

REPLY TO REVIEWERS' COMMENTS – REVISION

Journal title: World Journal of Nephrology

Manuscript NO: 79266 Editorial

Title: ‘Children Kidney Care Centers’: Rationale, requirements, & recommendations for best facilities & better future

Reviewer #1

Reviewer Comment	Authors’ reply	Changes in Manuscript (green font)
The idea of the article is interesting, but the organization and contents are not consistent with the hypothesis and title of this article. Hence there are many concerns should be raised:	Thanks for the review, feeling encouraged for contributing with an interesting idea. Improvements done in organization and contents to make it consistent with the hypothesis and title of this article.	Organization of the THE SPECIFIC TREATMENTS has been re-structured for improved distinctive impact:
		<u>Original Text</u> THE SPECIFIC TREATMENTS Peritoneal dialysis (PD) Haemodialysis
		<u>Modified Text</u> THE SPECIFIC TREATMENTS Dialysis Peritoneal dialysis (PD) Haemodialysis
1) The title is not suitable to the presented contents.	We are proposing ‘Child Kidney Care Centers’, giving the rationale and requirements, and making recommendations for best facilities and better future. The contents have concluded, meaningfully and suiting the title, as: “Health for all should include all children with ailments of the kidneys & related structures. Availability of ‘Child Kidney Care Centers’ will go a long way in improving the lives of the affected children.	
2) The contents are made to discuss the etiology, diagnosis, and management of the chronic kidney disease in a classic way, but not the health care system or the quality of the services delivered to pediatric patients.	Rightly pointed. A new para added for ‘High quality healthcare system’. This along with the justifications of our thoughts and tact in the Editorial are: (i) Current evidence: What is known has to be practiced with quality and more understanding for better outcomes is definitely desirable. This is justified by the US National Institute of Health statements*: - “While progress has been made in molecular and genetic analyses that link specific gene products to normal and abnormal kidney growth and development and are causative in some human pediatric kidney diseases, much remains to be explored.”	Added (Introduction last paragraph) High quality systems of healthcare delivery require Health leaders and managers with adaptable and relevant capabilities. This has been thought of as critical. Our

	- “It is anticipated that collaboration will occur among individuals in the clinical and basic sciences, including cell biology, molecular biology, immunology, genetics, epidemiology, biochemistry, physiology and pathology. Resources and studies that foster new approaches into the causes, early diagnoses and treatments, and where possible, prevention of these diseases and disorders are appropriate. [*Reference: https:// grants.nih.gov / grants/ guide/ rfa-files/ RFA-DK-21-024.html My thinking has been that without a scientific description of what all, along with their pathogenesis, progress, and prognosis, and how managed, it is not apt to make administrative recommendations. The classic presentation for understanding is a must for ensuring quality. Without all this, it is felt that quality remains superficial and superfluous. (ii) It is pertinent to quote here: “A simple nephrology office consultation may be insufficient in equipping patients with knowledge about CKD.”# Hence, it is important and useful that (i) ‘Child Kidney Care Centers’ are created (ii) an Editorial comprehensively covers all aspects. [# Reference: Murdeshwar HN, Anjum F. Hemodialysis. [Updated 2022 Jun 19]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022. Available from: https:// www.ncbi.nlm.nih.gov/ books/ NBK563296/] (iii) Core tip (second) ► An understanding of the etiology of chronic renal failure amongst children guides efforts & excellence goals.	justifications given above based on epidemiological evidence and the importance of timely intervention point to need for adaptation to establishment of ‘Children Kidney Care Centers’. Further, relevant capabilities building requires understanding of the spectrum of illness, the specialized investigations, the specific treatments. These are elaborated for sophisticated establishment and scientific functioning.
3) It is not clear whether this article targeted a local versus an international health care system of pediatric chronic diseases. at many countries, these mentioned services are provided perfectly for those patients.	In the Introduction (first paragraph) it has been highlighted: “(i) The urinary system disorders and diseases spectrum is diverse & distinct (ii) the need for centers for nephrology & urology care (iii) current pediatric practice structures are not suited to meet the growing demands of chronic disease in children and likely will require major reform in organization, financing, and training^[1].” Thus, there is a need universally. Further, in the Introduction first para last lines it has been mentioned: “Specialized care is often challenging but <u>universal</u> access to treatment services is possible with commitment[3]. ‘Children Kidney Care Centers’ will be an important step in the right direction.” Publication in ‘The World Journal of Nephrology’ is bound to have universal applications. Well, wonderful, & fine. The Conclusion states: Health for all should include all children with ailments of the kidneys & related structures. Availability of ‘<u>Child Kidney Care Centers</u>’ will go a long way in improving the lives of the affected	

