Reviewer's report

Title: Oral disease in adults treated with hemodialysis: Prevalence, predictors, and association with mortality and adverse cardiovascular events: The rationale and design of the ORAL Diseases in hemodialysis (ORAL-D) study, a prospective, multinational, longitudinal, observational, cohort study

Version: 2 Date: 2 January 2013

Reviewer: Harun Akar

Reviewer's report:

Reviewer's Comments on ORAL-D Study

Abstract Section: I would appreciate if the authors check and correct the grammar in the first sentence of the background section as "People with end stage kidney disease treated with dialysis experience high rates of deaths...."

Method/Design Section: I would appreciate if the authors would mention shortly the possible link among poor oral health, atherosclerosis and malnutrition in terms of increased cardiovascular risk in dialysis patients as a novel cardiovascular risk factor.

The authors mentioned in the method/design section that they will recruit 4500 dialysis patient from randomly selected pool of outpatient dialysis clinics in Europe and South America. I would appreciate if they would give some more detail about this pool and why these countries selected for the study.

The authors mentioned in the method/design section that dental surgeon will assess and examine the dental and periodontal status of the dialysis patients. I would appreciate if they would explain their choice about dental surgeon instead of periodontologist, if it is convenient for the authors.

Self-administered Questionnaires Section: I would appreciate if the authors would use "mouth wash use" or "mouth rinse use" instead of "mouth use"

Background section: I would appreciate if the authors mention the possible mechanisms about the association of periodontal and cardiovascular disease in detail. I would appreciate if they would also consider a recent and detailed review about the systemic consequences of poor oral health in chronic kidney disease patients by Akar H. et al. (Akar H. Clin J Am Soc Nephrol, 2011).

I would appreciate if the authors would consider malnutrition, inflammation and atherosclerosis (MIA) syndrome.

I would also appreciate if the authors would consider a recent and detailed review about the nomenclature and diagnostic criteria of "protein-energy wasting" term by Fouque D et al. (Fouque D et al. Kidney International 2007).

I would appreciate if the authors mention the exclusion criteria as diabetes, patient treated with radiation to head and neck region, patients with advance age, handicapped patients in terms of searching thirst and preventive oral habits. I
would appreciate if the authors mention about the patients’ medication possibly related with dry mouth. I would appreciate if the authors give some detail which biochemical (including parameters related with inflammation as CRP) and clinical parameters will be used as searching the relationship between biochemical and clinical performance.

In the Oral Examination Section: I would appreciate if the authors give more detail about the oral examination day (dialysis-free day or dialysis day and pre or post-dialysis) examination place (dialysis unit or dental clinic) and the standard instruments used in the dental examination as lights...

I would appreciate if the authors give some detail the data collection about patients’ medication possibly affected the oral bleeding indices as aspirin, warfarin.

I would appreciate if the authors give some more details about the characteristics of the oral pain (tooth pain, temporomandibular joint pain?).

Salivary indices section: I would appreciate if the authors give some more detail about the collection of the saliva and containers (metal or plastic) as a methodology.