Protected by copyright, including for uses related to text and data mining, Al training, and similar technologies

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

Title (Provisional)

Identifying Best Practice in Interventions to Optimise Advanced Kidney Care Services - Scoping Review Protocol

Authors

Kimmitt, Robert; Leonard, Hugh; Shivakumar, Oshini; Storms, Karen; Stansfield, Rebecca; Hurst, Helen; Donne, Rosie

VERSION 1 - REVIEW

Reviewer 1

Name AlSahow, Ali

Affiliation Division of Nephrology, Jahra Hospital, Medicine

Date 21-Dec-2024

COI None

- 1- The team has a nephrologist, a specialist nurse, a dietitian, AND "anemia management professional"? since we do not have this specialty in our health care, just wondering what do they do different from the role of nephrologist, dietitian, and specialist nurse?
- 2- Would you ask patients who initiated dialysis or received an allograft, and still with advanced CKD, about things that their education / care lacked and affected their choices?
- 3- Part of the process of slowing down eGFR decline in this group is to avoid exposure to OTC nephrotoxins, and early detection and management of acute events to avoid AKI on CKD. This requires education of not only patients and care takers, but also primary care physicians and community pharmacists. Would you consider adding these two specialties to your team?
- 4- Diet is a major component of lower quality of life for this group of patients, and I hope your advice would focus on what is allowed as much as it would focus on what is not allowed

Reviewer 2

Name Chen, Winnie

Affiliation Charles Darwin University

Date 30-Dec-2024

COI None

Thank you for the opportunity to review this scoping protocol. Outlining some suggested edits to the methods section. As is, the methods section is quite general and can apply to most reviews - which limits the clarity of the protocol for this specific scoping review.

- 1. Abstract: Study question could be highlighted clearer in Introduction. Methods suggest listing databases to be searched and could keep the framework (Arksey and O'Malley) out of abstract.
- 2. Background even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here?

3. Methods

- understand that this is a scoping review, hence broad questions, but some sections could be more specific e.g. research Q1 is very broad do we mean, quantitative/effectiveness, qualitative, cost-effectiveness evidence? Or are we talking about what are current models of care?
- For search terms in Table 2, may want to include "models of care" or similar search terms. Also, unclear whether these potential search terms refer to title or title and abstract searches.
- suggest clarifying interventions in inclusion criteria "any relevant interventions for the multi-disc team will be included" is very broad
- for stage 2 unclear what the approach to grey literature is, whether the team has decided these are important to include or whether the focus is on published peer review literature only

VERSION 1 - AUTHOR RESPONSE

| Comments | Response |
|--|--|
| Reviewer 1 (Dr Ali AlSahow) | |
| The team has a nephrologist, a specialist nurse, a dietitian, AND "anemia management professional"? since we do not have this specialty in our health care, just wondering what do they do different from the role of nephrologist, dietitian, and specialist nurse? | Anaemia management professionals may be doctors or nurses or pharmacists who are trained in prescribing anaemia treatments. This term has been replaced with pharmacists within the article to clarify. |
| Would you ask patients who initiated dialysis | The research question was formulated |
| or received an allograft, and still with advanced | following conversations with people who have |

