

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Self-management interventions for adults with chronic kidney disease: A scoping review
AUTHORS	Donald, Maoliosa Kaur Kahlon, Bhavneet Beanlands, Heather Straus, Sharon Ronksley, Paul Herrington, Gwen Tong, Allison Grill, Allan Waldvogel, Blair Large, Chantel Large, Claire Harwood, L Novak, Marta James, Matthew Elliott, Meghan Fernandez, Nicolas Brimble, K. S. Samual, Susan Hemmelgarn, Brenda

VERSION 1 – REVIEW

REVIEWER	Kathryn Havas Queensland University of Technology, Australia
REVIEW RETURNED	05-Oct-2017
GENERAL COMMENTS	Dear Authors, This is a very well designed, conducted, and reported piece of work. There have been at least eight published attempts to synthesise the literature regarding self-management interventions for people with CKD over the past decade. These attempts have experienced challenges similar to those that you have encountered (e.g., significant variation in interventions, outcomes, and findings), but I believe that failing to acknowledge the entirety of this sizeable body of previous work is problematic. The rationale for the conduct of this review can be significantly strengthened by acknowledging this existing body of work, discussing its weaknesses (e.g., focus on people receiving kidney replacement therapy, harsh restrictions upon types of studies included, problematic/unclear reporting), and stating what this article adds (specifically, its: focus on patient engagement; inclusion of 50 studies using varied designs and methods; and use of recognised review and reporting guidelines). In addition to the reviews you have already cited, please consider

inclusion of:

Mason, J., Khunti, K., Stone, M., Farooqi, A., & Carr, S. (2008). Educational interventions in kidney disease care: a systematic review of randomized trials. *American Journal of Kidney Diseases*, 51(6), 933-951.

Reid, C., Hall, J., Boys, J., Lewis, S., & Chang, A. (2011). Self management of haemodialysis for end stage renal disease: A systematic review. *JBIC Library of Systematic Reviews*, 9(3).

Lee, M., Wu, S., Hsieh, N., & Tsai, J. (2016). Self-management programs on eGFR, depression, and quality of life among patients with chronic kidney disease: A meta-analysis. *Asian Nursing Research*, 10(4), 255-262.

doi:<https://doi.org/10.1016/j.anr.2016.04.002>

Lin, M.-Y., Liu, M. F., Hsua, L.-F., & Tsai, P.-S. (2017). Effects of self-management on chronic kidney disease: A meta-analysis. *International Journal of Nursing Studies*.

doi:10.1016/j.ijnurstu.2017.06.008

In addition, the following minor points are suggested:

- Given the discussion point “This highlights the need to consider “whole person care”, where self-management intervention needs to encompass the physical, mental and emotional needs of the patient” (p. 13), consideration of the use of “person-centered care” (rather than “patient-centered care”) is recommended; see, for example:

Brummel-Smith, K., Butler, D., Frieder, M., Gibbs, N., Henry, M., Koons, E., . . . The American Geriatrics Society Expert Panel on Person-Centered, C. (2016). Person-centered care: A definition and essential elements. *Journal of the American Geriatrics Society*, 64(1), 15-18. doi:10.1111/jgs.13866

Ekman, I., Swedberg, K., Taft, C., Lindseth, A., Norberg, A., Brink, E., . . . Sunnerhagen, K. S. (2011). Person-centered care - Ready for prime time. *European Journal of Cardiovascular Nursing*, 10(4), 248.

Lines, L. M., Lepore, M., & Wiener, J. M. (2015). Patient-centered, person-centered, and person-directed care: They are not the same. *Medical Care*, 53(7), 561-563.

- For easy assessment of quantitative results, consider the addition of a “Number of studies in which outcome improved” column to Table 3 to replace the last sentence of the “Description of quantitative study outcomes and results” section (p. 12).

