Author's response to reviews

Title: U.S. Centers for Disease Control and Prevention Launches New Chronic Kidney Disease Surveillance System Website.

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Author's response to reviews: see over
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Dear Dr. Henderson,

We would like to thank you and the reviewer for your time and expertise in providing thoughtful comments of this manuscript. As a consequence, we have revised the manuscript to address the issues raised. In the response below, reviewer’s comments are in bold followed by our response which also includes revised sections from the manuscript.

**The authors present a concise and well thought out commentary on the CDC initiative for CKD surveillance.**

**There are no major issues.**

We thank the reviewer for her comment.

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**- Minor Revisions**

The authors should also indicate the "Choosing Wisely" campaign by the ABIM in their references to additional sources for practitioners.

We agree with the reviewer that the “Choosing Wisely” campaign of the ABIM could certainly provide additional resources for health care providers. The following text was added to the manuscript at the end of the section for Resource for general public, patients and health providers:

“The surveillance website while inclusive is not the only resource for important CKD information for patients and health care providers. The American Board of Internal Medicine in partnership with Consumer Reports recently invited a number of medical societies including the
American Society of Nephrology to identify “Five Things to Question” as part of their Choosing Wisely initiative. These five questions pertain to test and procedures that are commonly done in patients with CKD, which may be unnecessary or potentially harmful and should be preceded by a thorough risk benefit discussion with the patient and their family. For example, the common practice of using peripherally inserted central catheters in patients with CKD could lead to difficulty with appropriate vascular access creation for hemodialysis when necessary, and should largely be discouraged [4].”

The authors should consider commenting on international CKD surveillance practices if in place to understand the differences compared to the US model. Again, we agree with the reviewer that it would be helpful to compare the US CKD surveillance system and other international CKD surveillance practices. We have added the following text to the manuscript under a new section, Other National Surveillance System:

“The Kidney Disease Improving Global Outcomes (KDIGO) task force periodically disseminates surveillance data from other countries. These other surveillance systems vary based on the country's health care policies and resources. Some countries, similar to our national surveillance system, rely heavily on established data sources and survey data, while other countries may actively screen for kidney disease and/or create active registries for patients with CKD. However, all these surveillance systems share the same objectives: quantifying the burden of disease; promoting awareness; and implementing policies that will lead to prevention and improved health care to patients with kidney disease [13,14].”
We hope that you will find the revised manuscript a timely and comprehensive commentary of the new CDC CKD surveillance website. With the resubmission of this manuscript, we assert that this work has not been published, accepted for publication or under editorial review for publication elsewhere. We look forward to hearing from you.

Best regards,

Bernard G. Jaar, MD, MPH