| do not plan any further stakeholder events but will include published literature as below which will cover the aspects raised. We will include articles focusing on: 1. the care of patients who are in the phase of making decisions about treatments for kidney failure 2. the impact on kidney replacement therapy (KRT) outcomes (including transplant) of interventions made during pre-KRT care 3. qualitative studies that have explicitly explored experiences of education and decision-making about treatments for kidney stallure Part of the process of slowing down eGFR decline in this group is to avoid exposure to OTC nephrotoxins, and early detection and management of acute events to avoid AKI on CKD. This requires education of not only patients and care takers, but also primary care physicians and community pharmacists. Would you consider adding these two specialties to your team? Diet is a major component of lower quality of life for this group of patients, and I hope your advice would focus on what is not allowed would focus on what is not allowed. Reviewer 2 (Dr Winnie Chen) Abstract: Reviewer 2 (Dr Winnie Chen) Abstract: Methods - suggest listing databases to be searched and could keep the framework (Arksey and O'Malley) out of abstract. Background - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, aparticularly in advanced CKD, that can be discussed or referenced here? Methods Understand that this is a scoping review, hence lasticals but serves are of the searched and could keep the framework (and the databases (Medline and Embase) in the "Methods" section of the abstract. Thank you for this question. We have removed mentions of the Arksey and O'Malley framework from the abstract and have included a reference to a scoping review of methods and the proposition of the abstract. Thank you for this question. We have included a reference to a scoping review of methods and the proposition of the abstract. Thank you for this question | CKD, about things that their education / care | lived experience of advanced kidney care. We |
|--|--|---|
| which will cover the aspects raised. We will include articles focusing on: 1. the care of patients who are in the phase of making decisions about treatments for kidney failure 2. the impact on kidney replacement therapy (KRT) outcomes (including transplant) of interventions made during pre-KRT care 3. qualitative studies that have explicitly explored experiences of education and decision-making about treatments for kidney failure Part of the process of slowing down eGFR decline in this group is to avoid exposure to OTC nephrotoxins, and early detection and management of acute events to avoid AKI on CKD. This requires education of not only patients and care takers, but also primary care physicians and community pharmacists. Would you consider adding these two specialties to your team? Diet is a major component of lower quality of life for this group of patients, and I hope your advice would focus on what is allowed as much as it would focus on what is not allowed Thank you for this comment. Articles evaluating the role of the dietitian in the advanced kidney care setting will be included in the scoping review. We agree that this should include promotion of a healthy and varied diet, rather than simply restriction of certain foods. Reviewer 2 (Dr Winnie Chen) Abstract: Study question could be highlighted clearer in Introduction. Beckground - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods Understand that this is a scoping review, hence We which will cover the phase of making decisions about treatments for kidney failure 2. the impact on kidney failure 3. qualitative studies that have explicitly explored experiences of education and decision-making about treatments for kidney failure 3 | lacked and affected their choices? | do not plan any further stakeholder events but |
| We will include articles focusing on: 1. the care of patients who are in the phase of making decisions about treatments for kidney failure 2. the impact on kidney replacement therapy (KRT) outcomes (including transplant) of interventions made during pre-KRT care 3. qualitative studies that have explicitly explored experiences of education and decision-making about treatments for kidney failure Part of the process of slowing down eGFR decline in this group is to avoid exposure to OTC nephrotoxins, and early detection and management of acute events to avoid AKI on CKD. This requires education of not only patients and care takers, but also primary care physicians and community pharmacists. Would you consider adding these two specialties to your team? Diet is a major component of lower quality of life for this group of patients, and I hope your advice would focus on what is not allowed as much as it would focus on what is not allowed as much as it would focus on what is not allowed as much as it would focus on what is not allowed in the scoping review. We agree that this should include promotion of a healthy and varied diet, rather than simply restriction of certain foods. Reviewer 2 (Dr Winnie Chen) Abstract: Study question could be highlighted clearer in Introduction. Beckground - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods Understand that this is a scoping review, hence Wethods Thank you for this helpful question. We have included a reference to a scoping review of multidisciplinary models of CKD care (Collister et al., 2019) in the background section. | | will include published literature as below |
| 1. the care of patients who are in the phase of making decisions about treatments for kidney failure 2. the impact on kidney replacement therapy (KRT) outcomes (including transplant) of interventions made during pre-KRT care 3. qualitative studies that have explicitly explored experiences of education and decision-making about treatments for kidney failure Part of the process of slowing down eGFR decline in this group is to avoid exposure to OTC nephrotoxins, and early detection and management of acute events to avoid AKI on CKD. This requires education of not only patients and care takers, but also primary care physicians or community pharmacists in the scoping review withing team. However, articles reporting interventions or collaborations with primary care to reduce AKI in patients with advanced CKD will be included. Thank you for this comment. Articles evaluating the role of the dietitian in the advanced kidney care setting will be included in the scoping review. We agree that this should include promotion of a healthy and varied diet, rather than simply restriction of certain foods. Reviewer 2 (Dr Winnie Chen) Abstract: Reviewer 2 (Dr Winnie Chen) Abstract: Thank you for this suggestion. We have now explicitly stated our research aim in the final sentence of the "Introduction" section of the abstract. Thank you for this suggestion. We have included the databases (Medline and Embase) in the "Methods" section of the abstract. Thank you for this helpful question. We have included a reference to a scoping review of methods of the abstract. Thank you for this helpful question. We have included a reference to a scoping review of methods of CKD care (Collister et al, 2019) in the background section. | | which will cover the aspects raised. |
| 1. the care of patients who are in the phase of making decisions about treatments for kidney failure 2. the impact on kidney replacement therapy (KRT) outcomes (including transplant) of interventions made during pre-KRT care 3. qualitative studies that have explicitly explored experiences of education and decision-making about treatments for kidney failure Part of the process of slowing down eGFR decline in this group is to avoid exposure to OTC nephrotoxins, and early detection and management of acute events to avoid AKI on CKD. This requires education of not only patients and care takers, but also primary care physicians or community pharmacists. Would you consider adding these two specialties to your team? Diet is a major component of lower quality of life for this group of patients, and I hope your advice would focus on what is allowed as much as it would focus on what is not allowed Reviewer 2 (Dr Winnie Chen) Abstract: Reviewer 2 (Dr Winnie Chen) Abstract: Methods - suggest listing databases to be searched and could keep the framework (Arksey and O'Malley) out of abstract. Background - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods Hethods 1. the care of patients, about have prilot, and the phase of making decisions about treatments for kidney failure 2. the impact on kidney replacement therapy (KRT) outcomes (including transplant) of interventions made during pre-KRT care 3. qualitative studies that have explicitly explored experiences of education and decision-making about treatments for kidney failure Resource limitations for the scoping review men that we do not have primary care physicians or community pharmacists in the scoping review withing team. However, articles reporting interventions or collaborations with primary care to reduce AKI in patients with advanced CKD will be included. Thank you for this suggestion. We have included | | |
