Author's response to reviews

Title: Challenges of hemodialysis in Vietnam: Experience from the first standardized district dialysis unit in Ho Chi Minh City

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Author's response to reviews: see over
Response to Editorial Request

We are delighted to pre-accept your manuscript for publication. Before we proceed we ask that you include the STROBE Checklist which can be found here: [http://www.equator-network.org/reporting-guidelines/strobe/](http://www.equator-network.org/reporting-guidelines/strobe/) and indicate the page numbers from the manuscript in the appropriate sections in the checklist.

We have completed and attached the STROBE Checklist below as advised.

<table>
<thead>
<tr>
<th>STROBE Statement—checklist of items that should be included in reports of observational studies</th>
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<tbody>
<tr>
<td><strong>Title and abstract</strong></td>
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<td>Item No</td>
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| 1 | (a) Indicate the study’s design with a commonly used term in the title or the abstract (Lines 29-30)  
(b) Provide in the abstract an informative and balanced summary of what was done and what was found (Lines 26-49) |
| Introduction |
| Background/rationale | 2 | Explain the scientific background and rationale for the investigation being reported (Lines 55-70) |
| Objectives | 3 | State specific objectives, including any prespecified hypotheses (Lines 70-72) |
| Methods |
| Study design | 4 | Present key elements of study design early in the paper (Line 77) |
| Setting | 5 | Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection (Lines 76-78) |
| Participants | 6 | (a) Cross-sectional study—Give the eligibility criteria, and the sources and methods of selection of participants (Lines 76-78)  
(b) Case-control study—For matched studies, give matching criteria and the number of controls per case (Not applicable (N/A)) |
| Variables | 7 | Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable (Lines 89-111, 117-119) |
| Data sources/measurement | 8* | For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group (Lines 82-88) |
| Bias | 9 | Describe any efforts to address potential sources of bias (Lines 83-84; 87-88) |
| Study size | 10 | Explain how the study size was arrived at (Lines 76-77) |
| Quantitative variables | 11 | Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why (Lines 121-122) |
| Statistical methods | 12 | (a) Describe all statistical methods, including those used to control for confounding (Lines 122-124)  
(b) Describe any methods used to examine subgroups and interactions (Lines 121-122)  
(c) Explain how missing data were addressed. (N/A, there were no missing data)  
Cross-sectional study—If applicable, describe analytical methods taking account of sampling strategy (N/A)  
(d) Describe any sensitivity analyses (N/A) |
### Results

**Participants** 13*
(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed (Line 128)
(b) Give reasons for non-participation at each stage (N/A)
(c) Consider use of a flow diagram (N/A)

**Descriptive data** 14*
(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders (Lines 128-144)
(b) Indicate number of participants with missing data for each variable of interest (N/A)

**Outcome data** 15*
- **Cohort study**—Report numbers of outcome events or summary measures over time
- **Case-control study**—Report numbers in each exposure category, or summary measures of exposure
- **Cross-sectional study**—Report numbers of outcome events or summary measures (Lines 147-151)

**Main results** 16 (a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included (Lines 152-161)
(b) Report category boundaries when continuous variables were categorized (N/A)
(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period (N/A)

**Other analyses** 17 Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses (N/A)

### Discussion

**Key results** 18 Summarise key results with reference to study objectives (Lines 164-243)

**Limitations** 19 Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias (Lines 219-221, 224-226, 252-255)

**Interpretation** 20 Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidences (Lines 164-255)

**Generalisability** 21 Discuss the generalisability (external validity) of the study results (Lines 252-253)

### Other information

**Funding** 22 Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based (N/A)

*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

**Note:** An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.