Reviewer’s report

Title: Is combined peritoneal dialysis and hemodialysis redundant? A nationwide study from Taiwan

Version: 0 Date: 23 Mar 2020

Reviewer: Masataka Banshodani

Reviewer's report:

In this retrospective cohort study, the authors compared the overall admission and mortality between combined (PD + HD) and transfer (HD) therapy by Cox proportional hazard model. However, this manuscript has the following problems:

1. In this study, after matching with age, gender, and duration of PD, there were various biases, including patient status, frequency of peritonitis, and possibility of continuing PD therapy, in the selection of dialysis modality between combined and transfer groups.
2. In this study, the authors defined combined therapy group as regular PD with at least twice HD per month. However, twice HD per month is too few as combined therapy. This therapy is PD therapy with rescue HD, not combined therapy.
3. In this study, the authors did not describe the indications and numerical data of changing the dialysis modality to combined or transfer therapy (ex. fluid overload due to ultrafiltration failure, poor self-management of fluid balance, severe heart failure, insufficient dialysis dose evidenced by an increased plasma β2-microglobulin level, hyperphosphatemia, patients' requests, and others (abdominal hernia, bridging to HD therapy, liver dysfunction, or leakage of PD solution). These factors might affect the overall admission and mortality.

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