| phase of making decisions about treatments for kidney failure 2. the impact on kidney replacement therapy (KRT) outcomes (including transplant) of interventions made during pre-KRT care 3. qualitative studies that have explicitly explored experiences of education and decision-making about treatments for kidney failure Part of the process of slowing down eGFR decline in this group is to avoid exposure to OTC nephrotoxins, and early detection and management of acute events to avoid Ak1 on CKD. This requires education of not only patients and care takers, but also primary care physicians and community pharmacists. Would you consider adding these two specialties to your team? Diet is a major component of lower quality of life for this group of patients, and I hope your advice would focus on what is allowed as much as it would focus on what is not allowed in the scoping review. We agree that this should include promotion of a healthy and varied diet, rather than simply restriction of certain foods. Reviewer 2 (Dr Winnie Chen) Abstract: Reviewer 2 (Dr Winnie Chen) Abstract: Methods - suggest listing databases to be searched and could keep the framework (Arksey and O'Malley) out of abstract. Methods - suggest listing databases to be searched and could keep the framework (Arksey and O'Malley) out of abstract. Background - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods Understand that this is a scoping review, hence Thank you for this lepful question. We have included a reference to a scoping review of multidisciplinary models of CKD care (Collister et al, 2019) in the background section. | | We will include articles focusing on: |
| treatments for kidney failure 2. the impact on kidney replacement therapy (KRT) outcomes (including transplant) of interventions made during pre-KRT care 3. qualitative studies that have explicitly explored experiences of education and decision-making about treatments for kidney failure Part of the process of slowing down eGFR decline in this group is to avoid exposure to OTC nephrotoxins, and early detection and management of acute events to avoid AKI on CKD. This requires education of not only patients and care takers, but also primary care physicians and community pharmacists. Would you consider adding these two specialties to your team? Diet is a major component of lower quality of life for this group of patients, and I hope your advice would focus on what is allowed as much as it would focus on what is not allowed Reviewer 2 (Dr Winnie Chen) Abstract: Resource limitations for the scoping review mean that we do not have primary care physicians or community pharmacists. Would you consider adding these two specialties to your team? Diet is a major component of lower quality of life for this group of patients, and I hope your advice would focus on what is allowed as much as it would focus on what is not allowed Reviewer 2 (Dr Winnie Chen) Abstract: Thank you for this comment. Articles evaluating the role of the dietitian in the advanced kidney care setting will be included in the scoping review. We agree that this should include promotion of a healthy and varied diet, rather than simply restriction of certain foods. Reviewer 2 (Dr Winnie Chen) Methods - suggest listing databases to be searched and could keep the framework (Arksey and O'Malley) out of abstract. Thank you for this suggestion. We have removed mentions of the Arksey and O'Malley framework from the abstract and have included the databases (Medline and Embase) in the "Methods" section of the abstract. Thank you for this helpful question. We have included a reference to a scoping review of multidisciplinary models of CKD care (Colliste | | 1. the care of patients who are in the |
| treatments for kidney failure 2. the impact on kidney replacement therapy (KRT) outcomes (including transplant) of interventions made during pre-KRT care 3. qualitative studies that have explicitly explored experiences of education and decision-making about treatments for kidney failure Part of the process of slowing down eGFR decline in this group is to avoid exposure to OTC nephrotoxins, and early detection and management of acute events to avoid AKI on CKD. This requires education of not only patients and care takers, but also primary care physicians and community pharmacists. Would you consider adding these two specialties to your team? Diet is a major component of lower quality of life for this group of patients, and I hope your advice would focus on what is allowed as much as it would focus on what is not allowed Reviewer 2 (Dr Winnie Chen) Abstract: Resource limitations for the scoping review mean that we do not have primary care physicians or community pharmacists. Would you consider adding these two specialties to your team? Diet is a major component of lower quality of life for this group of patients, and I hope your advice would focus on what is allowed as much as it would focus on what is not allowed Reviewer 2 (Dr Winnie Chen) Abstract: Thank you for this comment. Articles evaluating the role of the dietitian in the advanced kidney care setting will be included in the scoping review. We agree that this should include promotion of a healthy and varied diet, rather than simply restriction of certain foods. Reviewer 2 (Dr Winnie Chen) Methods - suggest listing databases to be searched and could keep the framework (Arksey and O'Malley) out of abstract. Thank you for this suggestion. We have removed mentions of the Arksey and O'Malley framework from the abstract and have included the databases (Medline and Embase) in the "Methods" section of the abstract. Thank you for this helpful question. We have included a reference to a scoping review of multidisciplinary models of CKD care (Colliste | | phase of making decisions about |
| 2. the impact on kidney replacement therapy (KRT) outcomes (including transplant) of interventions made during pre-KRT care 3. qualitative studies that have explicitly explored experiences of education and decision-making about treatments for kidney failure Part of the process of slowing down eGFR decline in this group is to avoid exposure to OTC nephrotoxins, and early detection and management of acute events to avoid AKI on CKD. This requires education of not only patients and care takers, but also primary care physicians and community pharmacists. Would you consider adding these two specialties to your team? Diet is a major component of lower quality of life for this group of patients, and I hope your advice would focus on what is allowed as much as it would focus on what is not allowed Reviewer 2 (Dr Winnie Chen) Abstract: Thank you for this comment. Articles very limit than a single review with a should include promotion of a healthy and varied diet, rather than simply restriction of certain foods. Reviewer 2 (Dr Winnie Chen) Abstract: Thank you for pointing this out. We have now explicitly stated our research aim in the final sentence of the "Introduction" section of the abstract. Thank you for this suggestion. We have removed mentions of the Arksey and O'Malley framework (Arksey and O'Malley) out of abstract. Thank you for this helpful question. We have included a reference to a scoping review in the "Wethods" section of the abstract. Thank you for this helpful question. We have included a reference to a scoping review in the databases (Medline and Embase) in the "Methods" section of the abstract. Thank you for this helpful question. We have included a reference to a scoping review of multidisciplinary models of CKD care (Collister et al, 2019) in the background section. Thank you for this question. We have further defined research Q1 as follows: | | |
| therapy (KRT) outcomes (including transplant) of interventions made during pre-KRT care 3. qualitative studies that have explicitly explored experiences of education and decision-making about treatments for kidney failure Part of the process of slowing down eGFR decline in this group is to avoid exposure to OTC nephrotoxins, and early detection and management of acute events to avoid AKI on CKD. This requires education of not only patients and care takers, but also primary care bysicians and community pharmacists. Would you consider adding these two specialties to your team? Diet is a major component of lower quality of life for this group of patients, and I hope your advice would focus on what is allowed as much as it would focus on what is not allowed and would see the study question could be highlighted clearer in Introduction. Reviewer 2 (Dr Winnie Chen) Abstract: Methods - suggest listing databases to be searched and could keep the framework (Arksey and O'Malley) out of abstract. Methods - suggest listing databases to be searched and could keep the framework (Arksey and O'Malley) out of abstract. Thank you for this suggestion. We have removed mentions of the Arksey and O'Malley framework from the abstract and have included the databases (Medline and Embase) in the "Methods" section of the abstract. Thank you for this helpful question. We have removed mentions of the Arksey and O'Malley framework from the abstract and have included the databases (Medline and Embase) in the "Methods" section of the abstract. Thank you for this helpful question. We have included a reference to a scoping review of included a reference to a scoping review of multidisciplinary models of CKD care (Collister et al, 2019) in the background section. | | <u>-</u> |
| transplant) of interventions made during pre-KRT care 3. qualitative studies that have explicitly explored experiences of education and decision-making about treatments for kidney failure Part of the process of slowing down eGFR decline in this group is to avoid exposure to OTC nephrotoxins, and early defection and management of acute events to avoid AKI on CKD. This requires education of not only patients and care takers, but also primary care physicians or community pharmacists in the scoping review writing team. However, articles reporting interventions or collaborations with primary care to reduce AKI in patients with advanced CKD will be included. Would you consider adding these two specialties to your team? Diet is a major component of lower quality of life for this group of patients, and I hope your advice would focus on what is not allowed as much as it would focus on what is not allowed Reviewer 2 (Dr Winnie Chen) Reviewer 2 (Dr Winnie Chen) Reviewer 2 (Dr Winnie Chen) Reviewer 3 (Dr Winnie Chen) Methods - suggest listing databases to be searched and could keep the framework (Arksey and O'Malley) out of abstract. Thank you for this suggestion. We have removed mentions of the Arksey and O'Malley framework from the abstract and have included the databases (Medline and Embase) in the "Methods" section of the abstract. Thank you for this helpful question. We have removed mentions of the abstract. Thank you for this helpful question. We have included a reference to a scoping review of multidisciplinary models of CKD care (Collister et al, 2019) in the background section. Thank you for this question. We have further defined research Q1 as follows: | | |