	children. With the Editorial a case is made for specialized ‘Child Kidney Care Centers’ for focussed finesse. Also, the 2009–2010 National Survey of Children with Special Health Care Needs (NS-CSHCN) reports that almost one quarter (23%) of U.S. households with children have a child with a special need. The conditions these children have are extremely heterogeneous and include conditions given in Table 1 (below). <u>Most of these children need specialty care in addition to primary care.</u>* Thus, a strong case for an Editorial for ‘Child Kidney Care Centers’, everywhere. Table 1 <table><tr><td>Attention-deficit/hyperactivity disorder</td></tr><tr><td>Depression</td></tr><tr><td>Anxiety problems</td></tr><tr><td>Behavioral or conduct problems</td></tr><tr><td>Autism, pervasive developmental disorder, autism spectrum disorder</td></tr><tr><td>Developmental delay</td></tr><tr><td>Intellectual disability</td></tr><tr><td>Communication disorder</td></tr><tr><td>Asthma</td></tr><tr><td>Diabetes</td></tr><tr><td>Epilepsy or seizure disorder</td></tr><tr><td>Migraines or frequent headaches</td></tr><tr><td>Head injury, traumatic brain injury</td></tr><tr><td>Heart problems, including congenital heart disease</td></tr><tr><td>Blood problems, including anemia or sickle cell disease</td></tr><tr><td>Cystic fibrosis</td></tr><tr><td>Cerebral palsy</td></tr><tr><td>Muscular dystrophy</td></tr><tr><td>Down syndrome</td></tr><tr><td>Arthritis or joint problems</td></tr><tr><td>Allergies</td></tr></table> [Reference: * 5. Pachter LM. Overview of Pediatrics. In: Kliegman RM, St. Geme III JW, Blum NJ, Shah SS, Tasker RC, Wilson KM, Behrman RE, editors. Nelson Textbook of Pediatrics 21st ed. Philadelphia: Elsevier; 2019. p 669-70 * https://www.cdc.gov/nchs/slits/cshcn.htm].	Attention-deficit/hyperactivity disorder	Depression	Anxiety problems	Behavioral or conduct problems	Autism, pervasive developmental disorder, autism spectrum disorder	Developmental delay	Intellectual disability	Communication disorder	Asthma	Diabetes	Epilepsy or seizure disorder	Migraines or frequent headaches	Head injury, traumatic brain injury	Heart problems, including congenital heart disease	Blood problems, including anemia or sickle cell disease	Cystic fibrosis	Cerebral palsy	Muscular dystrophy	Down syndrome	Arthritis or joint problems	Allergies	
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4) The organization of the text, including the hierarchical flow of headings, is confusing and not serial. The smooth transfer of the idea between the different parts of the article is not consistent.	(i) I have attempted logical flow: What & Why – INTRODUCTION What all – THE SPECTRUM How – THE SPECIALIZED INVESTIGATIONS THE SPECIFIC TREATMENTS Rewards – CONCLUSION																						