- Regarding the importance of person-centered care and engaging patients in the design of self-management interventions, a study has recently been published which directly assessed the desires of people with stage 1-4 CKD for self-management support, so that this could be used to guide future intervention development:

Havas, K., Douglas, C., & Bonner, A. (2017). Person-centred care in chronic kidney disease: a cross-sectional study of patients' desires for self-management support. *BMC Nephrology*, 18(1), 17.

doi:10.1186/s12882-016-0416-2

REVIEWER	Michelle L. Johnson, PhD, RN Bryan College of Health Sciences, Lincoln, Nebraska, USA
REVIEW RETURNED	24-Nov-2017

GENERAL COMMENTS	<p>Dear authors, I have attached my constructive feedback, with the selection below that states: "for authors and editor". I am willing to review the resubmission of your paper if the editor approves. Please refer to the attachment for details.</p> <p>Constructive Feedback for: Self-management interventions for adults with CKD: A scoping review Abstract: Line 25: "in" October 2016 – do a careful review of proofreading throughout the manuscript. Results: Do not begin a sentence with a number. Key words: patient-centered (misspelled) Introduction: P. 5, lines 17-24 are very confusing, revise P. 6, line 40 rewrite sentence, do not write in 2nd person P. 6, line 45 do not write in 3rd person P. 7, line 9-12: to identify gaps in literature r/t CKD SM and inform future research. P. 7, line 35: Why are you referring to the scoping review as a study? This appears to be a serious error, given that you are following the protocols for a scoping review; the team should make all references as such. How were human participants not involved when the team stated continuing meaningful engagement with the patient partner to derive research questions? How were these people protected from a confidentiality standpoint? How were patients' identities and their stories protected? P. 7, line 43: Do not write in the 3rd person. This scoping review... P. 7, line 53: Do not write in the 3rd person. An informant (DL) assisted with identifying... P. 8, line 13 does not make sense... P. 8, line 53: define ESKD for readers' benefit before using acronym P. 8, line 54, not comparators, but rather in comparison, or as a comparison P. 9, line 3, does not make sense P. 9, lines 15-30: need to discuss inter-rater reliability in relation to Cohen's kappa; a very basic shell is presenting leaving the reader to wonder what really occurred. Need to be specific regarding steps of arbitration by the third reviewer. What are your readers to think about such a subjective statement (process)? P. 9, line 55: To aid your readers' understanding, provide prescriptive detail on how consensus was reached. P. 10, line 3: Data was categorized and reported descriptively...how? The section titled: Description of SM Interventions reads well, it is more scientific in nature and lacks writing in the first/second person. The following section: Description of Quantitative Study Outcomes and Results reads somewhat scientifically as well, but use of the third person throws of the flow. P. 11, line 51 (e.g. is for example, which make more sense than i.e., which means "that is") P. 12, line 36: consider using e.g. instead of i.e. P. 12, Discussion: the team mentions the use of patient partners to identify and summarize SM interventions but no where in the</p>
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	<p>methods section was the process delineated. This is a major omission that makes it extremely difficult for the readers to bridge the role of the patient partners and their extent of involvement with the review process.</p> <p>P. 12, line 56: consider e.g.</p> <p>P. 13, line 13: the team begins to discuss the uniqueness of their focus: theoretical frameworks and patient involvement/engagement. This information should be emphasized by detailing relevance with the two missing components from prior research. It is emphasized as a strength of the article prior to the Introduction, so it needs emphasis here, too. Only an overview is provided regarding patient partners that leaves the readers hanging, wanting more information about the difference this process makes with health-related outcomes.</p> <p>P.13, line 54: “whole person care” AKA holistic care, is the foundation of nursing care</p> <p>P. 15, line 8: the date needs to be cited with the authors</p> <p>P. 15, lines 23- 25: unprofessional word choices; rewrite citing authors with date, and dropping the pronoun</p> <p>P. 15, line 45+: the patient partners are mentioned again but lack the detail the readers need to know to understand the vitality of their roles. This is written as a strength of the article but is poorly described</p> <p>P. 15: the process was certainly inclusive to the point of being impressive and an addition to the science, however, the writing and detailed explanation need considerable work to present the report in a scientific manner. For example, in line 50 the team mentions two tools used, but do not describe nor detail their importance. How is the read to understand the importance without an explanation?</p> <p>P. 16: The team mentioned early in the paper that they would advise on the best SM interventions. This info is included in the tables with color-tabs. It would assist the readers greatly for the team to formulate a brief table outlining the key information related to SM interventions as described in the Discussion section, pages 13-14</p> <p>Overall feedback: The scoping review was in depth and yielded impressive results! The information will certainly add to the science relating to CKD self-management beyond what the systematic review (8) and 3 Integrative reviews (9-11) added to the science at their respective times. That said, the writing needs critical attention in order to read more scientifically. There are many examples of incomplete sentence structure that affects the readability and meaning of the statements. In addition, there a gaps of explanations relating to specific processes that occurred; for example, delineating the inter-rater reliability process and the following comment regarding arbitration by a third reviewer. Such processes need to be delineated so that your readers understand the procedures, so they may make their own decisions about the information presented. Please see the individual comments for details.</p>
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VERSION 1 – AUTHOR RESPONSE