| during pre-KRT care 3. qualitative studies that have explicitly explored experiences of education and decision-making about treatments for kidney failure Part of the process of slowing down eGFR decline in this group is to avoid exposure to OTC nephrotoxins, and early detection and management of acute events to avoid AKI on CKD. This requires education of not only patients and care takers, but also primary care physicians and community pharmacists. Would you consider adding these two specialties to your team? Diet is a major component of lower quality of life for this group of patients, and I hope your advice would focus on what is allowed as much as it would focus on what is not allowed Reviewer 2 (Dr Winnie Chen) Abstract: Reviewer 2 (Dr Winnie Chen) Abstract: Methods - suggest listing databases to be searched and could keep the framework (Arksey and O'Malley) out of abstract. Background - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods Understand that this is a scoping review, hence during preview xperiences of education and decision-making about treatments for kidney failure Resource limitations for the scoping review mean that we do not have primary care physicians or community pharmacists in the scoping review writing team. However, articles reporting interventions or collaborations with primary care to reduce AKI in patients with advanced CKD will be included. Thank you for this comment. Articles evaluating the role of the dietitian in the advanced kidney care setting will be included in the scoping review. We agree that this should include promotion of a healthy and varied diet, rather than simply restriction of certain foods. Thank you for pointing this out. We have removed mentions of the Arksey and O'Malley framework from the abstract and have included the databases (Medline and Embase) in the "Methods" section of the abstract. Thank y | | , , , |
| 3. qualitative studies that have explicitly explored experiences of education and decision-making about treatments for kidney failure Part of the process of slowing down eGFR decline in this group is to avoid exposure to OTC nephrotoxins, and early detection and management of acute events to avoid AKI on CKD. This requires education of not only patients and care takers, but also primary care physicians and community pharmacists. Would you consider adding these two specialties to your team? Diet is a major component of lower quality of life for this group of patients, and I hope your advice would focus on what is allowed as much as it would focus on what is not allowed Reviewer 2 (Dr Winnie Chen) Abstract: Reviewer 2 (Dr Winnie Chen) Abstract: Methods - suggest listing databases to be searched and could keep the framework (Arksey and O'Malley) out of abstract. Background - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods Understand that this is a scoping review, hence A qualitative studies preview of education and decision-making about treatments for kidney failure Resource limitations for the scoping review mean that we do not have primary care ophysicians or community pharmacists in the scoping review writing team. However, articles reporting interventions or collaborations with primary care of collaborations or collaborations with primary care or denote limitations for the scoping review mean that we do not have primary care of warnicites in the scoping review mriting team. However, articles reporting interventions or collaborations with primary care of undentions or collaborations with primary care of evaluations or community pharmacists in the scoping review mrean that we do not have primary care or douc AKI in patients with advanced CKD will be included. Thank you for this suggestion. We have removed mentions of the Arksey and O'Malley framewo | | 1 |
| explored experiences of education and decision-making about treatments for kidney failure Part of the process of slowing down eGFR decline in this group is to avoid exposure to OTC nephrotoxins, and early detection and management of acute events to avoid AKI on CKD. This requires education of not only patients and care takers, but also primary care physicians and community pharmacists. Would you consider adding these two specialties to your team? Diet is a major component of lower quality of life for this group of patients, and I hope your advice would focus on what is allowed a much as it would focus on what is not allowed much as it would focus on what is not allowed wire diet, rather than simply restriction of certain foods. Reviewer 2 (Dr Winnie Chen) Abstract: Study question could be highlighted clearer in Introduction. Methods - suggest listing databases to be searched and could keep the framework (Arksey and O'Malley) out of abstract. Background - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods Understand that this is a scoping review, hence explored experiences of seducation of kidney failure keacure limitations for the scoping review mean that we do not have primary care physicians or community pharmacists in the scoping review mean that we do not have primary care physicians or community pharmacists in the scoping review mean that we do not have primary care physicians or community pharmacists in the scoping review mean that we do not have primary care physicians or community pharmacists in the scoping review mean that we do not have primary care physicians or community pharmacists in the scoping review mean that we do not have primary care physicians or community pharmacists in the scoping review mean that we do not have primary care physicians or community pharmacists in the scoping review mean that we do not have primary care physicians o | | 1 |
| Part of the process of slowing down eGFR decline in this group is to avoid exposure to OTC nephrotoxins, and early detection and management of acute events to avoid AKI on CKD. This requires education of not only patients and care takers, but also primary care physicians and community pharmacists. Would you consider adding these two specialties to your team? Diet is a major component of lower quality of life for this group of patients, and I hope your advice would focus on what is allowed as much as it would focus on what is not allowed Reviewer 2 (Dr Winnie Chen) Abstract: Reviewer 2 (Dr Winnie Chen) Abstract: Methods - suggest listing databases to be searched and could keep the framework (Arksey and O'Malley) out of abstract. Background - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods Understand that this is a scoping review, hence decline in this group is to avoid exposure to do not have primary care physicians or community pharmacists in the scoping review writing team. However, articles reporting interventions or collaborations with primary care to reduce AKI in patients with advanced CKD will be included. Thank you for this comment. Articles evaluating the role of the dietitian in the advanced kidney care setting will be included in the scoping review. We agree that this should include promotion of a heatithy and varied diet, rather than simply restriction of certain foods. Thank you for this suggestion. We have removed mentions of the Arksey and O'Malley framework from the abstract. Thank you for this helpful question. We have included a reference to a scoping review of multidisciplinary models of CKD care (Collister et al, 2019) in the background section. | | · · · · · · · · · · · · · · · · · · · |
| Resource limitations for the scoping review mean that we do not have primary care physicians and care takers, but also primary care physicians and community pharmacists. Would you consider adding these two specialties to your team? Diet is a major component of lower quality of life for this group of patients, and I nope your advice would focus on what is not allowed smuch as it would focus on what is not allowed as much as it would be highlighted clearer in Introduction. Reviewer 2 (Dr Winnie Chen) Abstract: Keviewer 2 (Dr Winnie Chen) Abstract: Methods - suggest listing databases to be searched and could keep the framework (Arksey and O'Malley) out of abstract. Background - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods Has ource limitations for the scoping review mean that we do not have primary care physicians or community pharmacists in the scoping review writing team. However, articles reporting interventions or collaborations with primary care to reduce AKI in patients with advanced CKD will be included. Thank you for this comment. Articles evaluating the role of the dietitian in the advanced kidney care setting will be included in the scoping review. We agree that this should include promotion of a healthy and varied diet, rather than simply restriction of certain foods. Thank you for pointing this out. We have now explicitly stated our research aim in the final sentence of the "Introduction" section of the abstract. Thank you for this suggestion. We have included a reference to a scoping review of multidisciplinary models of CKD care (Collister et al, 2019) in the background section. | | · · · |
| Part of the process of slowing down eGFR decline in this group is to avoid exposure to OTC nephrotoxins, and early detection and management of acute events to avoid AKI on CKD. This requires education of not only patients and care takers, but also primary care physicians and community pharmacists. Would you consider adding these two specialties to your team? Diet is a major component of lower quality of life for this group of patients, and I hope your advice would focus on what is not allowed as much as it would focus on what is not allowed waried diet, rather than simply restriction of certain foods. Reviewer 2 (Dr Winnie Chen) Abstract: Study question could be highlighted clearer in Introduction. Methods - suggest listing databases to be searched and could keep the framework (Arksey and O'Malley) out of abstract. Background - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods Methods | | |
