Reviewer’s report

Title: A review of unplanned dialysis initiation: an opportunity to improve clinical and socioeconomic outcomes

Version: 1 Date: 20 April 2009

Reviewer: Bryan Curtis

Reviewer’s report:

Mendelssohn et al – A Review of Unplanned Dialysis Initiation

The authors review the literature on unplanned dialysis initiation and establish an estimate of its subsequent “dollar cost” using Canadian data. This latter novel aspect of the manuscript will allow nephrologists to better advocate for their patients in that this information should help other stakeholders (administrators / government) understand the magnitude of this public health issue.

Furthermore, while this important topic is timely, one reason it continues to suffer is because of poor language and definitions (and indeed the authors note that a systemic review of this issue is difficult because of this). The concept of optimal versus suboptimal is introduced in an effort to clarify the issue (similar to the advent of “CKD” with the removal of confusing terms such as pre-renal insufficiency, etc).

General points
1. The question the authors pose is adequately presented
2. The methods are well described
3. The data appears sound
4. The manuscript adheres to relevant standards for reporting
5. The authors discuss the limitations of the work in the Discussion
6. The abstract conveys what has been found (see below for title discussion)
7. The manuscript is well written

Discretionary Revisions
1) I would recommend changing the title to reflect their paradigm and use the term “suboptimal” instead of “unplanned.”

2) The authors may want to include a paragraph to discuss the other side of the argument—people with CKD dying with functioning fistula / PD catheter but never having needed to go on dialysis (for example: O’Hare AM, Bertenthal D, Walter LC, Garg AX, Covinsky K, Kaufman JS, Rodriguez RA, Allon M. When to refer patients with chronic kidney disease for vascular access surgery: should age be a consideration? Kidney Int. 2007 Mar;71(6):555-61.)
3) They may also wish to strengthen their argument with some grounding in the ethics of suboptimal care (similar to Rehman R, Schmidt RJ, Moss AH. Ethical and legal obligation to avoid long-term tunneled catheter access. Clin J Am Soc Nephrol. 2009 Feb;4(2):456-60.)

Minor Essential Revisions
3) Abstract: pre-ESRD is a confusing term and needs clarification or to be changed. I assume it denotes pre-dialysis? If not, I am not sure what “pre” End Stage Renal Disease refers to.

Major Compulsory Revisions
None

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**
I declare that I have no competing interests