December 18, 2017

Emma Gray
Associate Editor

BMJ Open

Dear Ms. Gray

Please consider our revised manuscript "Self-management interventions for adults with chronic kidney disease: A scoping review". We thank the reviewers for their constructive feedback of our initial submission; furthermore we are pleased to outline our responses and pages these are made on. We feel that our manuscript is much stronger as a result of these revisions.

We thank you for your appraisal and suggestions and look forward to your response.

Sincerely,

Maoliosa Donald & Brenda Hemmelgarn
On behalf of the authors

Reviewer 1:

1) This is a very well designed, conducted, and reported piece of work. There have been at least eight published attempts to synthesise the literature regarding self-management interventions for people with CKD over the past decade. These attempts have experienced challenges similar to those that you have encountered (e.g., significant variation in interventions, outcomes, and findings), but I believe that failing to acknowledge the entirety of this sizeable body of previous work is problematic. The rationale for the conduct of this review can be significantly strengthened by acknowledging this existing body of work, discussing its weaknesses (e.g., focus on people receiving kidney replacement therapy, harsh restrictions upon types of studies included, problematic/unclear reporting), and stating what this article adds (specifically, its: focus on patient engagement; inclusion of 50 studies using varied designs and methods; and use of recognised review and reporting guidelines). In addition to the reviews you have already cited, please consider inclusion of:

Mason, J., Khunti, K., Stone, M., Farooqi, A., & Carr, S. (2008). Educational interventions in kidney disease care: a systematic review of randomized trials. *American Journal of Kidney Diseases*, 51(6), 933-951.

Reid, C., Hall, J., Boys, J., Lewis, S., & Chang, A. (2011). Self management of haemodialysis for end stage renal disease: A systematic review. *JBIC Library of Systematic Reviews*, 9(3).

Lee, M., Wu, S., Hsieh, N., & Tsai, J. (2016). Self-management programs on eGFR, depression, and quality of life among patients with chronic kidney disease: A meta-analysis. *Asian Nursing Research*, 10(4), 255-262. doi:<https://doi.org/10.1016/j.anr.2016.04.002>

Lin, M.-Y., Liu, M. F., Hsua, L.-F., & Tsai, P.-S. (2017). Effects of self-management on chronic kidney disease: A meta-analysis. *International Journal of Nursing Studies*. doi:10.1016/j.ijnurstu.2017.06.008

Thank you for highlighting other studies that have also aimed to synthesize self-management interventions. We appreciate the suggested citations and have added those that are relevant (focusing on non-dialysis CKD) in the "Introduction" of our revised manuscript.

In addition, the following minor points are suggested:

2) Given the discussion point "This highlights the need to consider "whole person care", where self-management intervention needs to encompass the physical, mental and emotional needs of the

patient” (p. 13), consideration of the use of “person-centered care” (rather than “patient-centered care”) is recommended; see, for example:

Brummel-Smith, K., Butler, D., Frieder, M., Gibbs, N., Henry, M., Koons, E., . . . The American Geriatrics Society Expert Panel on Person-Centered, C. (2016). Person-centered care: A definition and essential elements. *Journal of the American Geriatrics Society*, 64(1), 15-18.
doi:10.1111/jgs.13866

Ekman, I., Swedberg, K., Taft, C., lindseth, A., Norberg, A., Brink, E., . . . Sunnerhagen, K. S. (2011). Person-centered care - Ready for prime time. *European Journal of Cardiovascular Nursing*, 10(4), 248.

