-80.1) | 3 (2-5) |
| 2013 | 67.1 (53.9-80) | 3 (2-5) |
| 2014 | 68.5 (55.7-80.2) | 3 (2-5) |
| 2015 | 70.2 (56.3-80.9) | 4 (2-5) |
| 2016 | 69.6 (56.5-80.4) | 3 (2-5) |

PD: peritoneal dialysis, CCI: Charlson comorbidity index, IQR: interquartile

Table S2. Association between PD start year and the prevalence ratio of death, adjusting for patient characteristics, for each type of assistance and self-care PD.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Explanatory variable** | **All patients (n=14673)** | **Nurse-assisted (n=6299)** | **Family-assisted (n=1304)** | **Self-care (n=7070)** |
| **PR (95% CI)** | **PR (95% CI)** | **PR (95% CI)** | **PR (95% CI)** |
| PD start year [2005-2016], for a year increase | 0.95 (0.94-0.96) | 0.95 (0.94-0.96) | 0.96 (0.94-0.98) | 0.93 (0.92-0.95) |
| Age, for a ten-year increase | 1.53 (1.49-1.58) | 1.36 (1.32-1.41) | 1.47 (1.36-1.58) | 1.86 (1.75-1.98) |
| Gender, female | 0.95 (0.90-0.99) | 0.92 (0.86-0.97) | 1.09 (0.94-1.26) | 1.03 (0.90-1.19) |
| Diabetes | 1.01 (0.95-1.09) | 0.95 (0.88-1.03) | 1.12 (0.93-1.35) | 1.15 (0.96-1.37) |
| Modified CCI |  |  |  |  |
| 2 | Reference | Reference | Reference | Reference |
| 3 | 1.35 (1.23-1.47) | 1.15 (1.03-1.28) | 1.22 (0.91-1.62) | 1.75 (1.41-2.17) |
| 4 | 1.44 (1.31-1.59) | 1.10 (0.99-1.23) | 1.85 (1.41-2.43) | 2.21 (1.76-2.76) |
| ≥5 | 1.77 (1.62-1.93) | 1.38 (1.25-1.53) | 1.66 (1.28-2.15) | 3.11 (2.50-3.86) |
| Suboptimal starters | 1.07 (0.99-1.17) | 1.07 (0.97-1.18) | 1 (0.78-1.27) | 1.23 (0.99-1.52) |
| Underlying nephropathy |  |  |  |  |
| Polycystic kidney disease | Reference | Reference | Reference | Reference |
| Diabetes | 1.65 (1.35-2.03) | 1.29 (0.99-1.68) | 1.93 (0.84-4.45) | 1.68 (1.15-2.46) |
| Interstitial Nephritis | 1.40 (1.11-1.77) | 1.09 (0.81-1.47) | 2.47 (1.03-5.96) | 1.17 (0.73-1.88) |
| Glomerulonephritis | 1.33 (1.08-1.65) | 1.11 (0.83-1.48) | 2.33 (0.99-5.43) | 1.35 (0.93-1.94) |
| Unknown | 1.67 (1.36-2.05) | 1.25 (0.96-1.63) | 2.21 (0.95-5.16) | 1.97 (1.35-2.86) |
| Uropathy | 1.66 (1.25-2.20) | 1.14 (0.79-1.65) | 3.32 (1.27-8.67) | 2.03 (1.21-3.42) |
| Vascular | 1.79 (1.47-2.18) | 1.35 (1.04-1.74) | 2.47 (1.08-5.61) | 1.94 (1.37-2.76) |
| Systemic disease | 1.67 (1.26-2.22) | 1.15 (0.79-1.68) | 2.61 (0.95-7.16) | 1.99 (1.19-3.31) |
| Other | 2.32 (1.89-2.86) | 1.60 (1.22-2.10) | 3.80 (1.65-8.77) | 3.09 (2.12-4.51) |
| Therapy before PD initiation |  |  |  |  |
| No therapy | Reference | Reference | Reference | Reference |
| Hemodialysis | 1.04 (0.97-1.12) | 1.03 (0.95-1.12) | 1.11 (0.92-1.33) | 1.07 (0.89-1.27) |
| Transplantation | 0.88 (0.67-1.12) | 0.73 (0.44-1.20) | 1.43 (0.68-3.01) | 1.01 (0.71-1.45) |
| Assistance status |  |  |  |  |
| Self-care PD | Reference |  |  |  |
| Nurse-assisted PD | 2.24 (2.05-2.45) | NA | NA | NA |
| Family-assisted PD | 2.13 (1.92-2.37) | NA | NA | NA |
| Type of center |  |  |  |  |
| Academic hospital | Reference | Reference | Reference | Reference |
| Community hospital | 1 (0.93-1.07) | 0.98 (0.90-1.07) | 1.02 (0.84-1.24) | 1.02 (0.87-1.21) |
| Nonprofit | 0.92 (0.85-1.01) | 0.96 (0.87-1.06) | 0.85 (0.68-1.07) | 0.80 (0.66-0.96) |
| Private hospital | 0.99 (0.90-1.10) | 1.08 (0.95-1.21) | 0.88 (0.64-1.21) | 0.79 (0.59-1.05) |
| Center experience (new patients per year) | |  |  |  |
| ≤10 | Reference | Reference | Reference | Reference |
| >10 | 1.18 (1.11-1.24) | 1.14 (1.07-1.22) | 1.20 (1.02-1.40) | 1.39 (1.21-1.58) |

PR: prevalence ratio, PD: peritoneal dialysis, CCI: Charlson comorbidity index, NA: non-applicable

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Fig. S1. Number of patients starting peritoneal dialysis per year over the study period.



Fig. S2. Prevalence ratio of transfers to HD over time.

**Change in the prevalence ratio of transfers to HD over time.** Solid lines represent the rates of transfers to HD at any point during follow up by the year peritoneal dialysis was initiated, when compared to 2005 (expressed as a prevalence ratio). The analysis was adjusted for age, gender, ethnicity, underlying nephropathy, and comorbidities using a Cox regression model with robust variance (95% CI, shown by the dashed lines). The transfer to HD prevalence ratio over the study period was not linear for the complete cohort (**a**), for nurse-assisted PD patients (**b**), or for self-care PD patients (**d**); it did not change for family-assisted PD patients (**c**).



Fig. S3. Prevalence ratio of the different causes of transfer to HD over time.

**Change in the prevalence ratio of the different causes of transfer to HD over time.** Solid lines represent the rates of transfers to HD at any point during follow up by the year peritoneal dialysis was initiated, when compared to 2005 (expressed as a prevalence ratio). The analysis was adjusted for age, gender, ethnicity, underlying nephropathy, and comorbidities using a Cox regression model with robust variance (95% CI, shown by the dashed lines). The prevalence ratio of transfer to HD because of adequacy (**a**) tended to linearly increase over time. The transfer to HD prevalence ratio over the study period was not linear for catheter issues (**b**), other causes linked to PD (**d**) and social causes (**e**). The prevalence ratio of transfer to HD because of other causes not linked to PD (**c**) linearly increased, whereas it linearly decreased for infection (**f**).