Ever since origination of the Kidney Disease Outcomes Quality Initiative (KDOQI) guidelines on vascular access management in 1997 and the Fistula First Initiative in 2002, vascular access research has exploded. Most publications derive from single-center studies or from analyses of multicenter vascular access studies, such as the Dialysis Access Consortium (DAC) and the Hemodialysis Fistula Maturation (HFM) Study. More substantial assessments arise from large administrative databases, such as the US Renal Data System (USRDS), that rely on mandatory reporting by dialysis units. Although it represents a huge number of dialysis patients, this source has 3 major limitations. First, it is restricted to US dialysis patients; second, it is an administrative database with fairly limited clinical information; and third, owing to the 3-month delay in acquiring Medicare coverage among younger patients initiating hemodialysis therapy, analyses examining incident patients have focused selectively on patients 67 years and older.
Reference:


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