

Reviewer Name: Anonymous

Review Date: 2017-11-20 01:14

Comments To Authors: Overall, the study is well-written. However, I have a few comments regarding the study outcomes: 1) The study showed that “recommendations alone are not sufficient to induce changes in exercise capacity of KTRs.” The study finding is not totally unexpected.

*Answer: thank you for the comment. In our study, the above -mentioned sentence was inserted after a short review of other studies, and was aimed to stimulate further research to improve adherence to physical activity. We added a final phrase to stress this concept.*

The study would have been more interesting if blood pressure measurements were also included in the outcome analysis. Please address

*Answer: thank you for the comment. In fact, after a short discussion among the authors, we decided not to show the blood pressure measurements in the first version of the paper because they did not change during the study. In the revised version, we include these data (in Table 3) with a short discussion, as suggested by the referee.*

2) Glucose values were < 126 mg/dL at the three study time points in both groups. Can the authors risk stratify into non-diabetic, and pre-diabetic range rather than simply stating glucose < 126 mg /dL ?

*Only three patients (one in group A and two in group B) were diabetic under therapy (as shown in Table 2). Considering the very little number of diabetic patients in our sample and the fact that glycaemia did not change during the observation period in the two groups, we decided to not go deep in the analysis and discussion of this point, utilising 126 mg/dL as reference. However, we must consider the comment of the referee, so in the revision we inserted a phrase specifying the above-mentioned characteristics of our sample.*

3) The study showed no significant changes in eGFR in either group. However, the finding that creatinine tended to decrease in Group A was somewhat surprising since one would expect that resistance training exercise may help build muscle mass, hence higher serum creatinine level without change in true GFR. Any comments?

*Answer: The tendency to decrease of Creatinine and eGFR in Group A can be considered as positive effect of physical exercise and needs specific studies. Patients in Group A did not show any significant increase in muscle mass after 12 months of resistance training such as to affect creatinine and eGFR, probably because of the low intensity of the resistance training. We added these sentences into the text. Thank you for the comment.*

Classification: Grade C (Good)

Language Evaluation: Grade A: priority publishing

Conclusion: Major revision

Reviewer Name: Anonymous

Review Date: 2017-11-01 20:09

Comments To Authors: Comments of this reviewer are: - To determine the aerobic and anaerobic thresholds you performed all these tests (earlobe sampling, spirometry) in every exercise session or only once at the beginning? –

*Answer: we determined aerobic and anaerobic thresholds only at  $T_0$ ,  $T_6$  and  $T_{12}$ , and not in every training session. Probably the methods are not so clear, so we inserted a phrase in the methods (paragraph: Supervised Training Intervention) to better understand this point. Thank you for the comment.*

“The required sample size was determined using the Software G\*Power (version 3.1.9.2) with an alpha level of 0.01 and a power of 0.90.” To detect which anticipated difference? And in which parameter? –

*Answer: the calculation was done to assess if the subjects' sample was suitable to assess eventual differences in Exercise Capacity, Muscular Strength, Renal Function, BMI and HRQoL. We added this sentence to the paragraph. Thank you for the comment.*

Another limitation is that the exercise program prescribed, was based on blood tests (earlobe lactate) and measurements (spirometry) that are not routinely performed in gyms and cannot be universally applied. Thus, the generalizability of the results is limited.

*Answer: it is true. We added a phrase citing this aspect as a further limitation of the study. Thank you for the comment.*

Classification: Grade B (Very good)

Language Evaluation: Grade A: priority publishing

Conclusion: Minor revision