

## Peer Review File

Article Information: <https://dx.doi.org/10.21037/apm-23-413>

### Review comments

#### Reviewer A

##### Comment 1:

*Abstract – I would prefer to read this in a more traditional format noting: Background; Aim; Methods; Results; Discussion and Conclusion. Also, I noticed a few grammatical errors as reading through so when finalising – it would be useful to have a close read of the English grammar.*

##### Reply 1:

This article is a Clinical Practice Review and hence, an unstructured abstract was used according to instruction to author to summarize the clinical issue related to palliative care in kidney transplant recipients. Grammatical mistakes have been corrected.

##### Comment 2:

*Key recommendations – first dot point is not a recommendation but more of a definition of palliative care*

*What was recommended – palliative care does not equate to hospice care... (just a grammatical point). I think you will need to define hospice care as I can see you are using this as 'terminal care' but it may have different meanings across different countries. The second dot point would benefit from a grammatical review.*

*All dot points make sense but need strengthening in terms of English grammar (noting a typo in the last one 'palliative')*

##### Reply 2:

The key recommendations have been revised as per reviewer's suggestion.

##### Comment 3:

*Overall thoughts: Although I do not disagree with the intention of your paper. I feel this needs to be written more scientifically to be considered for publication in a peer-reviewed journal. There is no stated research aim, methods for addressing this or review of quality for included statements made. I feel this is a really important area but think it would be a more helpful addition to the published literature if this was a systematic review or scoping review in relation to this field. For this reason, I have noted to reject*

*the article at this time. However, I do hope you take this work forward as I do believe this is an important area of scholarship to inform policy and practice.*

Reply 3:

Fully agree that this topic is an innovative concept in kidney transplant recipient management. The utility of palliative medicine in care of kidney transplant recipients is not well delineated at the moment. This article is a clinical practice review to provide summary of the clinical issues involved in management of kidney transplant recipients with graft failure.

### **Reviewer B**

#### Comment 1:

*It seems that this paper is primarily written for a nephrology audience. Much of the text is devoted to defining palliative care and its benefits, symptoms, and advance care planning. Because the majority of journal readers are palliative care clinicians and allied health professionals, it may be more beneficial to describe: 1) the size and extent of the palliative care needs to kidney transplant recipients; 2) barriers to palliative care for kidney transplant recipients; and 3) special considerations in kidney transplant recipients versus other transplant recipients, other patients with kidney disease and other patients with serious illness.*

Reply 1:

A new section about ‘challenges in management of patients with failing kidney graft’ has been added (Page 6-8).

#### Comment 2:

*Table 1. This list of potential symptoms, causes and treatments are not entirely specific to kidney transplant recipients and are far from exhaustive. It also does not provide sufficient detail to be of clinical utility to the reader.*

Reply 2:

Table 1 has been deleted

#### Comment 3:

*Careful discussion is needed when patients are having side effects from their immunosuppressive therapies and this becomes a point of tension about whether to*

*uphold longevity of the transplant graft or improve quality of life of the patient.*

Reply 3:

Discussion about immunosuppressant management is added (page 9, last paragraph).

Comment 4:

*Highlight box:*

- a. Under “Key Recommendations,” the first bullet point is not a recommendation. It is the definition of palliative care.*
- b. Under “Key Recommendations,” consider rephrasing the second bullet point so that it reads more like a recommendation, for instance: “Referral to palliative care may be beneficial to kidney transplant recipients for symptom management, advance care planning, and end-of-life care.”*

Reply 4:

The first bullet point is deleted and second bullet point has been amended as per reviewer’s suggestion.

Comment 5:

*Line 66: would incorporate into definition that palliative care is focused on the care of patients with serious illness.*

Reply 5:

Amended according to reviewer’s suggestion (Page 5, paragraph 2)

Comment 6:

*Line 102: “tended to receive more aggressive treatment and palliative care had been under-delivered”: this statement suggests that palliative care is not aggressive care*

Reply 6:

*The sentence has been deleted.*

Comment 7:

*Line 136: I tend to use the term “primary palliative care” rather than “basic primary care”.*

Reply 7:

Amended according to reviewer’s suggestion (Page 9, paragraph 2)