Lines, L. M., Lepore, M., & Wiener, J. M. (2015). Patient-centered, person-centered, and person-directed care: They are not the same. *Medical Care*, 53(7), 561-563.

As suggested, we have changed our terminology throughout the manuscript to indicate “person-centered care” versus “patient-centered care”, highlighting the current literature that supports individuals to be actively engaged as healthcare users in their care.

3) For easy assessment of quantitative results, consider the addition of a “Number of studies in which outcome improved” column to Table 3 to replace the last sentence of the “Description of quantitative study outcomes and results” section (p. 12).

As suggested we have added an additional column to Table 3 and provided the number of studies for each outcome that were categorized as “improved”. This reflects the data reported in the last sentence of “Description of quantitative study outcomes and results” section (Pg. 12)

4) Regarding the importance of person-centered care and engaging patients in the design of self-management interventions, a study has recently been published which directly assessed the desires of people with stage 1-4 CKD for self-management support, so that this could be used to guide future intervention development:

Havas, K., Douglas, C., & Bonner, A. (2017). Person-centred care in chronic kidney disease: a cross-sectional study of patients' desires for self-management support. *BMC Nephrology*, 18(1), 17.
doi:10.1186/s12882-016-0416-2

Thank you for highlighting this study, we will consider the findings in our future CKD self-management intervention development.

Reviewer 2:

1) Abstract:

Line 25: “in” October 2016 – do a careful review of proofreading throughout the manuscript.

Correction made: “Using a scoping review, electronic databases and grey literature were searched in October 2016 to identify self-management interventions for adults with CKD Stages 1 – 5 (not requiring kidney replacement therapy).”

2) Results: Do not begin a sentence with a number.

Correction made: “Fifty studies (19 RCTs, 7 quasi-experimental, 5 observational, 13 pre-post intervention, 1 mixed methods and 5 qualitative) reporting 45 interventions were included.”

3) Key words: patient-centered (misspelled)

Correction made. We have made changes throughout the manuscript from “patient-centred” to “person-centered” to indicate current literature and the American English spelling.

Introduction:

4) P. 5, lines 17-24 are very confusing, revise

Sentence revised to read as: “In a recent CKD research priority setting study, individuals with non-dialysis CKD, their caregivers, clinicians and policy makers identified the need to develop optimal strategies to enable patients to manage their CKD and related comorbidities to slow or prevent the progression to end-stage kidney disease (ESKD) (3).” (Pg.5)

5) P. 6, line 40 rewrite sentence, do not write in 2nd person

Sentence revised to read as: “We used a scoping review methodology to understand the range and types of interventions including both educational and support interventions for CKD to inform the future design of a self-management intervention.” (Pg. 6)

6) P. 6, line 45 do not write in 3rd person

Sentence presently reads in 1st person: “Therefore, we conducted a scoping review to identify and describe self-management interventions for adult patients with CKD (stages 1 – 5; non-dialysis, non-transplant).” (Pg. 6)

7) P. 7, line 9-12: to identify gaps in literature r/t CKD SM and inform future research.

Sentence revised to read as: “Our aim was to identify gaps in literature related to CKD self-management interventions and inform future research.” (Pg. 7)

8) P. 7, line 35: Why are you referring to the scoping review as a study? This appears to be a serious error, given that you are following the protocols for a scoping review; the team should make all references as such.

Sentence revised to read as: “This work involves identifying, reviewing and categorizing data from primary articles and does not involve human participants and is exempt from ethics approval.” (Pg.7)

9) How were human participants not involved when the team stated continuing meaningful engagement with the patient partner to derive research questions? How were these people protected from a confidentiality standpoint? How were patients’ identities and their stories protected?

As mentioned above, this work does not investigate human participants directly. The “patient partners” are members of our research team, not participants.

10) P. 7, line 43: Do not write in the 3rd person. This scoping review...

