Reviewer's report

Title: Characterizing pre-dialysis care in the era of eGFR reporting: a cohort study

Version: 3 Date: 23 November 2010

Reviewer: manish sood

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Abdel-Kader et al present a retrospective study examining renal care before and after eGFR reporting in a referred CKD cohort. The found a modest improvement in co-management, mineral metabolism and avoidance of NSAIDs however no improvement in ACE/ARB prescription.

Overall the manuscript is well written, the statistical methods appropriate and the conclusions warranted.

The hypothesis and objectives are clearly stated and addressed by the results.

Accept with revisions

Major compulsory revisions:

1) Inclusion criteria was a minimum of 1 eGFR measurement: the results mention how many had greater than 2 (94%). Its possible more stable CKD pts would have more measurements overtime due to slow progression to CKD. Consider a sensitivity analysis including/excluding patients with different numbers of eGFR measurements

2) Was cause of CKD collected? Important as GN vs. Diabetic Nephropathy vs hypertensive nephropathy vary greatly in illness severity and progression to ESRD

3) Table 3 please clarify the referent

4) Figure 1 please give numbers for subcategories of those excluded

5) Was serum K known?

Discretionary revisions:

6) It seems the authors may have missed an interesting study opportunity with choosing the later assessment period for there post-eGFR data collection. It is reasonable to assume that with the eGFR reporting, an increase in education and awareness in kidney disease occurred. This would have resulted in (hopefully) an increase in interventions, better care etc. It would have been interesting to see the immediate impact in care after eGFR reporting.

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'