Reviewer’s report

Title: Older patients’ experiences with a shared decision-making process on choosing dialysis or conservative care for advanced chronic kidney disease: a survey study

Version: 0 Date: 21 Mar 2019

Reviewer: Mae Thamer

Reviewer's report:

Verberne et al. have conducted a study, "Older patients' experiences with a shared decision-making process on choosing dialysis or conservative care for advanced chronic kidney disease: a survey study," to examine older patients' experiences with shared decision-making on dialysis or CC. In this important study, the authors concluded that …Older patients reported contrasting experiences with shared decision-making on dialysis or CC. Despite high overall satisfaction, the underlying negative experiences illustrate important but modifiable barriers to an optimal shared decision-making process, including: earlier decision-making; creating a multistage process; and having adequate discussions about disease course, and all possible treatment options. While this topic is of great importance, I have three major comments that limit my enthusiasm for this paper as well as multiple secondary comments listed below.

MAJOR COMMENTS
1. It is not clear what the shared decision-making (SDM) process entails and this is absolutely fundamental to understanding what the experiences and preferences related to this SDM process of older patients are. For example, was SDM a 'process' or a specific 'tool;' please see list below. I assume it was a protocol but did all 99 patients receive the same protocol—had the same number of visits by the same types of professionals using the same materials? Were other SDM tools related to dialysis employed - for example, there are many SDM tools that have been developed to be used with older patients to assist them and their families in making the decision regarding CC vs. dialysis. The following SDM validated tools that predict early mortality have been published in recent years; the authors should discuss possible use of such tools into their SDM approach.

2. Although the authors acknowledge that the questionnaire was 'newly developed,' and the final version consisted of 27 questions, was this questionnaire ever validated? What domains was it developed to assess? Without knowing this, the patient experiences described in the results seem disconnected. It is not clear whether the questionnaire was developed to assess patient efficacy, empowerment, satisfaction with care, or other commonly accepted patient-reported outcomes.

3. The final selection of study participants is confusing. While the paper claims "patients with stage 4/5 CKD aged > 70 years who had chosen dialysis or CC were recruited"…… If a patient had already chosen a modality, then what was the SDM for? To see if they would change their minds? Or maintain their original choice of CC or dialysis?

MINOR COMMENTS

- Abstract: Results section needs to be better organized—perhaps results can be presented by domain or by largest difference between dialysis vs CC; sometimes not clear if there were actually differences in findings between the 2 modality groups such as negative experiences.
- Abstract: Conclusions section did not seem to follow from the results, but addresses different (new) issues.
- Page 4 line 93; I think you mean 'independence'
- Page 4 line 95; should patients family be used instead of clinicians or at least added to the list
- Page 4 line 101-102; please include US-based Choosing Wisely for Nephrologists which also advocates for SDM and CC for older patients with multiple comorbidities
- Page 6 line 158; again patients were selected who had ALREADY chosen dialysis or CC—so why then conduct SDM after the fact
- Page 6 lines 166-175; need more detail on SDM process or protocol—is it state of the art, is it validated, if we don't have confidence in fidelity to SDM process then the patient-reported experiences are irrelevant
- Page 7 lines 188-189; I would expect bias in whether an elderly patient completed survey alone at home vs. administered by a researcher (was this investigated)
- Page 8 lines 212-214; again confusing that some patients changed their original choice, so even though patients were identified and included in this study when eGFR <20, they had already decided on CC vs. dialysis?
- Page 8 line 218; since dialysis group had on average "twice as many consultations about preferred treatment with healthcare team," it is apparent that SDM was NOT a uniform protocol applied to all patients equally?
- Page 8 line 222; discusses satisfaction with SDM process, but at what time was this considered? How long after onset of ESRD? Shortly thereafter, 3 months later, 1 year? This would make a big difference.
- Page 9 line 247; both groups reported "counseling on treatment plan was started at the right time"…what time was this? Is this when GFR <20?
- Page 9 lines 248-258; I would prefer quotes from those saying why it was the right time since they constitute ~90% of the study population rather than quotes from very few who thought it was not the right time.
- Page 9 lines 263-264; I would like to know more about role of nephrologist in 'forcing' patients to decide to start dialysis—think this is very important
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As a minimum standard, please include a few sentences that outline what you think are the authors’ hypothesis/objectives, their main results, and the conclusions drawn. Your report should constructively instruct authors on how they can strengthen their paper to the point where it may be acceptable for publication, or provide detailed reasons as to why the manuscript does not fulfill our criteria for consideration. Please supply appropriate evidence using examples from the manuscript to substantiate your comments. Please break your comments into two bulleted or numbered sections: major and minor comments.

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- Are the description of any error bars and probability values appropriate?
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