Author's response to reviews

**Title:** CDKD: A Clinical Database of Kidney Diseases

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**Version:** 3 **Date:** 7 March 2012

**Author's response to reviews:** see over
Ms Wella Valenzuela  
The BioMed Central Editorial Team  

Dear Mam.,  

Please find attached a revised manuscript titled "CDKD: A Clinical Database of Kidney Diseases". The following changes we have implemented as per reviewer’s comments:  

1. Two interfaces i.e. researcher and physician interface has been implemented.  
2. All users can access through researcher interface and for that there is no need of registration.  
3. Year wise tracking of records has been implemented in advance search.  
4. Demo account has been implemented to observe CDKD functionality.  
5. Both MDRD and EPI methods for eGFR calculation has been implemented.  
6. The English language has been corrected in manuscript.  

The comments on reviewer’s report are attached below.  

On behalf of all authors and myself, I thank you for your consideration and look forward to hearing from you in this regards.  

Yours sincerely,  

Sanjay Kumar Singh
Reviewer's report

Title: CDKD: A Clinical Database of Kidney Diseases

Version: 2 Date: 14 February 2012

Reviewer: Stephen Thomas

Reviewer's report:

General Comments to authors:

This paper presents a new, clinical database, CDKD, for following patients with kidney disease, in India.

The DB has a publicly accessible front page and shows general statistics of the overall contents (already contains data for more than 10,000 patients) to the casual visitor -- this is useful, because it gives an overview of the extent of kidney disease across India. Detailed records and charts are accessible only for registered users, which is of course as it should be.

The authors propose their CDKD as a free tool for patients and for physicians following these patients and also for the patients themselves. Restriction and partitioning of access modes seems to be set up according to proper division of responsibilities, in the respect of patient privacy. The user interface is adequately described in the paper, as are the data sources and security measures.

Overall, this looks to me like a highly useful tool that could make a significant contribution to care of Indian kidney-disease patients, if it is indeed adopted by the medical community. In fact, it looks like an example that should serve as inspiration in European countries as well.

Major Compulsory Revisions: none

Minor Essential Revisions

The English should be corrected -- throughout the paper, there are many dropped articles and other awkward constructions. The paper is nonetheless readable, with no troublesome ambiguities, but is not up to professional standards for English language scientific papers.
The English language has been corrected in manuscript.

Discretionary Revisions: none

**Level of interest:** An article of outstanding merit and interest 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
Reviewer's report

Title: CDKD: A Clinical Database of Kidney Diseases

Version: 2 Date: 4 February 2012

Reviewer: Stephen Fadem

Major essential revisions

1. Is the database new, or, if not, has it significantly evolved since its most recent description in the literature?

I am not familiar with this database. The database concept for storing patient data is not new, and has been evolving. I am not sure if one can track details of an individual patient’s course with this program, nor if you can track data from year to year. Please describe fully how this program evolved.

This database is new clinical database for patients with kidney diseases. The database concept for storing patient data has been evolving. We have implemented two interfaces i.e. researcher and physician interface. All users can access the database through researcher interface and for that there is no need of registration. For physician interface; the database requires registration only for physicians which allow them to add/view/edit/update their patient’s record. Year wise tracking of records has been implemented in advanced search.

2. Does the manuscript adequately describe the importance and relevance of the database?

Yes, but it is not clear whether the chief intent is as a physician tool, a patient tool or a registry tool. If it is to be used by physicians, there must be a way to electronically and automatically handle laboratory data, and unless it is to be used as a personal patient database, there must be a means of data validation.

If the patient uses it, are the labs that are entered by the physician viewable by the patient. This is the concept of the patient portal used is every CCHIT certified EHR.

If the records are added independently, is there a way to view normalize data such as
labs, history, physical findings, assessment, associated problems and laboratory or imaging data.

Please elaborate.

**It is a registry system which is allowing physician to make analysis of patient’s record available in this database. It is electronic and automatically handles patient’s record. This is not meant to be used by the patients.**

3. Is the user interface easy to interact with?

No. I could not create a user name or password. The program in demo mode should have a variety of test patients that I can readily see.

Please create a demo mode that is more functional

**We are sorry for that but it may be due to some temporary errors; now it is working well. Demo account has been implemented to observe CDKD functionality.**

4. Does the manuscript adequately describe how the database is constructed, the data sources and quality control?

Fair. There are no details about the encryption algorithm. It is not clear how personal health information is stored. It is not mentioned whether or not there a data recovery function for entries not yet backed up?

Please add these comments

**There is script which allows physician to view their own patient’s personal data in this database. There is a data recovery function for back up of entries on administrator section.**

5. Does the manuscript adequately describe the user interface, and how it fulfills its intended uses?

Fair. There is no explanation of how experimental results are validated, and this is necessary if the program is used for research.

Please elaborate

**Database contains patient’s case record which is validated by physician.**
6. Is the database readily accessible, and its constituent data attributed to a source?

The database is on the web. It is easily accessible. I tried to register and it would not let me. The demo function needs to be developed more fully. I would suggest having a true web version that is only for registered users, contains only validated data, and is encrypted. Then, I would have a demo version that has fictitious data or uses deidentification software like Informatica.

Please create a demo version

We are sorry for that but it may be due to some temporary errors; now it is working well. Demo account has been implemented to observe CDKD functionality.

7. Is the database free to academic users (note that we are not willing to publish database descriptions unless it is)? And is the availability of the database and any restrictions on use clearly stated in the manuscript?

Yes

8. Are the discussion and conclusions of the manuscript well balanced and adequately supported by the data?

Yes

9. Do the title and abstract of the manuscript accurately convey what has been found?

Yes.

10. Is the writing acceptable?

Fair. There are some typographical errors and syntax mistakes.

The English language has been corrected in manuscript.

11. Comment – The software uses the MDRD calculator, but nephrology has evolved to the CKD epi calculator. (http://epigfr.com)

We have implemented both MDRD and EPI methods for eGFR calculation.

My suggestion is that the creators decide whether or not they are developing a patient tracking tool, a registry tool to be used for academia, or a physician tool for managing
patients, and then focus on the specifics that are needed for each one.

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

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

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I have created patient care software, but have not marketed it. My software in no way would compete with this program. Therefore, I can declare that I have no competing interest.