



PEER-REVIEW REPORT

Name of journal: World Journal of Nephrology

Manuscript NO: 38247

Title: ANCA associated vasculitides with renal involvement: Open challenges in the remission induction therapy.

Reviewer's code: 03509321

Reviewer's country: India

Science editor: Li-Jun Cui

Date sent for review: 2018-02-05

Date reviewed: 2018-02-11

Review time: 6 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 checked="" 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The article by Salvadori M et al is interesting but I have few queries as below:
 Introduction: Delete the histological findings. General comments: Difference in doses and schedule of RTX injection is one of the important factors causing difference of Efficacy of RTX among various trials. So within table RTX dose should be included. Disease remission is also depends on maintenance immunosuppression like AZA/MMF, this should be included within discussion. Although authors discussed about induction therapy but to determine efficacy disease remission is considered as a factor. There should be discussion about management of pediatric population considering pediatric RCT/Prospective studies References: Many important and recent references (Nephrol Dial Transplant. 2015 Favourable renal survival in paediatric microscopic polyangiitis: efficacy of a novel treatment algorithm; Pediatr Nephrol. 2018 Paediatric anti-neutrophil



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cytoplasmic antibody (ANCA)-associated vasculitis: an update on renal management ETC) are missing. Please delete the older one. If authors considered only RCT then it should be mentioned clearly.



PEER-REVIEW REPORT

Name of journal: World Journal of Nephrology

Manuscript NO: 38247

Title: ANCA associated vasculitides with renal involvement: Open challenges in the remission induction therapy.

Reviewer's code: 02884329

Reviewer's country: China

Science editor: Li-Jun Cui

Date sent for review: 2018-02-05

Date reviewed: 2018-02-13

Review time: 8 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 checked="" 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 checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" 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

The manuscript summarized the remission induction therapeutic regimens of current trails and guidelines on patients with antineutrophil cytoplasmic antibody (ANCA) associated vasculitides (AAVs). Different first line therapeutic regimens, such as cyclophosphamide (CYC) plus corticosteroids (CCS), rituximab (RTX) plus CCS, the administrate of plasma exchange and the novel agents, especially avacopan (CCX168), an orally administered selective C5a receptor inhibitor were discussed. Patients in different scenario, especially with advanced kidney failure were focused. It could help clinicians and nephrologists understand more about the remission induction treatment strategies of AAV. However, the written of this paper was not concisely enough. And there are some defects need to be refined.