| decline in this group is to avoid exposure to OTC nephrotoxins, and early detection and management of acute events to avoid AKI on CKD. This requires education of not only patients and care takers, but also primary care physicians and community pharmacists. Would you consider adding these two specialties to your team? Diet is a major component of lower quality of life for this group of patients, and I hope your advice would focus on what is allowed as much as it would focus on what is not allowed as much as it would focus on what is not allowed Reviewer 2 (Dr Winnie Chen) Abstract: Study question could be highlighted clearer in Introduction. Methods - suggest listing databases to be searched and could keep the framework (Arksey and O'Malley) out of abstract. Background - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods Me | Part of the process of clausing days a CCD | |
| OTC nephrotoxins, and early detection and management of acute events to avoid AKI on CKD. This requires education of not only patients and care takers, but also primary care physicians and community pharmacists. Would you consider adding these two specialties to your team? Diet is a major component of lower quality of life for this group of patients, and I hope your advice would focus on what is allowed as much as it would focus on what is not allowed much as it would focus on what is not allowed much as it would focus on what is not allowed would go component of lower quality of life for this group of patients, and I hope your advice would focus on what is not allowed as much as it would focus on what is not allowed would focus on what is not allowed as much as it would focus on what is not allowed would focus on what is not allowed as much as it would focus on what is not allowed would focus on what is not allowed as much as it would focus on what is not allowed as much as it would focus on what is not allowed as much as it would focus on what is not allowed world focus on what is allowed as much as it would focus on what is not allowed as much as it would focus on what is not allowed as much as it would focus on what is not allowed as much as it would focus on what is not allowed as much as it would focus on what is allowed as much as it would focus on what is not allowed as much as it would focus on what is not allowed as much as it would focus on what is allowed as much as it would focus on what is allowed as much as it would focus on what is allowed as much as it would focus on what is allowed as much as it would focus on what is allowed as much as it would focus on what is allowed as much as it would focus on what is allowed as much as it would focus on what is allowed as much as it would focus on what is allowed as much as it would focus on what is allowed as much as it would focus on what is allowed as much as it would focus on what is allowed as much as it would focus on what is allowed as much as i | | |
| management of acute events to avoid AKI on CKD. This requires education of not only patients and care takers, but also primary care physicians and community pharmacists. Would you consider adding these two specialties to your team? Diet is a major component of lower quality of life for this group of patients, and I hope your advice would focus on what is allowed as much as it would focus on what is not allowed with a sit would focus on what is not allowed. Reviewer 2 (Dr Winnie Chen) Abstract: Study question could be highlighted clearer in Introduction. Methods - suggest listing databases to be searched and could keep the framework (Arksey and O'Malley) out of abstract. Background - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods Methods Thank you for pointing this out. We have included the databases (Medline and Embase) in the "Methods" section of the abstract. Thank you for this suggestion. We have removed mentions of the Arksey and O'Malley framework from the abstract and have included a reference to a scoping review of multidisciplinary models of CKD care (Collister et al, 2019) in the background section. | | |
| reporting interventions or collaborations with patients and care takers, but also primary care physicians and community pharmacists. Would you consider adding these two specialties to your team? Diet is a major component of lower quality of life for this group of patients, and I hope your advice would focus on what is allowed as much as it would focus on what is not allowed Reviewer 2 (Dr Winnie Chen) Abstract: Study question could be highlighted clearer in Introduction. Methods - suggest listing databases to be searched and could keep the framework (Arksey and O'Malley) out of abstract. Background - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD in the scoping review, hence Thank you for this comment. Articles evaluating the role of the dietitian in the advanced kidney care setting will be included in the scoping review. We agree that this should include promotion of a healthy and varied diet, rather than simply restriction of certain foods. Thank you for pointing this out. We have now explicitly stated our research aim in the final sentence of the "Introduction" section of the abstract. Thank you for this suggestion. We have removed mentions of the Arksey and O'Malley framework from the abstract and have included the databases (Medline and Embase) in the "Methods" section of the abstract. Thank you for this helpful question. We have included a reference to a scoping review of multidisciplinary models of CKD care (Collister et al, 2019) in the background section. | | 1 ' - |
| patients and care takers, but also primary care physicians and community pharmacists. Would you consider adding these two specialties to your team? Diet is a major component of lower quality of life for this group of patients, and I hope your advice would focus on what is allowed as much as it would focus on what is not allowed in the scoping review. We agree that this should include promotion of a healthy and varied diet, rather than simply restriction of certain foods. Reviewer 2 (Dr Winnie Chen) Abstract: Study question could be highlighted clearer in Introduction. Methods - suggest listing databases to be searched and could keep the framework (Arksey and O'Malley) out of abstract. Background - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods Primary care to reduce AKI in patients with advanced CKD will be included. Thank you for this comment. Articles evaluating the role of the dietitian in the advanced kidney care setting will be included in the scoping review. We agree that this should include promotion of a healthy and varied diet, rather than simply restriction of certain foods. Thank you for pointing this out. We have now explicitly stated our research aim in the final sentence of the "Introduction" section of the abstract. Thank you for this suggestion. We have removed mentions of the Arksey and O'Malley framework from the abstract and have included the databases (Medline and Embase) in the "Methods" section of the abstract. Thank you for this helpful question. We have included a reference to a scoping review of multidisciplinary models of CKD care (Collister et al, 2019) in the background section. | _ | |
| physicians and community pharmacists. Would you consider adding these two specialties to your team? Diet is a major component of lower quality of life for this group of patients, and I hope your advice would focus on what is allowed as much as it would focus on what is not allowed much as it would focus on what is not allowed waried diet, rather than simply restriction of certain foods. Reviewer 2 (Dr Winnie Chen) Abstract: Study question could be highlighted clearer in Introduction. Methods - suggest listing databases to be searched and could keep the framework (Arksey and O'Malley) out of abstract. Background - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods Advanced CKD will be included. Thank you for this comment. Articles evaluating the role of the dietitian in the advanced kidney care setting will be included in the scoping review. We agree that this should include promotion of a healthy and varied diet, rather than simply restriction of certain foods. Thank you for pointing this out. We have now explicitly stated our research aim in the final sentence of the "Introduction" section of the abstract. Thank you for this suggestion. We have included the databases (Medline and Embase) in the "Methods" section of the abstract. Thank you for this helpful question. We have included a reference to a scoping review of multidisciplinary models of CKD care (Collister et al, 2019) in the background section. | | 1 |
| Would you consider adding these two specialties to your team? Diet is a major component of lower quality of life for this group of patients, and I hope your advice would focus on what is allowed as much as it would focus on what is not allowed in the scoping review. We agree that this should include promotion of a healthy and varied diet, rather than simply restriction of certain foods. Reviewer 2 (Dr Winnie Chen) Abstract: Thank you for this comment. Articles evaluating the role of the dietitian in the advanced kidney care setting will be included in the scoping review. We agree that this should include promotion of a healthy and varied diet, rather than simply restriction of certain foods. Reviewer 2 (Dr Winnie Chen) Abstract: Thank you for pointing this out. We have now explicitly stated our research aim in the final sentence of the "Introduction" section of the abstract. Thank you for this suggestion. We have removed mentions of the Arksey and O'Malley framework from the abstract and have included the databases (Medline and Embase) in the "Methods" section of the abstract. Background - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods Thank you for this comment. Articles evaluating the role of the dietitian in the advanced kidney care setting will be included in the scoping review. We agree that this should include promotion of a healthy and varied diet, rather than simply restriction of certain foods. Thank you for pointing this out. We have removed mentions of the Arksey and O'Malley framework from the abstract and have included the databases (Medline and Embase) in the "Methods" section of the abstract. Thank you for this provided a reference to a scoping review of multidisciplinary models of CKD care (Collister et al, 2019) in the background section. | | 1 |
