Reviewer's report

Title: Association of intradialytic hypotension and convective volume in hemodiafiltration: results from a retrospective cohort study.

Version: 2 Date: 2 May 2012

Reviewer: Daljit K Hothi

Reviewer's report:

Thank you for this submission. I believe that the findings are important but I have a few comments that I beleive the authors need to address.

1. Firstly there are several grammatical errors throughout the manuscript
2. Background: symptomatic hypotension is influenced by a number of factosr including those you mention. Please amend
3. 'High flux treaments may be associated with reduced morbidity and mortality'- in what test as high flux HD or HDF? Please clarify and expand on this
4. Results: Please specify here that the treatments were post-dilution HDF. I found it frustarting that I had to get to the end of the paper to get this information
5. Treatment characteristics: please also provide information on interdialytic weight gain expressed as percentage of dry weight.
6. I believe that the discussion needs restructuring. I found it confusing to read. For exmaple you mention sodium as a possible mechanism for improved haemodynamic stability in the first paragrath, very briefly, and then introduce sodium profiling latter.

You begin your discussion on discussing mechansims for improvement then move onto other methods of improving IDH. Not sure where and why that fits in.

7. You state that sodium is not due to sodium or membranes. I disagree. The evidence is conflicting and therefore I think you need to change this statement. The jury is still out. Please provide a more balanced discussion
8. Shaldon hypothesised interleukin removel....please expand on this. How does this improve IDH?
9. You cannot dismiss cooling. You have not measured the patients peripheral or core temperature at the start of dialysis and compared this to the end of dialysis. The dialysate temperature does not dismiss this hypothesis
10. UF profiling is not the same as blood volume monitoring. The former is a dialysis technique where the UF rate varies during the course of the dialysis treatment. Blood volume monitoring is a method of assessing relative changes in blood volume during dialysis. Blood volume controlled feedback systems are HD systems that respond to RBV changes. At the start of therapy the treatment duration, UF goal, and a target for a maximum decline in BV is set. The feedback
programme will then adjust the UF rate continuously.

11. Do you have information of sodium transfer during HDF as well as the dialysate sodium level. This would be importnat to answer the question as to whether sodium balance is implicated

Reviewer's report Major Compulsory Revisions
3, 5, 6, 7, 9, 10

Minor Essential Revisions
1, 2, 4, 8

Discretionary Revisions
11

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

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'