Reviewer's report

Title: Simple Citrate anticoagulation protocol for Low Flux haemodialysis

Version: 1 Date: 28 Jun 2017

Reviewer: Richard Singer

Reviewer's report:

1. OK

2. This seems statistically very unlikely. The probability of 22 of 24 patients being randomly allocated to RCA first is less than 1 in 1000. What was mechanism of random allocation was used?

3. Please add this to the table or the text.

4. OK

5. I think it should be specifically stated in the methods that changes to citrate infusion were permitted at physician discretion, and in the results that no changes were made during the study.

6. It is much improved, but what were the nurses to do if an iCa of exactly 0.75 or 0.9 were obtained? You need some "<" or ">" symbols rather than just dashes to make this clear. What exactly does it mean to give a "bolus 20mls/hr over 30 min". Are you giving 20mL over 30 minutes, or 10mL over 30 minutes? Please use consistent SI unit notation. Milliliters is either mL or ml, not mls.

7. OK

8. OK

9. OK
10. Since no hypothesis testing is actually reported for categorical variables, this it is not part of the methods used and could be removed.

11. OK

12. OK

13. OK

14. OK

15. OK

16. OK

17. OK

18. OK

19. Citations of fact (rather than opinion) should be of primary data. The Apsner paper does not compare high flux and low flux membranes with respect to citrate clearance, because it used only high flux membranes in the study. Therefore, the paper cannot be used alone to support your contention that dialyzer flux has an impact on citrate extraction ratio. Contrary to your statement, the Apsner discussion does not discuss differences in citrate clearance between high flux and low flux membranes, it merely notes a 50% clearance of citrate was observed in an abstract by the same author. That abstract is about a study of citrate half life in 3 patients dialyzed with liver failure and 8 that received apheresis. There is no mention I can see of what membranes were used. The additional citation that has been added (authored by Kozik-Jaromin), only used high flux dialyzers, so without some comparison to a paper using low flux dialyzers it also cannot be used to support a statement comparing differences between high and low flux dialyzers.

20. OK

21. OK
22. OK.

23. OK

Additional comments on the changes made in the revision

It would be better if all tables were referred to in the text, eg "see Table 1" and if consistent units were used eg either "mmol/L" of "mM"

Page 4 line 70. This contains sentence fragments and changes in tense through the paragraph which makes it harder to read.

Table 4 has a typo giving units of haemoglobin as mg/Dl

Page 9 line 163 contains duplicated statements.

Page 10, line 183. The paper by Clark 2008 (ref 11) only enrolled patients using SLED, so it is a stretch to use it to support a statement about accumulation being more common with longer dialysis.

Page 10, line 192. I think you make an interesting point, but since reference 12 did not measure citrate metabolism with respect to variations in the microcirculation, I do not think it supports the statement,

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.

Yes

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

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Please indicate the quality of language in the manuscript:

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