| Diet is a major component of lower quality of life for this group of patients, and I hope your advice would focus on what is allowed as much as it would focus on what is not allowed much as it would focus on what is not allowed in the scoping review. We agree that this should include promotion of a healthy and varied diet, rather than simply restriction of certain foods. Reviewer 2 (Dr Winnie Chen) Abstract: Thank you for pointing this out. We have now explicitly stated our research aim in the final sentence of the "Introduction" section of the abstract. Methods - suggest listing databases to be searched and could keep the framework (Arksey and O'Malley) out of abstract. Background - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods Thank you for this comment. Articles evaluating the role of the dietitian in the advanced kidney care setting will be included in the scoping review. We agree that this should include promotion of a healthy and varied diet, rather than simply restriction of certain foods. Thank you for pointing this out. We have now explicitly stated our research aim in the final sentence of the "Introduction" section of the abstract. Thank you for this suggestion. We have included a reference to a scoping review of multidisciplinary models of CKD care (Collister et al, 2019) in the background section. Thank you for this question. We have further defined research Q1 as follows: | | advanced CKD will be included. |
| Diet is a major component of lower quality of life for this group of patients, and I hope your advice would focus on what is allowed as much as it would focus on what is not allowed much as it would focus on what is not allowed much as it would focus on what is not allowed much as it would focus on what is not allowed much as it would focus on what is not allowed much as it would focus on what is not allowed much as it would focus on what is not allowed much as it would focus on what is not allowed much as it would focus on what is not allowed much as it would focus on what is not allowed much as it would focus on what is not allowed in the scoping review. We agree that this should include promotion of a healthy and varied diet, rather than simply restriction of certain foods. Reviewer 2 (Dr Winnie Chen) Abstract: Thank you for pointing this out. We have now explicitly stated our research aim in the final sentence of the "Introduction" section of the abstract. Thank you for this suggestion. We have removed mentions of the Arksey and O'Malley framework from the abstract and have included the databases (Medline and Embase) in the "Methods" section of the abstract. Background - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods Thank you for this comment. Articles evaluating the role of the diettian in the advanced kidney care setting will be included in the scoping review. We agree that this should include promotion of a healthy and varied diet, rather than simply restriction of certain foods. Thank you for this nelpful question. We have included a reference to a scoping review of multidisciplinary models of CKD care (Collister et al., 2019) in the background section. | | |
| evaluating the role of the dietitian in the advanced kidney care setting will be included in the scoping review. We agree that this should include promotion of a healthy and varied diet, rather than simply restriction of certain foods. Reviewer 2 (Dr Winnie Chen) Abstract: Study question could be highlighted clearer in Introduction. Methods - suggest listing databases to be searched and could keep the framework (Arksey and O'Malley) out of abstract. Background - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods Evaluating the role of the dietitian in the advanced kidney care setting will be included in the scoping review. We agree that this should include promotion of a healthy and varied diet, rather than simply restriction of certain foods. Thank you for pointing this out. We have now explicitly stated our research aim in the final sentence of the "Introduction" section of the abstract. Thank you for this suggestion. We have included the databases (Medline and Embase) in the "Methods" section of the abstract. Thank you for this helpful question. We have included a reference to a scoping review of multidisciplinary models of CKD care (Collister et al, 2019) in the background section. Thank you for this question. We have further defined research Q1 as follows: | | |
| advince would focus on what is allowed as much as it would focus on what is not allowed much as it would focus on what is not allowed in the scoping review. We agree that this should include promotion of a healthy and varied diet, rather than simply restriction of certain foods. Reviewer 2 (Dr Winnie Chen) Abstract: Study question could be highlighted clearer in Introduction. Methods - suggest listing databases to be searched and could keep the framework (Arksey and O'Malley) out of abstract. Background - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods Methods Advanced kidney care setting will be included in the scoping review. We agree that this should include promotion of a healthy and varied diet, rather than simply restriction of certain foods. Thank you for pointing this out. We have explicitly stated our research aim in the final sentence of the "Introduction" section of the abstract. Thank you for this suggestion. We have included a reference to a scoping review of multidisciplinary models of CKD care (Collister et al, 2019) in the background section. Thank you for this helpful question. We have included a reference to a scoping review of multidisciplinary models of CKD care (Collister et al, 2019) in the background section. Thank you for this question. We have further defined research Q1 as follows: | | - |
| in the scoping review. We agree that this should include promotion of a healthy and varied diet, rather than simply restriction of certain foods. Reviewer 2 (Dr Winnie Chen) Abstract: Study question could be highlighted clearer in Introduction. Methods - suggest listing databases to be searched and could keep the framework (Arksey and O'Malley) out of abstract. Background - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods In the scoping review. We agree that this should include promotion of a healthy and varied diet, rather than simply restriction of certain foods. Thank you for pointing this out. We have now explicitly stated our research aim in the final sentence of the "Introduction" section of the abstract. Thank you for this suggestion. We have included a reference to a scoping review of multidisciplinary models of CKD care (Collister et al, 2019) in the background section. Thank you for this question. We have further defined research Q1 as follows: | | _ |
| should include promotion of a healthy and varied diet, rather than simply restriction of certain foods. Reviewer 2 (Dr Winnie Chen) Abstract: Study question could be highlighted clearer in Introduction. Methods - suggest listing databases to be searched and could keep the framework (Arksey and O'Malley) out of abstract. Background - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods Should include promotion of a healthy and varied diet, rather than simply restriction of certain foods. Thank you for pointing this out. We have explicitly stated our research aim in the final sentence of the "Introduction" section of the abstract. Thank you for this suggestion. We have included the databases (Medline and Embase) in the "Methods" section of the abstract. Thank you for this helpful question. We have included a reference to a scoping review of multidisciplinary models of CKD care (Collister et al, 2019) in the background section. Thank you for this question. We have further defined research Q1 as follows: | | |
| Reviewer 2 (Dr Winnie Chen) Abstract: Study question could be highlighted clearer in Introduction. Methods - suggest listing databases to be searched and could keep the framework (Arksey and O'Malley) out of abstract. Background - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods Varied diet, rather than simply restriction of certain foods. Thank you for pointing this out. We have now explicitly stated our research aim in the final sentence of the "Introduction" section of the abstract. Thank you for this suggestion. We have removed mentions of the Arksey and O'Malley framework from the abstract and have included the databases (Medline and Embase) in the "Methods" section of the abstract. Thank you for this helpful question. We have included a reference to a scoping review of multidisciplinary models of CKD care (Collister et al, 2019) in the background section. Thank you for this question. We have further defined research Q1 as follows: | much as it would focus on what is not allowed | |
