P1853 **FIVE YEARS PROSPECTIVE, OBSERVATIONAL, INTERNATIONAL STUDY ON THE IMPACT OF DECISION-MAKING TOOLS FOR CHOICE OF RENAL REPLACEMENT THERAPY MODALITY**

Belén Marrón[1], Suzanne Pearce[2], Janusz Ostrowski[3], Dan Munteanu[4], Marietta Torok[5], Michael Roesch[6], Claudia Martín[7], Pawel Kochman[3], Attila Orosz[8], Jaime García Marrón[9], Fernando Macário[10]

[1]Diaverum Renal Services, Corporate Home Therapies & Patients Safety Director. Medical Office, Malmö, Sweden, [2]Diaverum Renal Services, Corporate Nursing Director. Medical Office, Malmö, Sweden, [3]Diaverum Renal Services, Wloclawek Clinic, Wloclawek, Poland, [4]Diaverum Renal Services, Fundeni Clinic, Bucharest, Romania, [5]Diaverum Renal Services, Rokus Clinic, Budapest, Hungary, [6]Diaverum Renal Services, Schlankreye Clinic, Hamburg, Germany, [7]Diaverum Renal Services, Barracas Clinic, Buenos Aires, Argentina, [8]Diaverum Renal Services, Bajcsy Clinic, Budapest, Hungary, [9]ESIC, Big Data Fellowship, Madrid, Spain and [10]Diaverum Renal Services, VP Medical Office, Mälmo, Sweden

Background and Aims: Decision-Making Tools (DMTs) are still not widely used but are considered the Gold Standard to ensure patients are well informed to choose renal replacement therapy (RRT) modality.

To analyze the impact of a structured modality information program (via DMTs) on RRT modality choice and start.

Method: All 2014-2017 predialysis patients (pts) with CKD G4-G5 and those starting unplanned dialysis without a prior information process underwent a DMTs process for RRT choice and were followed up to Dec.31st, 2018. DMTs included values evaluation, RRT information with different tools, staff deliberation support and patient modality choice. Results shown as percentage of pts who reached a certain stage over the total number of pts under evaluation.

Results: 2012 pts (mean age 61 y.) from 48 clinics (cl.) in Poland (PL, 19 cl., 980 pts), Romania (RO, 12 cl., 351 pts), Hungary (HU, 10 cl., 341 pts), Germany (DE, 6 cl., 292 pts) and Argentina (AR, 1 cl., 48 pts) underwent DMTs. Staff considered PD contraindicated in 29% of pts, hence optimal candidates for HD/PD were 1408 pts. (mean age 60y. and 46% prone for a home therapy). Early referral ($\geq$3 m. in clinic before DMT started): 51%. Aids used included written information (97% of pts), DVD in 27% and HD/PD utility visits in 49%. Relatives' participation in the process was 82%. Most pts (91%) considered the program useful whilst 64% of staff felt that this program was better than the prior one. PD choice (35%) varied among countries: 15% (RO), 30% (PL), 36% (HU), 62% (DE) and 98% (AR). For pts who had started dialysis by study closure (n=948), PD as chronic RRT was 31% (9% after an unplanned HD start); 13% (RO), 27% (PL), 34% (HU), 54% (GE) and 83% (AR).

Conclusion: Use of DMTs at the time of RRT modality choice complies with patient empowerment and decision sharing (patients-relatives-staff). PD choice and take-on varied among countries. Most patients who chose PD were chronically ascribed to PD representing at least one third of the suitable patients for both dialysis modalities.