	This logical flow is standard, stimulating, & likely assimilating.	
5) Writing mishaps: There are many language and writing errors that warrant a comprehensive revision. For example, the excessive use of the symbol (&) is not acceptable, where the suitable link tool should be used (and). Also, the use of the terms chronic kidney disease (CKD) and chronic disease interchangeably is confusing.	Corrections done, as per correct grammar pointed out. These have been used specifically, as and when needed, and supported by literature. Not much literature/ data is there for chronic kidney disease (CKD) specifically and relevant to the Editorial. Hence introduced with chronic diseases (CD) and moved on to highlight importance of chronic kidney disease (CKD). The only instances where CD & CKD used together/sequentially are: (i) Text Introduction - First para (Page 4, lines 7-10) Also, it has been commented that current pediatric practice structures are not suited to meet the growing demands of <u>chronic disease</u> in children and likely will require major reform in organization, financing, and training^[1]. - Third para (Page 4, lines 22-7) The evolving trend, as suggested by the past several decades analysis is that prevalence of <u>chronic disease</u> has risen, and the incidence of serious acute illness in children has fallen. This has resulted in a growing concentration of serious childhood morbidity and mortality into <u>chronic disorders</u>^[1]. Children with <u>chronic kidney disease (CKD)</u> are at risk of lifelong increases in morbidity, mortality, and decreased quality of life (QOL)^[7]. (ii) Abstract 2nd para Children with <u>Chronic Kidney Disease (CKD)</u> are at risk of morbidity, mortality, and decreased quality of life. Current pediatric practice structures appear to be poorly suited for the growing demands of <u>chronic disease</u> in children.	Title 'Children Kidney Care Centers': Rationale, requirements, and recommendations for best facilities and better future Rest of the corrections given in <u>green font</u>

Reviewer #2

Reviewer Comment	Authors' reply	Changes in Manuscript
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Thank you for interesting comprehensive topic kindly see my comments as below :	Thanks for the review and important concerns raised.	
page 4 line 20 , U5MR what is the definition ? when I returned to reference 6, the word other causes may be misunderstood in the manuscript as it is only nephrology but in the reference. 'Other conditions among children aged 1–59 months included causes originated during the perinatal period, cancer, severe malnutrition, and other specified causes. Intrapartum-related events were formerly referred to as “birth asphyxia”.	In the context of present article, it is proportion of causes which are important, rather than rates. Hence, suitably modified. The global under-five mortality sounds of and is inclusive of all causes. In Editorials/ articles, first topic is introduced. Next importance justified based on epidemiological evidence. We are pointing need of focus on other causes, which includes chronic kidney disease.	<u>Original Text</u> The leading causes of Global U5MR are preterm birth complications (15.9%) and pneumonia (15.5%).
		<u>Modified Text</u> The leading causes of global under-five mortality are preterm birth complications (15.9%) and pneumonia (15.5%).
' If possible, the need to use the abbreviation to decrease wording for ESRD, for example, in page 6, lines 6 and 10.	Corrected	<u>Original Text</u> (i) Page 5 Lines 6 & 7 Alarminglly, in another series 58% of children with renal failure had ESRD at presentation ^[10] . (ii) Page 6 Lines 6 & 7 Glomerulonephritis is a common renal disorder, and a leading cause of end-stage renal disease ^[15,16] .
		<u>Modified Text</u> (i) Page 5 Lines 6 & 7 Alarminglly, in another series 58% of children with renal failure had End Stage Renal Disease (ESRD) at presentation ^[10] . (ii) Page 6 Line 6 Glomerulonephritis is a common renal disorder, and a leading cause of ESRD ^[15,16] .
Page 7, line 5 For the specialised investigation, it is good to divide it into Diagnostic test, diagnostic imaging, nuclear medicene, endoscopy as clear titles of subcategories .	We have presented the investigations as ‘THE SPECIALIZED INVESTIGATIONS’, going with the scientific spirit of specialized care. Further we have elaborated various investigations special needed for various conditions. Clear distinctive headings are not possible due to overlapping natures, and the same has been cross-checked with standard textbooks. However, based on comment modification made, to make things clearer.	<u>Original Text</u> Page 7 Line 16 Renal function tests
		<u>Modified Text</u> Page 7 Line 16 Glomerular filtration rate
Page 10, there is a need to clarify the	Included	<u>Original Text</u>

