

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Nephrology

**Manuscript NO:** 35896

**Title:** Awareness, self-management behaviors, health literacy, and kidney function relationships in specialty practice

**Reviewer's code:** 00503228

**Reviewer's country:** Iran

**Science editor:** Jin-Xin Kong

**Date sent for review:** 2017-09-04

**Date reviewed:** 2017-09-12

**Review time:** 8 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

- Results "16 patients who agreed to participate but failed to meet screening criteria. "you'd better give detailed data how many patients were excluded due to which of the exclusion criteria. - Methods: Had any of you patients been under dialysis before; on what schedule? how long? until when? - I recommend to stratify your patients into diabetics and non-diabetics, and reanalyse you data comparing patients of the two groups. You know; diabetes in the single most prevalent and with most singular features in CKD. - How many of your patients had comorbidity; and how it affects your study results. I recommend a more emphasizing on most important comorbidities (CVA, cardiac, etc.) - Result: You just say multivariable analyses were not significant. It is not the right way to present your data. You should firstly give uni- and bi-variate analyses in tables and give RR/OR(95%CI), and then you conduct your multivariable analysis



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one by one starting by the most important ones, in a step-wise manner; and see how the significance levels change. In a study of limited sample size like your with such a large number of variables, it is not surprising that multi-variable analysis in a pooled way returns non-significance. - Methods: I know you gave a reference to your method, but it still needs some expansion. It is too much concise. For example the formula you calculated the GFR and so.

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Nephrology

**Manuscript NO:** 35896

**Title:** Awareness, self-management behaviors, health literacy, and kidney function relationships in specialty practice

**Reviewer's code:** 02888410

**Reviewer's country:** Spain

**Science editor:** Jin-Xin Kong

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**Review time:** 10 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
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		<input type="checkbox"/> No	

## COMMENTS TO AUTHORS

The manuscript offers interesting results but it needs some minor corrections. What formula was used to estimated GFR: MDRD-4 or MDRD-4-IDMS? Frequency data are transcribed without statistical significance. It must be fulfilled and the comments corrected as needed. A no awareness proportion of 40% is to high to say: "... awareness of having CKD was high among patients in this outpatient nephrology specialty clinic". This should be modified in Summary, Discussion and Conclusions. In fact the most interesting results is the need to improve patients information in stages I and II. Discussion is too long and should be shortened. The last but one paragraph could be erased.