

Peer Review File

Article information: <https://dx.doi.org/10.21037/cdt-22-549>

Comment 1: Excellent paper, a few illustrations / graphics demonstrating the surgical creation of lower extremity access would be great.

Reply 1: Thank you, we added one figure describes femoral vein transposition and thigh arteriovenous graft (Figure 1).

Comment 2: The authors have written a short, balanced review of lower limb access. We have performed over 120 lower limb access procedures and agree with most of what has been included in the review. I would recommend that it is highlighted that the superficial femoral vein literature is subject to a high degree of selection bias - eg Bourquelots' inclusion criteria include a very young age, low BMI, non-diabetic with normal blood vessels: this is really not typical of our patient population. Similarly, the prosthetic lower limb AVG has several reported layouts.

The key argument is the choice with a HeRO, and there is no section on the data regarding this.

Reply 2: Agree with your points regarding the selection bias in some of the included studies. We made some edits to the text.

Change in the text: *"...however, the study's favorable patency rates are subject to a high degree of selection bias as the majority of their patients were young, non-diabetics with low BMI and normal blood vessels which is not typical for HD patients."* Page, 10, lines 1-4.

For the HeRO, it is beyond the scope of this paper but we have discussed it in detail in our other paper of this special series.

Comment 3: Also, what is the role for surveillance for tertiary / salvage access?

Reply 3: The most recent KDOQI Vascular access guidelines suggested that there is no role of U/S surveillance in AVG reconstructions. The authors of the guidelines did not find adequate evidence to support DUS surveillance in either the AVF or AVG, where the surveillance of that group is limited to a regular physical examination by a well-experienced health practitioner.

"13.4 There is inadequate evidence for KDOQI to make a recommendation on routine AVF surveillance by measuring access blood flow, pressure monitoring, or imaging for stenosis, that is additional to routine clinical monitoring, to improve access patency."

“13.5 KDOQI does not suggest routine AVG surveillance by measuring access blood flow, pressure monitoring, or imaging for stenosis, that is additional to regular clinical monitoring, to improve AVG patency. (Conditional Recommendation, Low Quality of Evidence)”¹

1. Lok CE, Huber TS, Lee T, et al. KDOQI Clinical Practice Guideline for Vascular Access: 2019 Update. *Am J Kidney Dis.* 2020;75(4):S1-S164. doi:10.1053/j.ajkd.2019.12.001

Comment 4: What should be done at the time of transplantation?

Reply 4: We manage these patients expectantly. No certain measures are performed.