abbreviation in the subtitles ex CT for computed tomography.		Page 10, Lines 21 Computed Tomography <u>Modified Text</u> Page 10, Lines 21 Computed Tomography (CT)
In the specific treatment, there is a need to discuss the role of multidisciplinary pharmacy and their role in the availability of drugs and doses .nutritionist in CKD for restriction of protein and special diet for renal pt	Added. The audience of the Editorial are meant to be doctors and policy makers. Hence, elaborating on roles of pharmacy and nutritionists may not be apt.	<u>Original Text</u> Page 13, Lines 13-16 THE SPECIFIC TREATMENTS Children have a right to treatments and to resources that are as sophisticated and advanced as those available to adults. Regular supply of all consumables need to be ensured. All medicines including immunomodulatory drugs should be readily available. <u>Added Text</u> Page 13, Lines 13-19 THE SPECIFIC TREATMENTS Children have a right to treatments and to resources that are as sophisticated and advanced as those available to adults. Pediatricians, pediatric nephrologists, pediatric urologists are integral of ‘Children Kidney Care Centers’. The multidisciplinary teams required to provide comprehensive care for children with kidney disease and their families should include: geneticists, genetic counselors, nurse specialists, dialysis personnel, nutritionists, social workers, and mental health professionals. Regular supply of all consumables need to be ensured. All medicines including immunomodulatory drugs should be readily available.
Is PD applicable to (6 - 13) years old age?	Clarification & justifications added	<u>Original Text</u> Page 13, Lines 24-28 & Page 14, Lines 1-2 Peritoneal dialysis (PD) In the United States, peritoneal dialysis is still the most utilized dialysis modality (~55%) as compared with hemodialysis (~44%). However, hemodialysis as the initial maintenance dialysis therapy is being increasingly utilized. Age is a defining factor in dialysis modality selection. In infants and children from birth to 5 yr of age maintenance dialysis treatment using peritoneal dialysis is preferred (85%). In children ≥ 13 yr of age initiation of maintenance dialysis treatment is commonly with hemodialysis (50%)^[35].
		<u>Modified/ Added Text</u> Page 13, Lines 25-29 & Page 14, Lines 1-13 Dialysis The choice of dialysis modality to be used in managing a specific

		patient is influenced by several factors, including the goals of dialysis, the unique advantages and disadvantages of each modality, and institutional resources^[34]. The last should not limit the management of these important conditions. In the United States, peritoneal dialysis is still the most utilized dialysis modality (~55%) as compared with hemodialysis (~44%). However, hemodialysis as the initial maintenance dialysis therapy is being increasingly utilized. Age is a defining factor in dialysis modality selection. In infants and children from birth to 5 yr of age maintenance dialysis treatment using peritoneal dialysis is preferred (85%). In children ≥ 13 yr of age initiation of maintenance dialysis treatment is commonly with hemodialysis (50%)^[35]. There are some universal rules for the choice of dialysis modality: (i) avoidance of hemodialysis in the infant due to difficulties with vascular access (ii) use of hemodialysis when there is technique failure, intra-abdominal pathology, or social difficulties that preclude peritoneal dialysis. Peritoneal dialysis (PD) Peritoneal dialysis (PD) is the preferred and convenient
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Reviewer #3

Reviewer Comment	Authors' reply	Changes in Manuscript (green font)
Very well written and all key points are highlighted and discussed in detail.	Thanks for the review, feeling encouraged and energised	

Reviewer #4

Reviewer Comment	Authors' reply	Changes in Manuscript (green font)
	Thanks for the review	
5 Methods: it's not clear what is the design the study?	Submitted as 'Editorial', giving viewpoints on evidence and trends for energising future excellence.	
12 Quality of manuscript organization and presentation: Only the Introduction and Conclusion were defined. The others topics are confused.	I have attempted logical flow. Standard clinical scenario is presented as distinct headings (the three Ss). Things are likely to be crystal clear by first reading the spectrum of diseases, progressing on to how investigation need to be carried out, and finally the specific treatments.	

	What & Why - INTRODUCTION What all - THE SPECTRUM How - THE SPECIALIZED INVESTIGATIONS THE SPECIFIC TREATMENTS Rewards - CONCLUSION This logical flow is standard, stimulating, & aimed at making things clear.	
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