



PEER-REVIEW REPORT

Name of journal: *World Journal of Nephrology*

Manuscript NO: 85709

Title: Effectiveness and Safety of Apixaban and Rivaroxaban versus Warfarin in Patients with Atrial Fibrillation and Chronic Kidney Disease

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02640394

Position: Editorial Board

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: Canada

Manuscript submission date: 2023-05-19

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-06-09 20:35

Reviewer performed review: 2023-06-18 21:34

Review time: 9 Days

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The aim of this paper is fundamentally to provide data on safety and effectiveness of each individual DOAC, but only two molecules were considered. Thus, it should be clearer for readers a title such as "effectiveness and safety of apixaban and rivaroxaban versus warfarin in patients with atrial fibrillation and chronic kidney disease". Stage III CKD was defined by a composite variable previously validated; however, the reference is restricted to a cohort comprised mostly older adults, and results may not be generalizable to all adults > 18 years as in the present studies; besides, and more importantly, the predictive algorithm was meant for identifying CKD GFR category 4-5, that is different from stage III considered in the present studies. These are very major limitations and should be adequately discussed. It is not clear the reason of the use of the CHADS score instead of the CHA2DS2VASc score, now recommended in the atrial fibrillation guidelines. this point should be discussed, too. Anyway, it is useless to indicate CHADS constituents in a supplementary table, as they are well known. In the initial and final part of the discussion it is indicated that if creatinine clearance is 30-49 ml/min, there is the need to reduce the dose at 15 mg. This is a well-known general



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recommendation and should not be presented in that position, that should be reserved to the main study result. Reference 13 is related to a sub-analysis of the ARISTOTLE (not ARISTOLE) trial not focusing stage III CKD patients, so it is useless. In the study flow chart the patients excluded for taking dabigatran or edoxaban are not shown. Minor suggestions figure 4) (; at page 12; page 15 "decline renal function"-> declined renal function or decline in renal function.



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Reviewer's code: 04108102

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: India

Author's Country/Territory: Canada

Manuscript submission date: 2023-05-19

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-07-11 08:48

Reviewer performed review: 2023-07-18 09:40

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

A reasonable effort was made in the study to address an important clinical question. However, the study has certain limitations which have been acknowledged by the authors. The INR and eGFR are two important factors which can lead to confounding bias in the study.