FROM THE EDITORS

The Importance of Collaborative Research to Resolve Challenging Questions in Peritoneal Dialysis

Single-center studies have been central to our development of research questions in peritoneal dialysis (PD) since they have provided the forum for enlightened investigators to conduct innovative enquiry. There are several examples of such work in this issue of *Peritoneal Dialysis International*. However, once hypotheses have been developed at a local level, it is then necessary that they be tested as part of much wider collaborations.

A single-center study from Spain (De Sousa-Amorim *et al.*) explored the role of tamoxifen in the treatment of encapsulating peritoneal sclerosis (EPS). This is a retrospective study over a 30-year period that used as controls patients who were considered “EPS prone.” Using a strategy that involved treating “at-risk” patients with tamoxifen in combination with discontinuation of PD, none of the “at risk” patients subsequently developed EPS during a median follow-up period of 54 months. However, the criteria that the authors described to define patients who were at high risk for EPS are contentious and this is examined carefully by Fan and Paudel in an accompanying editorial. What this study does highlight is the potential value of score systems to allow patients to be informed of their risk of EPS, allowing preventative action to be taken. A paper by Goodlad *et al.* from West London (UK) explored a panel of dialysate biomarkers among 17 cases and 144 controls but did not find an improvement in predicting the occurrence of EPS over clinical criteria alone. From the methodological perspective, developing and testing a risk score prospectively in such an infrequent condition as EPS is challenging, and requires a collaborative approach. This is the subject of a multi-center study across the UK being lead by Simon Davies (<http://www.keele.ac.uk/pd-craft/>).

In a retrospective study over 20 years from Coruña, Spain, Ana Rodríguez-Carmona *et al.* examined the impact of diabetic control at the start of PD on tunnel and exit-site infections (TESI) among 183 incident PD patients. Patients were categorized according to whether their HBA1C was above or below the median level of

7.1%. On multivariate analysis, diabetic control was an independent risk factor for the occurrence of TESI but not peritonitis. Clearly there is the potential for improved diabetic control at the time of catheter insertion to reduce the risk of subsequent TESI and this question would be potentially suitable for a randomized controlled trial once questions of feasibility and study power have been considered. Bonnie Tam *et al.* (Hong Kong) report a single blinded pilot study of a nano-technology spray (JUC Physical antimicrobial Spray Dressing) which consists of a 2% organosilicon quaternary ammonium salt for use at the exit site, compared with chlorhexidine as standard care, demonstrating a significant reduction in episodes of exit-site infection. Unfortunately, the groups were not balanced according to age with the intervention group having a younger mean age than the controls. However, the finding is clearly important and should be replicated.

Yeoungjee Cho *et al.* describe physician-inserted PD catheters in a remote Northern Australian rural community, including the support arrangements for patients who may live hundreds of kilometers from the dialysis center. Peritoneal dialysis in this environment gives recipients the greatest opportunity of returning to their communities. Ninety-two catheters were inserted in 75 patients over approximately 7 years, of whom 48% were late referrals to the service. Twelve-month catheter survival was 79.2%—which compares well with registry data from less challenging environments than those faced by this medical team and their patients. Clearly in this population the use of physician-inserted catheters has made a major impact on the ability to deliver a PD program. The report highlights the importance of tailoring the catheter insertion program to the local circumstances, and although meta-analysis suggests that laparoscopic insertion is the preferred mechanism for PD catheter insertion (1), that approach is not possible in these rural circumstances. We have much to learn before we will be in a position to recommend the most appropriate PD catheter insertion pathway for a given health community. Relevant to the discussion is a paper by Tapani Salonen *et al.* that demonstrates a cost saving of just under 1,000 Euros for day case versus hospitalized placement of PD catheters.

The recently released *Peritoneal Dialysis International* impact factor is 2.199, which has remained stable over the last 3 years, representing an important achievement for our community. I hope that many of you will be attending the ISPD Congress in Madrid later this month, where the stimulating program will provide an excellent opportunity to collaborate in the advance of PD to the benefit of our patients.

DISCLOSURES

MW is a collaborator in the PD CRAFT study.

Martin Wilkie
Editor-in-Chief

REFERENCES

1. Hagen SM, Lafranca JA, Steyerberg EW, Ijzermans JN, Dor FJ. Laparoscopic versus open peritoneal dialysis catheter insertion: a meta-analysis. *PLoS One* 2013; 8(2):e56351.

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