ANSWERING REVIEWERS

April 10, 2016

Name of Journal: *World Journal of Nephrology*

Manuscript NO.: 24582

Title: Parathyroid ultrasonography and bone metabolic profile of patients on dialysis with hyperparathyroidism

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Dear Editor,

Thank you for your e-mail with the comments about the above manuscript. We carefully read your and the reviewers' comments and our answers (Marked with an **A)** are detailed below. As instructed, the changes in the revised manuscript are **highlighted in yellow and in bold style**.

Reviewer: 1
A nice study. The authors support that he identification of nodules at ultrasonography strengthens the indication for parathyroidectomy in patients with secondary hyperparathyroidism due to renal failure.

Comments to the Author

1. Can the authors think of any exceptions to this rule, i.e. any patient subgroups with nodules at ultrasonography that do not have an indication for parathyroidectomy?

   A: Considering the study, we can not think about one situation where the finding of nodules would not be an indication for PTx, We only have patients with severe hyperparathyroidism without therapeutic response, except those who presented clinical response (reduction of PTH with vitamin D use and / or calcimimetic). Studies have shown better effect of calcimimetic on the reduction of PTH levels, although there is no improvement in mortality.
   Regression of existing parathyroid hyperplasia has also been demonstrated. Consistent with these observations, preliminary data from a post hoc analysis indicate a >10-fold reduction in the risk for parathyroidectomy, as well as a significantly reduced risk of fractures and cardiovascular hospitalisation, in dialysis patients treated with cinacalcet (*Drueke T, Martin D, Rodriguez M. Can calcimimetics inhibit parathyroid hyperplasia? Evidence from preclinical studies. Nephrol Dial Transplant 2007; 22(7): 1828–1839*).

2. In the sentence reading:
   Although calcimimetics have reduced the need for surgical PTX, a Cockrane recent review showed no reduction in mortality in the population with CKD stage V with the use of cinacalcet.
   It is COCHRANE review not COCKRANE.

A: We agree and modified the text.

Reviewer: 2
The paper "Parathyroid ultrasonography and bone metabolic profile of patients on dialysis with hyperparathyroidism" should be published in World Journal of Nephrology, after short discussion with the editor.

A: We accepted the final decision.

ANSWERS TO THE EDITOR IN CHIEF

Dear Editor,

Thank you for your e-mail with the comments about the above manuscript. We carefully read yours' comments and our answers are detailed below. As instructed, the changes in the revised manuscript are highlighted in blue.

Comment:

1. Not standing with validity of surgical treatment of parathyroid modules and improvement of the condition, many nephrologists are treating these patients with calcimimetics sensipar with decrease in PTH and size of the modules. The authors didn't compare the effects.

Response:

Our study has limitations. It was retrospective and based on not standardized data and medical records, which may be critical to the results. Moreover, another criticism is due to the fact that none of the patients have used other vitamin D analogs, such as paricalcitol and calcimimetics, whose results have demonstrated better clinical response than with traditional analogs of vitamin D. Two large studies have shown good responses to reduce PTH levels but failed to demonstrate reduction of morbidity and cardiovascular mortality: The EVOLVE and the PRIMO. The first was done with cinacalcet and the second with paricalcitol. Although calcimimetics have reduced the need for surgical PTX, a Cochrane recent review showed no reduction in mortality in the population with CKD stage V with the use of cinacalcet."

2. There are many comings short such as discussion is too long for a solitary message. Discussion should be shortened to focus on the surgical therapy.

Response:

Discussion was modified

3. The author has stated repeatedly metabolic bone disorders but no data were presented on bone biopsy or vitamin D levels. Even there is no data on bone density

Response:

We do not have access to these resources that were not done.

4. Abbreviation RRT should be clarified.

"RRT = renal replacement therapy" Done in the manuscript.