**Reviewer’s report**

**Title:** Quality of life after the initiation of dialysis or maximal conservative management in elderly patients: A longitudinal analysis of the Geriatric assessment in OLder patients starting Dialysis (GOLD) Study

**Version:** 3 **Date:** 07 Jan 2019

**Reviewer:** Susan Wong

**Reviewer’s report:**

This is a multi-center prospective cohort study comparing changes in geriatric measures, quality of life, hospitalization and mortality between 196 patients with advanced CKD who had started dialysis and 89 patients who opted for conservative non-dialytic management of their advanced CKD. Assessments were conducted around the time dialysis was initiated or when the decision to forgo dialysis was made and at 6-months. At baseline, patients who opted for conservative management had a higher eGFR, were older, were more often single (vs. married) and frail, and more often reported experiencing pain and a lower quality of life as compared with patients treated with dialysis. Mortality rates were no different between treatment groups at 6-months follow-up and greater among patients who were conservatively managed at 12-months. Self-reported quality of life and self-rated overall health improved slightly among patients who were treated with dialysis. By comparison, quality of life and self-rated health declined among patients who were conservatively managed, although these changes were small and not clinically relevant. A greater proportion of patients who were treated with dialysis were hospitalized during follow-up than those receiving conservative care. In sensitivity analyses, there were no differences in change in quality of life between patients treated with dialysis and those treated with conservative care at 6-months follow up among patients who had an eGFR >10 at baseline and were aged <80 years, and no differences in mortality at 12-months between groups among patients aged >80 years.

There is little information available on differences in quality of life of patients who initiate maintenance dialysis and those favoring a more conservative approach to their kidney failure to support shared decision-making. These findings provide important information about the characteristics of patients who choose a conservative approach for their kidney failure and the potential trade-offs in quality of life, longevity and interaction with the healthcare system between treatment with dialysis vs. conservative care to inform decisions.

The authors have adequately addressed my earlier comments and suggestions in this revision. I have no further comments.

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