

Ever since origination of the Kidney Disease Outcomes Quality Initiative (KDOQI) guidelines on vascular access management in 1997¹ and the Fistula First Initiative in 2002,² vascular access research has exploded” Allon (2018).

Extract:

“Ever since origination of the Kidney Disease Outcomes Quality Initiative (KDOQI) guidelines on vascular access management in 1997¹ and the Fistula First Initiative in 2002,² vascular access research has exploded. Most publications derive from single-center studies³ or from analyses of multicenter vascular access studies, such as the Dialysis Access Consortium (DAC)⁴ and the Hemodialysis Fistula Maturation (HFM) Study.⁵ 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.”

[Full Text](#)

Reference:

Allon, M. (2018) Lessons From International Differences in Vascular Access Practices and Outcomes. *American Journal of Kidney Diseases*. 71(4), p.452-454.

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