Supplementary file

Supplementary Table 1

		follow-up		lost to follow-up		Total	
CDP		+	-	+	-	+	-
PD discontinuation or death	+	8	47	(1)*	(4)*	9	51
	-	22	60	(2)*	(4)*	24	64
number of patients		30	107	3	8	33	115
occurrence rate		0.27	0.44	(0.27)*	(0.44)*	0.27	0.44
odds ratio		0.46				0.47	

*: estimated or calculated based on the result of follow-up subgroup

		follow-up		lost to follow-up		Total	
CDP		+	-	+	-	+	-
PD discontinuation or death	+	8	47	(1)**	(3)**	9	50
	-	22	60	(2)**	(5)**	24	65
number of patients		30	107	3	8	33	115
occurrence rate		0.27	0.44	(0.40)**	(0.40)**	0.27	0.44
odds ratio		0.46				0.49	

**: estimated or calculated based on an earlier study

To evaluate the effect of bias because of lost to follow-up, we created a two-by-two contingency

table of two groups depending on traceability at 4 years from PD initiation. Three of 33 patients in

the CDP group and eight of 115 patients in the non-CDP group were classified into a lost to follow-

up subgroup. The odds ratio (OR) calculated for the follow-up subgroup was 0.46. If the occurrence

rate of outcome in the lost to follow-up subgroup was estimated based on that observed in the

follow-up subgroup (0.27 for CDP, 0.44 for non-CDP group) and the NEXT-PD study (0.4 in both

groups)[3], then ORs calculated from the "Total" two by two table were 0.47 and 0.49, respectively.

Because each value of calculated OR was similar, the impact of lost to follow-up patients against the

relation between CDP and PD catheter survival might be weak.