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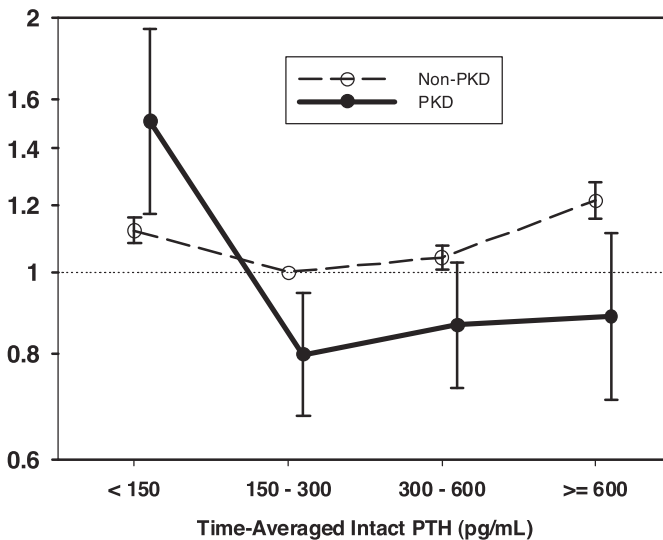
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SECONDARY HYPERPARATHYROIDISM & SURVIVAL IN HEMODIALYSIS PATIENTS WITH & WITHOUT POLYCYSTIC KIDNEY

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Background: It is not known whether PKD patients (pts) who undergo hemodialysis (HD) treatment exhibit similar death risks pattern related to secondary hyperparathyroidism (SHPT) as non-PKD HD patients. **Methods:** We examined a 3-yr (7/01-6/04) cohort of 58,917 HD pts including 1562 PKD pts in DaVita dialysis clinics, whose survival was followed up to 6/06, using Cox models adjusted for case-mix, surrogates of Malnutrition-Inflammation Complex Syndrome and minerals. For each pt we calculated a 3-yr-averaged PTH value based on monthly to quarterly measured intact PTH over the entire 3 yrs. **Results:** PKD & non-PKD pts were 58.2 ± 13.6 & 61.5 ± 15.4 yrs old & included 49% & 46% women & 8% & 47% diabetics, respectively. In fully adjusted models across 4 PTH increments of <150, 150-<300

(reference), 300-<600 & ≥ 600 pg/mL, PTH in 150 to 300 pg/mL range was associated with the greatest survival in both PKD and non-PKD pts. However, marked differences were noticed with both high and low



PTH levels between the 2 populations (see Figure):

Conclusions: The associations of 3-yr time-averaged PTH with survival in PKD pts, in whom $PTH < 150$ pg/ml is associated with highest mortality, appears different from non-PKD ps in whom $PTH > 600$ pg/ml is associated with the highest death risk.