Reviewer’s report

Title: Impact of superimposed nephrological care to guidelines-directed management by primary care physicians of patients with stable chronic kidney disease: a randomized controlled trial

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Reviewer: Adamasco Cupisti

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Stage 3b-4 CKD patients were enrolled during a hospitalization and randomised in two arms: Co-management by general practitioner and nephrologists (interventional arm) versus management by general practitioner with written instructions and consultations by nephrologists on demand (standard care).

The results come from 175 patients out of the 528 who responded to eligibility criteria. The results of the randomized patients do not demonstrate a benefit of a regular renal care compared to guided General Practitioner in terms of survival or dialysis initiation in CKD patients.

The similar outcomes in the two groups led to the conclusion that a number of CKD 3a-4 patients could be safely treated by general practitioner who received instructions by nephrologists and the consultation, if needed.

Unfortunately, these conclusions may be misleading. As the AA themselves have underlined, the studied patients were selected and does not reflect real clinical practice.

This is one more demonstration that patients participating in a clinical trial do not correspond to those in the "real practice" world. This point should be stressed in the discussion section.

In my opinion, the more relevant result is that patients who either declined to participate in this study or were excluded on account of a previous referral to a nephrologist had a lower life expectancy. Baseline characteristics were slightly different in these two groups, namely they were older with lower GFR in respect to randomized patients.

The conclusion that increased awareness of renal disease management among General Practitioner may be as effective as a co-management by General Practitioner and nephrologists in order to improve the prognosis of moderate-to-severe CKD, is important but generalization to all the CKD population may be misleading or even dangerous.
The reasonable conclusion of this study is that those patients at lower risk of renal or cardiovascular damage progression, following a first nephrological assessment could be safely treated by a general practitioner with written instructions and consultations by nephrologists on demand.

Accordingly I suggest to change the title to "Impact of superimposed nephrological care to guidelines-directed management by primary care physicians of selected patients with chronic kidney disease: a randomized controlled trial"

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