

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	WHY TAKE THE CHANCE?: A QUALITATIVE GROUNDED THEORY STUDY OF NOCTURNAL HEMODIALYSIS RECIPIENTS WHO DECLINE KIDNEY TRANSPLANTATION
AUTHORS	Rosenthal, Meagen; Molzahn, Anita; Chan, Christopher; Cockfield, Sandra; Kim, Joseph; Pauly, Robert

VERSION 1 - REVIEW

REVIEWER	Rachael Walker University of Sydney Australia Hawke's Bay District Health Board Hastings New Zealand
REVIEW RETURNED	06-Apr-2016

GENERAL COMMENTS	<p>Thank you for the opportunity to review this excellent, well written and important study, which explores an under-researched area and provides important insights into patients perspectives of choice.</p> <p>Minor revisions include:</p> <ol style="list-style-type: none">1. Authors should complete COREQ checklist (recommended in reporting of qualitative research Tong, A., Sainsbury, P. and Craig, J., 2007. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. International Journal for Quality in Health Care, 19(6), p.349.2. It would be beneficial to include interview schedule as a supplementary file. <p>The authors may also wish to consider the inclusion of:</p> <ol style="list-style-type: none">1. The limitation of phone interviews as compared to face-to-face interviews.2. Inclusion of recent study in discussion which highlighted similar results regarding the social factors that influence patient choice (of dialysis modality) including family, employment and responsibilities and the importance of these on patient decision making. Walker, R.C., Howard, K., Morton, R.L., Palmer, S.C., Marshall, M.R. and Tong, A., 2016. Patient and caregiver values, beliefs and experiences when considering home dialysis as a treatment option: a semi-structured interview study. Nephrology Dialysis Transplantation, 31(1), pp.133-141. <p>A very interesting and informative study that will be extremely useful to clinicians internationally.</p>
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REVIEWER	Karthik Tennankore Dalhousie University, Halifax, NS, Canada
REVIEW RETURNED	12-Apr-2016

GENERAL COMMENTS	<p>In this qualitative study of patients receiving nocturnal hemodialysis, Rosenthal and colleagues examine factors behind the decision to remain off the transplant wait list. The study utilized semi-structured telephone interviews to identify common themes/categories behind patient's choice and analyzed the data using existing qualitative methods. Overall, they found one core category (why take a chance) and several factors that influenced nocturnal hemodialysis patient decision-making including past negative experiences and current state of health on nocturnal dialysis.</p> <p>Overall, I feel this is a well written paper that addresses a clinically relevant question. Nephrology practitioners who care for home dialysis patients are often faced with those who are not interested in pursuing transplantation, which remains a gold standard form of renal replacement therapy. Although nocturnal hemodialysis has a number of benefits, it is important to understand why patients chose to forego transplant and this manuscript provides good insight into patient perspectives and values around this issue.</p> <p>I do not have any major recommendations, but do have a few minor comments to improve the interpretation of the data.</p> <p>1. The participant characteristic table could contain more details of the current cohort. I appreciate the footnote, specifically that some factors were not included to maintain confidentiality. However, I was unclear as to why some characteristics (i.e. history of cancer/ischemic heart disease) can be included but others (cause of renal disease/transplant history) cannot, especially when they are subsequently addressed (i.e. transplant) in the manuscript itself. Could the authors comment and/or update accordingly?</p> <p>2. Along the same lines as above, dialysis vintage is provided, but NHD vintage is not (in the characteristic table). The latter would allow the reader a better idea of time receiving NHD which is valuable when understanding why patients are adopting a "why take a chance" attitude. Is it possible to include this in the manuscript?</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Minor revisions include:

1. Authors should complete COREQ checklist (recommended in reporting of qualitative research Tong, A., Sainsbury, P. and Craig, J., 2007. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. International Journal for Quality in Health Care, 19(6), p.349.

Please see above.

2. It would be beneficial to include interview schedule as a supplementary file.

Thank you for that note. We have attached the guide as a supplemental file.

The authors may also wish to consider the inclusion of:

1. The limitation of phone interviews as compared to face-to-face interviews.

Thank you for this note. As we outlined in the methods section of the manuscript there is no current evidence suggesting that the value of data collected from telephone interview is different than that of face-to-face interviews (page 5 of the manuscript). For this reason we have not included telephone interviews as a limitation of this study.

2. Inclusion of recent study in discussion which highlighted similar results regarding the social factors that influence patient choice (of dialysis modality) including family, employment and responsibilities and the importance of these on patient decision making.

Walker, R.C., Howard, K., Morton, R.L., Palmer, S.C., Marshall, M.R. and Tong, A., 2016. Patient and caregiver values, beliefs and experiences when considering home dialysis as a treatment option: a semi-structured interview study. *Nephrology Dialysis Transplantation*, 31(1), pp.133-141.

Thank you for brining this recent study to our attention. We have integrated it into the discussion section where appropriate (page 13 of manuscript).

Reviewer: 2

1. The participant characteristic table could contain more details of the current cohort. I appreciate the footnote, specifically that some factors were not included to maintain confidentiality. However, I was unclear as to why some characteristics (i.e. history of cancer/ischemic heart disease) can be included but others (cause of renal disease/transplant history) cannot, especially when they are subsequently addressed (i.e. transplant) in the manuscript itself. Could the authors comment and/or update accordingly?

As indicated, clinical details were not included in order to maintain confidentiality within such a small cohort. The only reason why history of ischemic heart disease and cancer was included at all is because these are comorbidities that are important for a reader to evaluate a patient's transplantability and are thus essential. Other comorbidities by themselves are not (from this perspective) and thus are excluded as per convention.

2. Along the same lines as above, dialysis vintage is provided, but NHD vintage is not (in the characteristic table). The latter would allow the reader a better idea of time receiving NHD which is valuable when understanding why patients are adopting a "why take a chance" attitude. Is it possible to include this in the manuscript?

Thank you for picking this up. We have made the appropriate addition to Table 1 of the manuscript.

VERSION 2 – REVIEW

REVIEWER	Rachael Walker Hawke's Bay District Health Board New Zealand University of Sydney Australia
REVIEW RETURNED	21-Apr-2016

GENERAL COMMENTS	I am happy with all revisions and author responses
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REVIEWER	Karthik Tennankore Dalhousie University Nova Scotia Health Authority Halifax, Canada
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REVIEW RETURNED	19-Apr-2016
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GENERAL COMMENTS	I feel the authors have addressed all of my concerns and the manuscript is suitable for publication.
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