| Reviewer 2 (Dr Winnie Chen) Abstract: Study question could be highlighted clearer in Introduction. Methods - suggest listing databases to be searched and could keep the framework (Arksey and O'Malley) out of abstract. Background - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods Certain foods. Thank you for pointing this out. We have now explicitly stated our research aim in the final sentence of the "Introduction" section of the abstract. Thank you for this suggestion. We have removed mentions of the Arksey and O'Malley framework from the abstract and have included the databases (Medline and Embase) in the "Methods" section of the abstract. Thank you for this helpful question. We have included a reference to a scoping review of multidisciplinary models of CKD care (Collister et al, 2019) in the background section. Thank you for this question. We have further defined research Q1 as follows: | | |
| Abstract: Study question could be highlighted clearer in Introduction. Methods - suggest listing databases to be searched and could keep the framework (Arksey and O'Malley) out of abstract. Background - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods Thank you for pointing this out. We have now explicitly stated our research aim in the final sentence of the "Introduction" section of the abstract. Thank you for this suggestion. We have removed mentions of the Arksey and O'Malley framework from the abstract and have included the databases (Medline and Embase) in the "Methods" section of the abstract. Thank you for this helpful question. We have included a reference to a scoping review of multidisciplinary models of CKD care (Collister et al, 2019) in the background section. Thank you for this question. We have further defined research Q1 as follows: | | |
| Abstract: Study question could be highlighted clearer in Introduction. Methods - suggest listing databases to be searched and could keep the framework (Arksey and O'Malley) out of abstract. Background - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods Thank you for pointing this out. We have now explicitly stated our research aim in the final sentence of the "Introduction" section of the abstract. Thank you for this suggestion. We have removed mentions of the Arksey and O'Malley framework from the abstract and have included the databases (Medline and Embase) in the "Methods" section of the abstract. Thank you for this helpful question. We have included a reference to a scoping review of multidisciplinary models of CKD care (Collister et al, 2019) in the background section. Thank you for this question. We have further defined research Q1 as follows: | | certain foods. |
| Study question could be highlighted clearer in Introduction. Methods - suggest listing databases to be searched and could keep the framework (Arksey and O'Malley) out of abstract. Background - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods Explicitly stated our research aim in the final sentence of the "Introduction" section of the abstract. Thank you for this suggestion. We have removed mentions of the Arksey and O'Malley framework from the abstract and have included the databases (Medline and Embase) in the "Methods" section of the abstract. Thank you for this helpful question. We have included a reference to a scoping review of multidisciplinary models of CKD care (Collister et al, 2019) in the background section. Thank you for this question. We have further defined research Q1 as follows: | Reviewer 2 (Dr Winnie Chen) | |
| Introduction. Methods - suggest listing databases to be searched and could keep the framework (Arksey and O'Malley) out of abstract. Background - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods Sentence of the "Introduction" section of the abstract. Thank you for this suggestion. We have removed mentions of the Arksey and O'Malley framework from the abstract and have included the databases (Medline and Embase) in the "Methods" section of the abstract. Thank you for this helpful question. We have included a reference to a scoping review of multidisciplinary models of CKD care (Collister et al, 2019) in the background section. Thank you for this question. We have further defined research Q1 as follows: | Abstract: | Thank you for pointing this out. We have now |
| Methods - suggest listing databases to be searched and could keep the framework (Arksey and O'Malley) out of abstract. Background - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods Abstract. Thank you for this suggestion. We have removed mentions of the Arksey and O'Malley framework from the abstract and have included the databases (Medline and Embase) in the "Methods" section of the abstract. Thank you for this helpful question. We have included a reference to a scoping review of multidisciplinary models of CKD care (Collister et al, 2019) in the background section. Thank you for this question. We have further defined research Q1 as follows: | Study question could be highlighted clearer in | explicitly stated our research aim in the final |
| Methods - suggest listing databases to be searched and could keep the framework (Arksey and O'Malley) out of abstract. Background - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods Thank you for this suggestion. We have removed mentions of the Arksey and O'Malley framework from the abstract and have included the databases (Medline and Embase) in the "Methods" section of the abstract. Thank you for this helpful question. We have included a reference to a scoping review of multidisciplinary models of CKD care (Collister et al, 2019) in the background section. Thank you for this question. We have further defined research Q1 as follows: | Introduction. | sentence of the "Introduction" section of the |
| removed mentions of the Arksey and O'Malley (Arksey and O'Malley) out of abstract. Background - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods removed mentions of the Arksey and O'Malley framework from the abstract and have included the databases (Medline and Embase) in the "Methods" section of the abstract. Thank you for this helpful question. We have included a reference to a scoping review of multidisciplinary models of CKD care (Collister et al, 2019) in the background section. Thank you for this question. We have further defined research Q1 as follows: | | abstract. |
| (Arksey and O'Malley) out of abstract. framework from the abstract and have included the databases (Medline and Embase) in the "Methods" section of the abstract. Background - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods Thank you for this helpful question. We have included a reference to a scoping review of multidisciplinary models of CKD care (Collister et al, 2019) in the background section. Thank you for this question. We have further defined research Q1 as follows: | Methods - suggest listing databases to be | Thank you for this suggestion. We have |
| included the databases (Medline and Embase) in the "Methods" section of the abstract. Background - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods In the "Methods" section of the abstract. Thank you for this helpful question. We have included a reference to a scoping review of multidisciplinary models of CKD care (Collister et al, 2019) in the background section. Thank you for this question. We have further defined research Q1 as follows: | searched and could keep the framework | removed mentions of the Arksey and O'Malley |
| Background - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods in the "Methods" section of the abstract. Thank you for this helpful question. We have included a reference to a scoping review of multidisciplinary models of CKD care (Collister et al, 2019) in the background section. Thank you for this question. We have further defined research Q1 as follows: | (Arksey and O'Malley) out of abstract. | framework from the abstract and have |
| Background - even if "AKC services" have not been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods in the "Methods" section of the abstract. Thank you for this helpful question. We have included a reference to a scoping review of multidisciplinary models of CKD care (Collister et al, 2019) in the background section. Thank you for this question. We have further defined research Q1 as follows: | | included the databases (Medline and Embase) |
| been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods Understand that this is a scoping review, hence included a reference to a scoping review of multidisciplinary models of CKD care (Collister et al, 2019) in the background section. Thank you for this question. We have further defined research Q1 as follows: | | |
| been the focus of previous reviews, are there related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods Understand that this is a scoping review, hence included a reference to a scoping review of multidisciplinary models of CKD care (Collister et al, 2019) in the background section. Thank you for this question. We have further defined research Q1 as follows: | Background - even if "AKC services" have not | Thank you for this helpful question. We have |
| related reviews around CKD models of care, particularly in advanced CKD, that can be discussed or referenced here? Methods Understand that this is a scoping review, hence multidisciplinary models of CKD care (Collister et al, 2019) in the background section. Thank you for this question. We have further defined research Q1 as follows: | _ | 1 |
| particularly in advanced CKD, that can be discussed or referenced here? Methods Understand that this is a scoping review, hence et al, 2019) in the background section. Thank you for this question. We have further defined research Q1 as follows: | · | |
| discussed or referenced here? Methods Understand that this is a scoping review, hence Thank you for this question. We have further defined research Q1 as follows: | | 1 |
| Methods Understand that this is a scoping review, hence Thank you for this question. We have further defined research Q1 as follows: | | · |
| Understand that this is a scoping review, hence defined research Q1 as follows: | | Thank you for this question. We have further |
| | | |
| broad questions, but some sections could be | broad questions, but some sections could be | |

