

Supplementary Table 2. Multivariable-adjusted likelihood to experience more harm from one modality than from the other
modality in incident dialysis patients aged less than 60 years

Baseline comorbid condition	SF (95% CI) <sup>a</sup>	p value
More harm from PD as an initial dialysis modality		
Myocardial infarction <sup>b</sup>	1.52 (1.00–2.29)	0.049
Cerebrovascular disease	1.46 (1.15–1.83)	0.001
Diabetes mellitus <sup>b</sup>	1.23 (1.04–1.47)	0.018
Congestive heart failure	1.20 (0.97–1.47)	0.094
Cancer	1.09 (0.83–1.44)	0.532
Age (per 1-year increase) <sup>c</sup>	1.01 (1.00–1.02)	0.016
Sex, male (vs. female)	1.01 (0.85–1.20)	0.889
More harm from HD as an initial dialysis modality		
MA (vs. NHI) <sup>b</sup>	1.42 (1.17–1.73)	0.001
Chronic pulmonary disease	1.08 (0.87–1.35)	0.489
Liver disease	1.02 (0.82–1.28)	0.838
Peripheral artery disease	1.01 (0.69–1.47)	0.977
Peptic ulcer disease	1.00 (0.79–1.26)	0.990

SF, synergy factor; CI, confidence interval; PD, peritoneal dialysis; HD, hemodialysis; MA, Medical Aid; NHI, National Health Insurance.

<sup>a</sup>Adjusted SFs and 95% CIs based on a multiplicative interaction between initial dialysis modality and baseline comorbid conditions on mortality.

<sup>b</sup>The pattern of choice for dialysis modality in this condition consequently increased the mortality risk.

°The pattern of choice for dialysis modality in this condition consequently conferred the survival benefit.