Reviewer's report

Title: Timing of preemptive vascular access placement: do we understand the natural history of advanced CKD?: an observational study

Version: 1 Date: 27 February 2013

Reviewer: swapnil hiremath

Reviewer's report:

Bansal and Colelagues have performed a mixed-methods research, with a survey and a retrospective chart review. Their main findings is that ~ 50% of patients who undergo a preemptive fistula placement start HD within a year and that nephrologists believe that preemptive fistulas should be created ~ 6 months before patients start dialysis and at a GFR of 18.

Major Compulsory revisions:
Under methods, 2995 charts were reviewed and only 116 patients were eligible for the chart review. What were the reasons the remaining were ineligible? This is concerning mainly because of the zero mortality rate - usually mortality in CKD stage 4-5 patients is quite high. It is indeed quite possible that nephrologist choose patients who are healthy enough to live but with bad renal disease to go on dialysis only - but to achieve such a fantastic survival rate is uncommon. To ensure there is no selection bias, I would recommend using the Strobe guidelines (Report the numbers of individuals at each stage of the study de.g., numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow up, and analyzed) Ref: J Clin Epidemiol. 2008 Apr;61(4):344-9. PMID: 18313558

Minor Essential revisions:

Discretionary revisions:


- The CSN Vascular workgroup now gives a more nuanced opinion: Seminars in Dialysis—Vol 25, No 1 (January–February) 2012, pp. 22–25

DOI: 10.1111/j.1525-139X.2011.01009.x

- Some of the nuances of the KDOQI classification - referenced in the discussion - have been taken care by the KDIGO staging with CKD stage 5ND and stage 5D stages.

- The manuscript takes an eGFR only approach - which is likely to be at the root of some of the problems discussed. Many papers, especially from the Alberta group (Braden Manns, Cello Tonnelli and Brenda Hemmelgarn) have shown that
there is a huge difference in progression (and overall mortality) based on the presence or absence of proteinuria.

- With the publication of the IDEAL study showing that late initiation of dialysis may be preferable - and definitely non-inferior - access placement perhaps could be done much later than at arbitrary 16 or 18 eGFR thresholds.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests