

Peer Review

Review of: "Upgrading Renal Replacement Therapy Machines in the ICU: A Comparative Observational Study of Heparin vs. Regional Citrate Anticoagulation"

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Dear Authors,

Thank you for your interesting and valuable work. Overall, the manuscript has been improved substantially since the first submitted version. I believe there are still a few limitations that need to be addressed to strengthen the interpretation of the results. Below are a few suggestions:

Methodology

- I suggest clarifying the time points for comparison: Explain why heparin and RCA were compared at two different time points. It is likely due to a change in practice, but this should be explicitly stated.
- Justify the study period and sample size: Why was this specific time frame chosen? Additionally, explain why the group sample sizes were chosen to be unequal.
- Specify which dialysis machines and filters were used.
- What was the maximum recommended filter lifespan according to the manufacturer?
- I recommend providing the specific protocols you use at your institution for your CRRT devices, including the criteria for filter replacement.
- Cost calculations:
 - How were transfusion costs calculated? Was this based on the cost per unit of red blood cells, or did it also include other material costs or the labor costs for doctors and nurses performing the

transfusion?

- Statistical analysis: Provide more precise details on the specific statistical tests used.

Results

- Data presentation: Are results presented as means or medians? I recommend including standard deviations or interquartile ranges, as appropriate. This should also be specified in the statistical analysis section.
- Reasons for treatment interruption: Were treatments interrupted due to clotting, or were there other reasons?
- Filter effectiveness: Do you have any data on filter performance or effectiveness?

I appreciate your efforts in this study and look forward to your revisions.

Declarations

Potential competing interests: No potential competing interests to declare.