Sentence presently reads in 1st person: “Our scoping review aimed to determine the available self-management interventions for adults aged 18 years and over and diagnosed with CKD Stages 1 – 5 (not requiring dialysis or transplant).” (Pg. 7)

11) P. 7, line 53: Do not write in the 3rd person. An informant (DL) assisted with identifying...

Sentence presently reads in 1st person: "We worked with an information specialist (DL) to identify key words that represented the population (CKD) and the intervention (self-management)." (Pg. 8)

12) P. 8. line 13 does not make sense...

Sentence revised to read as: "Using the Canadian Agency for Drugs and Technology (CADTH) Grey Matters approach (18), we searched Google Canada, Health Technology Assessment (HTA) agencies (Canada, Australia, Ireland, UK and US), and Clinical Trials databases (Biomed Central – ISRCTN Registry, US National Institutes of Health, ClinicalTrials.gov) during October 2016 with no language restrictions (Table S1)." (Pg. 8)

13) P. 8, line 53: define ESKD for readers' benefit before using acronym

ESKD was identified previously on Pg. 5: "In a recent CKD research priority setting study, individuals with non-dialysis CKD, their caregivers, clinicians and policy makers identified the need to develop optimal strategies to enable patients to manage their CKD and related comorbidities to slow or prevent the progression to end-stage kidney disease (ESKD) (3)."

14) P. 8, line 54, not comparators, but rather in comparison, or as a comparison

Sentence revised to read as: "Other self-management interventions or standard care were considered as a comparison." (Pg. 9)

15) P. 9, line 3, does not make sense

This statement has been removed to avoid confusion. (Pg. 9)

16) P. 9, lines 15-30: need to discuss inter-rater reliability in relation to Cohen's kappa; a very basic shell is presenting leaving the reader to wonder what really occurred. Need to be specific regarding steps of arbitration by the third reviewer. What are your readers to think about such a subjective statement (process)?

Sentence revised to read as: "To determine inter-rater reliability, a calibration exercise was performed by the three reviewers. Pilot testing a random sample of 50 citations achieved good agreement (kappa = 0.79) at which point the three reviewers screened the remaining titles and abstracts. Two reviewers (BK and MD) followed a similar procedure for identifying relevant full text studies, with good agreement between the two reviewers (kappa = 0.78). Disagreements were resolved by discussion and obtaining consensus between the three reviewers." (Pg. 9)

17) P. 9, line 55: To aid your readers' understanding, provide prescriptive detail on how consensus was reached.

See response #16 above.

18) P. 10, line 3: Data was categorized and reported descriptively...how?

Sentence revised to read as: "Data was categorized and reported descriptively (i.e. counts and frequencies)." (Pg. 10)

19) The section titled: Description of SM Interventions reads well, it is more scientific in nature and lacks writing in the first/second person. The following section: Description of Quantitative Study Outcomes and Results reads somewhat scientifically as well, but use of the third person throws off the flow.

Revisions have been made as requested.

20) P. 11, line 51 (e.g. is for example, which makes more sense than i.e., which means “that is”)

Sentence revised to read as: “Many studies had more than one outcome measure (e.g. one measure improved, another had no change) and they were reported as mixed results.” (Pg. 12)

21) P. 12, line 36: consider using e.g. instead of i.e.

Sentence revised to read as: “Due to the variety of interventions (e.g. intervention topics, delivery mode and providers of the intervention) it was difficult to summarize findings into meaningful categories.” (Pg. 13)

22) P. 12, Discussion: the team mentions the use of patient partners to identify and summarize SM interventions but no where in the methods section was the process delineated. This is a major omission that makes it extremely difficult for the readers to bridge the role of the patient partners and their extent of involvement with the review process.

To clarify this, we have added the following statements:

Introduction: “We used recognized literature synthesis and reporting guidelines, along with engagement of our patient partners in determining the research question and search terms, as well as reviewing the results to ensure we captured and reported the data meaningfully.” (Pg. 6)

Methods added “Consulting with patient partners” section: “Patient partners were engaged throughout this work, specifically to provide input on the research question, search strategies (e.g. grey literature sources) and reviewing the final results. The results were presented and discussed at the national Can-SOLVE CKD meeting.” (Pg. 10)

Discussion: “To our knowledge, this is the first scoping review involving patients as research partners to identify and summarize self-management interventions for adults with CKD.” (Pg. 13)

23) P. 12, line 56: consider e.g.

