SUPPLEMENTARY MATERIAL

Supplementary Methods

Patients who were managed at 3 facilities of the Renal Therapy Services (RTS) network in Colombia between August 1, 2016, and December 31, 2016, were eligible. We included patients with end-stage renal disease who were at least 18 years of age, had been receiving automated peritoneal dialysis (APD) for at least 90 days, had an adequate functioning peritoneal catheter, and whose APD prescription was for treatment 7 days a week. Pregnant patients and those with a life expectancy of less than 6 months were excluded. This exploratory study of a new APD remote patient monitoring (RPM) program was based on a pre-post-intervention research design, with a 2-month pre-RPM phase, followed by a 1-month transition phase, and then a 2-month post-RPM phase (APD+RPM). The RPM program incorporated the Home Choice Claria cycler with Sharesource software in the management of APD patients. This platform includes a mobile modem that allows the patient to enter daily clinical data, including blood pressure (BP) and body weight, which is then downloaded from the cycler along with information about his or her overnight APD therapy. Patients were provided a standardized BP monitor and body weight scale for daily measurement. Patients were instructed to enter BP and body weight data at the beginning of each APD therapy session at home. All patients and caregivers were trained in the technology as well as in the connection technique. All patients provided signed informed consent before enrollment into the study. The protocol and the informed consent forms were reviewed and approved by a research ethics committee of the RTS network. The RTS peritoneal dialysis (PD) program is based on a monthly comprehensive evaluation in the clinic, where the patient is seen by a nephrologist, PD nurse, social worker, and dietician.

Patient demographics were collected, including age, sex, educational level, socioeconomic level, place of residence, caregiver presence, cause of chronic kidney disease, and history of congestive heart failure. We collected variables related with the APD prescription, time programmed for each session, prescription with last infusion (wet day), additional exchanges during the day, total volume per treatment, total ultrafiltration per day in milliliters, and proportion of patients with ultrafiltration greater than 750 mL.

Additionally, at clinic visits, systolic and diastolic BP, weight, edema, and changes in volume (defined as without signs of edema, edema below knees, edema above the knees, and anasarca) were recorded.

Our outcome variables included the number of adjustments in APD prescription in the pre- and post-phases, measured as any change in the prescription (total volume, dwell change, time of treatment, number of cycles, PD solutions, and others), additional consultations at renal clinics, episodes of peritonitis during the pre- and post-phases, hospitalizations, PD technique failure events, number of patients without edema, and number of antihypertensive medications used.

We explored the characteristics of APD+RPM including the proportion of APD treatments completed, the APD schedule time lost in minutes, the effective dwell time lost in minutes, the volume of treatment lost in milliliters, the proportion of treatments finalized early, and the numbers of days in APD without treatment—all these characteristics measure adherence to prescribed treatment.

A statistical description was prepared of all the variables, including calculations of the central trend measures and dispersion for quantitative variables and determinations of absolute frequencies, percentages, and ratios for qualitative variables. The analysis of data corresponding to continuous outcomes was performed with paired *t* tests or with signed-rank tests, based on the fulfillment of

assumptions for the statistical parameters. The McNemar's test was used to analyze outcomes corresponding to categorical variables. We performed a multivariate analysis of variance test for the change in diastolic BP during the post-phase. For hypothesis testing, *P* values < 0.05 were considered statistically significant. Stata Statistical Software: Release 14 (StataCorp LP, College Station, TX, USA) was used to perform statistical data analysis.