



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Nephrology

ESPS manuscript NO: 19830

Title: When to initiate renal replacement therapy: The trend of dialysis initiation

Reviewer’s code: 00504802

Reviewer’s country: United States

Science editor: Fang-Fang Ji

Date sent for review: 2015-05-25 09:11

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Clearly, early belief that an earlier initiation of renal dialysis would abolish the enormous mortality of end-stage renal disease on dialysis (>100-500x in young subjects) were not substantiated. In this regard the paper summarized a fair and focused, not-too-lengthy and generally well readable review on the subject. It provided a targeted review of international practices and trends, looking beyond a purely US-centered view and to all over the world. The part “Possible Explanations for Deviation” is particularly well-written and the subsections are well laid-out. It is generally understood and not disagreed on that between GFR 6-9 mL/min (per standardized body surfaces) it is appropriate to start RRT; however, the high-end range of stage 5 CKD (GFR 9-15) remains very debated. In that regard, however, the question still lingers, as to why earlier start potentially hurts patients (or does not seem to make a difference). To many of us, the key issue, it seems, less the issue of early vs. late, but rather, the issue of safe vs. unsafe renal replacement option and timing is at hand. Examples include the limited safety of tunneled dialysis catheter and the inherent difficulties of re-transitioning subject to renal dialysis from failed transplant (an era leaded with high mortality and woefully understudied). Analyses of administrative database sets (where most of the publications are



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reported from) have inherent problem with inaccuracy of the date and while it may show significance of a certain queried parameter, it may not fully accurately report the size of the effect. While generally well-written and I agree with the concepts of the paper, it could perhaps benefit from adding 2 other considerations to the discussed subject: One additional subject would be worth covering and added to the topic's discussion is the importance of time (e.g. dialysis time) spent on renal replacement therapy (see, e.g.: Zsom et al. Treatment time, chronic inflammation, and hemodynamic stability: the overlooked parameters in hemodialysis quantification. *Sem Dial* 2008; 21(5): 395-400 and Correlation of Treatment Time and Ultrafiltration Rate with Serum Albumin and C-reactive Protein.... *Blood Purif* 2010 (July); 30:8-15). In doing so, when residual renal function is present, maybe less time may suffice, as well (see recent papers about "incremental" dialysis emerging, as well). Again, albumin is not a truly "malnutrition" marker; more correctly in chronically ill patients, a "negative acute protein". Safety is paramount during dialysis - in doing so, in the "Cardiovascular comorbidity and infection" subsection: I would also point out the inherent contribution of vascular access devices (dialysis catheters) to infection risk and potential to trigger CV event and troponin enzyme leak (e.g.: *Ren Fail* 2013 (October); 35 (9): 1264-1268. DOI: 10.3109/0886022X.2013.823875). To state it differently, the infection risk is inherently contingent upon modality and access type; statistical procedures to "adjust" for indwelling vascular access catheters may not fully account for their full risk of use. Language: some minor polishing will be definitively needed, e.g.: -in the first paragraph: the word "proofed" (maybe meant "proved" or "proven"?) -1st page, second paragraph form bottom: "renal function decreasing" (do you mean "decline of renal function") 2nd page, first 2 lines: "...patients' quality of life and survival from complication of dystrophy. Besides, it was also believed..." change to "patients' quality of life and survival from complication of renal failure. Furthermore, it was also believed..." - Sentence in "Cardiovascular comorbidity and infection" subsection: "Cardiovascular disadvantage also can take place when accompanied lifesaving procedure such as patients with pulmonary edema." - unclear what Authors mean here; please, rephrase the sentence -avoid starting full sentences with: "And..." etc.. (few more). Would recommend at least 1 more tim



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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Comment: The optimal time for initiation of chronic dialysis remains unknown; However, there is a trend in the literature toward earlier initiation of dialysis. Prospective data to guide physicians are not available. Dialysis has many side effects; it was not possible to predict that starting dialysis earlier failed to improve survival. Earlier studies were confounded by lead-time bias. If early initiation of dialysis did improve survival, then the effect should be large enough to justify its use for patients, and for healthcare funding. The practice of earlier initiation of dialysis for ESRD has enormous personal, social and economic implications, with no survival advantage. The latest IDEAL study corroborated the need to reconsider early initiation, except in situations volume overload and electrolyte abnormalities related to uremic conditions. This review article is informative and well written. However, it needs to have few tables comparing different studies found in the literature with some graphics for effective presentation.