

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

Kimmit, 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 or received an allograft, and still with advanced	The research question was formulated following conversations with people who have

CKD, about things that their education / care lacked and affected their choices?	<p>lived experience of advanced kidney care. We do not plan any further stakeholder events but will include published literature as below which will cover the aspects raised.</p> <p>We will include articles focusing on:</p> <ol style="list-style-type: none"> 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?	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.
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.	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.	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?	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.
Methods Understand that this is a scoping review, hence broad questions, but some sections could be	Thank you for this question. We have further defined research Q1 as follows:

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.	<p>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.</p> <p>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.</p>
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 | |