| more specific - e.g. research Q1 is very broad - do we mean, quantitative/effectiveness, qualitative, cost-effectiveness evidence? Or are we talking about what are current models of care? | "What evidence is there relating to the effectiveness and patient experience within current practice including multidisciplinary models of care for adults with advanced CKD?" |
|--|--|
| For search terms in Table 2, may want to include "models of care" or similar search terms. Also, unclear whether these potential search terms refer to title or title and abstract searches. | Thank you for this helpful suggestion. We have considered this possibility and performed a preliminary search looking specifically for the addition of "models of care". This did not provide any useful literature and we have decided not to use this as a search term. Search terms were searched either as a |
| | medical subject heading (indicated by /), title and abstract (indicated by .ab,ti.) or keyword (indicated by .kw.), and we have added a legend to table 2 to clarify this. |
| Suggest clarifying interventions in inclusion criteria - "any relevant interventions for the multi-disc team will be included" is very broad | Thank you for pointing out this ambiguity. We have further clarified this in the "Interventions" section in the methods section: "Interventions which could be implemented by members of a multi-disciplinary team will be included, but specific drug interventions for individual symptoms (other than in the context of guidelines for symptom management) will not be considered." |
| For stage 2 - unclear what the approach to grey literature is, whether the team has decided these are important to include or whether the focus is on published peer review literature only | Thank you for highlighting this ambiguity. Our focus is on peer-reviewed literature but we would consider including key grey literature as outlined below. We have further clarified this in the "Stage 2" section of the Methods: "Grey literature will not be specifically searched for, but may later be identified in the final stage (see below). Searches will be conducted in three phases. Firstly, scoping to gauge the volume and develop/refine the protocol. Secondly, more comprehensive searches will be conducted using search terms outlined in table 2. The final stage will be confirming, this is to identify other sources of information such as grey literature which may be identified through searching reference lists of identified papers. The extent of this will be decided within the team at the sifting stage, including identifying any relevant policies and guidelines that need to be reviewed." |

VERSION 2 - REVIEW

Reviewer 1

Name AlSahow, Ali

Affiliation Division of Nephrology, Jahra Hospital, Medicine

Date 22-Feb-2025

COI

None