Sentence revised to read as: “Overall, patients highlighted that interventions needed to be individualized and tailored to their specific situations and preferences (e.g. awareness of having CKD, stage of CKD, knowledge of the disease, access to resources, etc.).” (Pg. 13)

24) P. 13, line 13: the team begins to discuss the uniqueness of their focus: theoretical frameworks and patient involvement/engagement. This information should be emphasized by detailing relevance with the two missing components from prior research. It is emphasized as a strength of the article prior to the Introduction, so it needs emphasis here, too. Only an overview is provided regarding patient partners that leaves the readers hanging, wanting more information about the difference this process makes with health-related outcomes.

As noted in our response #22 above, we have expanded on the role and input from our patient research partners. We can only speculate as to the difference this process makes, and therefore have chosen not to expand on that further.

25) P.13, line 54: “whole person care” AKA holistic care, is the foundation of nursing care

Thank you for your comment – we agree that holistic care is the foundation of nursing care.

26) P. 15, line 8: the date needs to be cited with the authors

Sentence revised to read as: “Work by Tong et al. (2015) highlights this concept, where patients with CKD are more interested in treatment choices that influence non-traditional clinical outcomes such as impact on family and lifestyle (35).” (Pg. 15)

27) P. 15, lines 23- 25: unprofessional word choices; rewrite citing authors with date, and dropping the pronoun

Sentence revised to read as: “Havas et al. (2016) similarly reported a lack of research related to patient perspectives on self-management in CKD.” (Pg. 16)

28) P. 15, line 45+: the patient partners are mentioned again but lack the detail the readers need to know to understand the vitality of their roles. This is written as a strength of the article but is poorly described

Please see response #22 above.

29) P. 15: the process was certainly inclusive to the point of being impressive and an addition to the science, however, the writing and detailed explanation need considerable work to present the report in a scientific manner. For example, in line 50 the team mentions two tools used, but do not describe nor detail their importance. How is the read to understand the importance without an explanation?

We have expanded the section to describe the tool, as requested: “We developed a data extraction form based on the Template for Intervention Description and Replication (TIDierR) checklist (19). This checklist provides a template to structure accounts of an intervention (e.g. goal of intervention, materials used, who delivered the intervention and how, where, when and how much, and how well the intervention was delivered). We also used the Effective Practice and Organization of Care (EPOC) data collection form (20) to ensure we were comprehensive in extracting relevant study characteristics as outlined by Cochrane EPOC group.” (Pg. 9/10)

30) P. 16: The team mentioned early in the paper that they would advise on the best SM interventions. This info is included in the tables with color-tabs. It would assist the readers greatly for the team to formulate a brief table outlining the key information related to SM interventions as described in the Discussion section, pages 13-14

To assist the readers we have added an additional column to Table 3 and provided the number of studies for each outcome that were categorized as “improved”. We considered adding a sixth table to summarize the information requested, however given the current number of tables, and the importance of interpreting the “study results” column in the context of the other study features (current Table 4) we have elected not to make any further revisions including the addition of another table, but would be willing to do so at the request of the editor.

Overall feedback: The scoping review was in depth and yielded impressive results! The information will certainly add to the science relating to CKD self-management beyond what the systematic review (8) and 3 Integrative reviews (9-11) added to the science at their respective

times. That said, the writing needs critical attention in order to read more scientifically. There are many examples of incomplete sentence structure that affects the readability and meaning of the statements. In addition, there are gaps of explanations relating to specific processes that occurred; for example, delineating the inter-rater reliability process and the following comment regarding arbitration by a third reviewer. Such processes need to be delineated so that your readers understand the procedures, so they may make their own decisions about the information presented. Please see the individual comments for details.

Thank you for your careful review – we have made the revisions as detailed above.

