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Date: 2nd May 2016

Re: Response to reviewers

Dear sir/madam,

We thank the reviewers for their comments, and have directed replies below to specific comments.

We have also made additions and adjustments to the manuscript as requested (Postcode, conflict-of-interest, author contributions, numbering of references in superscript, restructuring of abstract, core tip, comments, listing of all authors/PMID/DOI for references), and highlighted the changes in the manuscript.

We are awaiting signature on conflict of interest form and copyright form from one co-author who is away on holiday. However, we did not wish to delay our response to you until her return. We hope you will allow us to resubmit the manuscript now, and send you the signed forms later this week.

Thank you for your time and attention.

Yours truly,

Elizabeth Oei, Klara Paudel, Annemarie Visser, Hazel Finney, and Stanley Fan.

Reviewer Code 00211908:

BIS: This was a typo error. Changed to BCM (an abbreviation previously cited in full).

>014 ng/L: We have corrected this typo error

We have corrected the typo error (in Table 2) for the cTNT units

Reviewer Code 00503292

We thank the reviewer for his comments.

Unfortunately we did not receive the updated manuscript with the tracked changes (submission site did not permit me to access). However, we have reviewed the manuscript and hope we have managed to pick up most of the errors.

Reviewer Code: 00503252

We have made the following changes in light of this reviewer's comments:

- 1) We have explained in the Discussion that ideally some functional cardiac should have been performed contemporaneously to the BCM and cTNT evaluations. Unfortunately, this was a retrospective study and cardiac echo were not routinely performed (only for those on the renal transplant waiting list)
- 2) Similarly, we only formally assess residual renal function once or twice a year. We have not included this information or tried to assign a "cause" for fluid overload in this study because of its retrospective nature. We have explained this in the Discussion
- 3) We report cause of death to the UK Renal Registry. However, we do not provide detailed information as the death is often "out of hospital". In a retrospective study, we do not feel it would be possible to further define "causes" of cardiac death. This is now explained in the Discussion.
- 4) We agree that Hb is not a good biomarker of nutrition. However, malnourished patients are often ESA-unresponsive. We have explained in the Discussion that none of the biomarkers we have used are perfect but none are showing any signal to suggest that changing nutritional status over the duration of the study is confounding our BCM/cTNT results.
- 5) We believe this is a power issue. Nutritional status has been correlated with hydration. However, in a short term study, we have not shown significant changes in nutritional biomarkers (albeit imperfect) to account for the changes in hydration status.
- 6) We appreciate that we cannot give all the results in the Abstract. I hope the reader will proceed to read the article.
- 7) We are speculating. Certainly in a developed country where the general population eats a lot of processed foods, salt restriction is extremely difficult. People who have low salt intake may be very compliant, but of course it is possible there will be selection bias towards a malnourished group of patients that will show decrements in LTM. We are sorry if we did not explain this clearly.
- 8) We do not feel that on the basis of this study, we can give nutritional guidance. Caloric intake from PD is interesting but again very difficult and out of scope for this retrospective study.
- 9) We have changed the term BIS to BCM.

