Reviewer’s report

Title: The impact of patient preference on dialysis modality and hemodialysis vascular access

Version: 2 Date: 9 September 2013

Reviewer: Yin Wang

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Home-based renal dialysis therapies for end-stage renal disease (ESRD), such as peritoneal dialysis (PD), home hemodialysis (HHD), or pre-emptive transplantation, are associated with improved health related quality of life and reduced health resource costs. Finding a reason and independent factor which affect patient’s decision is very important to increase the uptakes of home-based dialysis. In this manuscript, Keating examined the relationship between initial dialysis modality choice and first dialysis therapy used, tried to find if a patient preference can independently affect the first dialysis therapy actually utilized.

The main issue for me is the two populations used here: a population who intended to initiate a home-based therapy, and a population who intended to initiate a facility-based therapy.

Major Compulsory Revisions:

1. The majority of the population who intended to initiate a home-based therapy is PD-preference (154PD compared to 21HHD), but a facility-based therapy is HD only. So the compare between the two populations is actually comparing how many percentage of patients used HD-dialysis between the initial PD-preference patients with initial HD-preference rather than the home-based or facility-based.

2. The indications for PD-dialysis and HD-dialysis are different. The initial choice of dialysis modality was decided based on different indications, which expectedly affects the first dialysis modality used. The populations of HHD-preference and HD-preference are good to examine what extent of initial home-based and facility-based preferences influence the first dialysis therapy actually utilized. Even though a HHD-preference group is included here, the amount of the population is too small (n=14).

Minor Essential Revision

3. On page 8, results of table3 mentioned that “increased available time and a slower rate of loss of eGFR, were not independently associated with initiating a home-based dialysis therapy”, but there is no “increased available time” variable factor in table 3.

Level of interest: An article of limited interest

Quality of written English: Acceptable
Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:
'I declare that I have no competing interests'