Reviewer’s report

Title: The incremental treatment of ESRD: A low-protein diet combined with weekly hemodialysis may be beneficial for selected patients.

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Reviewer: Hafedh FESSI

Reviewer’s report:

This manuscript has a well defined question: does low protein diet combined with weekly hemodialysis have a benefit for selected patients. It isn’t a randomized study, since it is based on a free choice of patients for each method. The methods are appropriate for this study and the data are consistent with the results. The limitations of the study are clearly stated.

Minor Essential Revisions:

Results: Paragraph 10: It’s important to have details on the drop out period. It concerns 57.9% for a period of 24.4 ± 21.5 months and the duration of the study is 24 months? This detail can have an impact on the survival and hospitalization frequency.

Results: Paragraph 11: details on cost calculation per patient/year, because results are not clear.

Table 2a: - change linfocites to Lymphocytes
- change Legenda to Legend

Table 2b: - correct units of #2-microglobuline in mg/dl and not in mg/l, as it’s presented in Figure1.
- There is no units on PTH add (pg/ml).

Figure 1: Legend: correct (full line) not (ull line).

Discussion: Paragraph 9: “significantly lower use of calcimimetic drugs”. At baseline, none of the 2 groups use calcimimetic drugs and at 12 months there is a higher use of calcimimetic drugs in THD than CDDP. Can you precise it?

Discretionary Revisions:
- Global criteria of starting dialysis are not clear, can you precise-it?
- Data on patient’s cardiovascular status at baseline are important for the mortality causes.
- Is Bioimpedence a multifrequency? It’s expressed on phase angle and not on hydration status. Phase angle can also be increased by improving the hydration of fatty mass and not only by improving the cell mass. Do you have data on the global and extracellular hydration?
- Do you have data on quality of life and functional status to compare the 2 groups?
- If we refer to the KDIGO 2009, we can’t consider that PTH<150 pg/ml is an improvement for the CKD-MBD status. More than 50% of CDDP group had PTH<150 pg/ml, so it can be considered as a low turnover status.

- Can you precise the number of patients in each group at 12 month (or even better every 6 months). We don’t have data after 12 months and most deaths (6/7) occurred after 12 months.