VERSION 2 – REVIEW

REVIEWER	Michelle L. Johnson, PhD, RN Bryan College of Health Sciences Lincoln, Nebraska, USA
REVIEW RETURNED	10-Jan-2018

GENERAL COMMENTS	<p>Please note that I am including my original overview with my second overview after your team made edits to your original manuscript.</p> <p>(Original) Overall feedback: The scoping review was in depth and the results are impressive! The information will certainly add to the science relating to CKD self-management beyond what the systematic review (8) and 3 Integrative reviews (9-11) added to the science at the specific time. That said, the writing needs critical attention in order to read more scientifically. There are many examples of incomplete sentence structure that affects the readability and meaning of the sentence. Please see the individual comments for details.</p> <p>Feedback after reviewing edited manuscript: I enjoyed reading your edited paper! You all have put in a lot of work towards publishing vital information on interventions for self-managing CKD pre-dialysis. The information provided is essential for researchers moving forward with interventions designed to slow the disease process. I especially appreciate the information your team included on engaging patients in the process (p. 38), which is a vital piece to activating patients in their own health care. Your team has highlighted a need to standardize processes with individualized research team interventions, in order to foster an understanding of which interventions are most effective, keeping in mind the importance of tailoring to individual needs.</p>
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REVIEWER	Kathryn Havas Queensland University of Technology, Australia
REVIEW RETURNED	15-Jan-2018

GENERAL COMMENTS	<p>Dear Authors,</p> <p>This work has been significantly improved by incorporating the suggested revisions. A couple of additional minor suggestions are provided:</p> <ul style="list-style-type: none"> •Generally, in-text, numbers <10 should be spelled out, rather than numerals used (e.g., “eight” not “8” in-text). An example of this issue is p. 16, lines 27-32 (untracked PDF document).
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	•While the manuscript includes a PRISMA flow diagram, the PRISMA checklist is not attached. Please include, as per journal guidelines.
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VERSION 2 – AUTHOR RESPONSE

January 16, 2018

Emma Gray
Associate Editor
BMJ Open

Dear Ms. Gray

We have addressed the minor revisions to the manuscript “Self-management interventions for adults with chronic kidney disease: A scoping review”. We thank the reviewers for their comments and feedback (noted below in bold) of our edited manuscript, furthermore we are pleased to outline our responses below.

We thank you for your appraisal and are pleased with the recommendation for publication in BMJ Open.

Sincerely,

Maoliosa Donald & Brenda Hemmelgarn
On behalf of the authors

Reviewer 1:

This work has been significantly improved by incorporating the suggested revisions. A couple of additional minor suggestions are provided:

1) Generally, in-text, numbers <10 should be spelled out, rather than numerals used (e.g., “eight” not “8” in-text). An example of this issue is p. 16, lines 27-32 (untracked PDF document).

Thank you for the in-depth review. We have made corrections throughout the manuscript to reflect the recommended numeral format.

2) While the manuscript includes a PRISMA flow diagram, the PRISMA checklist is not attached. Please include, as per journal guidelines.

Thank you for highlighting this oversight. We have included the PRISMA checklist.

Reviewer 2:

Please note that I am including my original overview with my second overview after your team made edits to your original manuscript.

(Original) Overall feedback: The scoping review was in depth and the results are impressive! The information will certainly add to the science relating to CKD self-management beyond what the systematic review (8) and 3 Integrative reviews (9-11) added to the science at the specific time. That said, the writing needs critical attention in order to read more scientifically. There are many examples of incomplete sentence structure that affects the readability and meaning of the sentence. Please see the individual comments for details.

Feedback after reviewing edited manuscript: I enjoyed reading your edited paper! You all have put in a lot of work towards publishing vital information on interventions for self-managing CKD pre-dialysis. The information provided is essential for researchers moving forward with interventions designed to slow the disease process. I especially appreciate the information your team included on engaging patients in the process (p. 38), which is a vital piece to activating patients in their own health care. Your team has highlighted a need to standardize processes with individualized research team interventions, in order to foster an understanding of which interventions are most effective, keeping in mind the importance of tailoring to individual needs.

Thank you for your initial feedback and suggested revisions which has strengthened our manuscript.