Reviewer’s report

Title: Hemodialysis Patients' Preferences for the Management of Anemia Associated With End-Stage Renal Disease

Version: 0 Date: 09 Dec 2016

Reviewer: Andrew Smyth

Reviewer's report:

Introduction

What does ICH-CAHPS show - there is a description of what it is, but not what the results are and who completes it - is it all patients, invited patients, responder bias etc i.e. is it the most well patients that actually complete it and are different to the overall population in question?

Quantify the risk associated with ESA - especially as the target in most centres is not >=13 so describe the magnitude of the risk with a Hb of 11 which you are implying in the introduction. Targets >=13 are not typical practice, therefore what is the risk?

Please also quantify the risk of acute lung injury and circulatory overload with transfusion - this paragraph suggests that the risk of treating anemia are very high.

Please also clarify that KDIGO suggest avoiding RBC transfusions, partly because they recommend the other treatments that you suggest are risky earlier in the paragraph

Methods

Clarify if the patients here are actually required to pay out-of-pocket for the medications involved in the study (not all of the persons medications) - they are not in many jurisdictions where coverage with Medicare etc kicks in. Therefore I question the validity of this as a metric in a population who do not consider, nor should they be exposed directly, cost as part of a treatment decision

Methods section is very long - editorial decision on whether this is within the scope of the journal or if much of this should be edited and/or moved to supplementary material.

Are the patients at the facility in Raleigh, NC deemed to be representative of the wider ESRD population or are there characteristics of this cohort that differ significantly from the broader population? If so, it may question the validity of pretesting with a convenience sample.

Please comment on how patients becomes member of the NKF - is it all HD patients or only some?
Results

Please comment on differences between those invited/eligible and those that actually completed the survey - this helps determine generalizability of results as it will characterize the population relative to the wider population.

Formatting of results are difficult to follow and not intuitive - this will be difficult for many of the general nephrology community to read. Please consider reformatting and giving a much clearer message that is easier to follow for the wider community.

Discussion

I'm not sure I follow how the risks were actually communicated to the patients in the survey and if it was effectively communicated. Discussion of risk, probability etc can be difficult with patients, particularly with knowledge transfer of true risk. Based on this, I'm not sure I'm confident in the patient's ability to respond to questions and accurately appreciate the risks involved. For example, how was a 6% risk of medication related risk of heart attack communicated?

I agree that engaging patients in treatment discussions is important, I'm not convinced that this was done effectively here - as the importance of treatments needs to be communicated as effectively as well as the participants actual risks in order to inform the patient to make an informed risk-benefit decision.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

No

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes
Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?  
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors. 

I am able to assess the statistics 

Quality of written English  
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Acceptable 

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