

EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) Science editor:

This is an interesting study that reviewed the literature for the epidemiology of final renal disease diagnoses made upon clinical as well as histopathological evaluations of the kidney specimens from patients with NiS. But the manuscript needs improvement. First, the abstract does not succinctly summarize the full text and name the significance of this study. Second, it is not clear what the criteria are for the population to be investigated in this study. Third, the description of the results in this paper is inaccurate.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade B (Very good)

Response: Thank you very much for the positive remarks and invaluable recommendations. The abstract has been revised according to your comments. About the criteria, not much criteria was used for inclusion and exclusion of the patients. It was enough that patients had report for their clinical syndrome (e.g. nephritic syndrome) and final diagnosis report for their renal biopsies, which has been added to the text. The description of the results has also been revised.

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Nephrology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. However, the quality of the English language of the manuscript does not meet the requirements of the journal. Before final acceptance, the author(s) must provide the English Language Certificate issued by a professional English language editing company. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

Response: Thank you very much for the positive remarks and invaluable recommendations. Figures had been prepared for PowerPoint presentation as your comments. Tables have also been formatted and prepared accordingly. The English of the article has also been extensively modified. Just due to a number of reasons, one of them the international transaction freezing that exists in Iran due to the sanctions, it is not possible to have the article reviewed by the companies you specified. But the article has been thoroughly modified and all the language problems resolved to satisfy your expectations. Thank you very much again for your kind consideration.

2 Peer-review report

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade C (A great deal of language polishing)

Conclusion: Major revision

Specific Comments to Authors: REVIEW FOR WORLD JOURNAL OF NEPHROLOGY Manuscript No 73887
Manuscript Type: Meta- Analysis Title: Renal Biopsies in Nephritic Syndrome: Update Summary and overall Evaluation- General Points This article states that it is a meta- analysis of renal biopsies in nephritic syndrome. **The major problem of the article is the lack of clarity** The reader can not follow the **PRISMA 2009 checklist**, although provided by the authors **The language** is poor both for syntax and grammar Otherwise the number of reports is impressive and the workload by the authors should not be wasted. Specific comments and Improvement points 1) What is the population investigated? In which parts of the world? Should be stated in the Abstract. **Later in the text the contribution of each continent should specified with the most prevalent diagnosis.** 2) In Results: “NiS was the indication for renal biopsies in 21% of the total populations worldwide”: Both grammar error and lack of meaning. What total population? Later in “Definitions and event classifications” the authors state diagnosis of Membranous Nephropathy, Focal and Segmental Glomerulonephritis, Amyloidosis, i.e. histopathology patterns that relate to nephrotic , not nephritic syndrome In “Searching and selecting reports for review” the authors state that they searched 162 reports “whose indication for renal biopsies was nephritic syndrome” . So, what are actually the data included? Nephritic Syndrome with and without nephrotic syndrome? In cases of nephrotic syndrome was an Acute Renal Injury (ARI) misdiagnosed as nephritic syndrome? For example: In table 2 we see “MCD= minimal change disease” as a potential diagnosis of nephritic syndrome. This can not be. MCD can present clinically with deterioration of renal function but histologically an acute tubular injury is diagnosed plus the podocytopathy. The authors must change the title in acute renal injury in renal biopsies with proteinuria and or hematuria.Or be more specific in what they state. Recommendation Accepted after major revision

Response: Thank you very much for the precise and profound peer review of my article, and your invaluable time and attitude. In fact, I think a main reason for the lack of clarity the reviewer finds is that this is a report of a series of systematic reviews on renal biopsy diagnosis reports, as mentioned in the methods. So, when I refer to the main idea, which might go beyond the scopes of the current review report, it might seem improper. Anyway, I try to revise the manuscript to alleviate all these problems.

1. the total number of patients and countries and world regions added to the abstract;

2. The contribution of each continent and the most prevalent diagnoses have all been reported in the table as well as the supplementary figures. Adding them all to the text will make it too much large. Yet, a reference to the table and figures regarding the abovementioned have been added to the text, as the reviewer's recommendation.
3. "NiS was the indication for renal biopsies in 21% of the total populations worldwide":
 - a. **Thanks; revised accordingly**
4. About the histopathological patterns, as you rightly mentioned, some of the patterns are almost characteristic to nephrotic syndrome, yet a good percentage of them is found and reported in nephritic syndrome as well. In fact, in this review study, all the prejudgments have been dismissed, and the incidence of NiS was tried to be calculated for any histopathological patterns, as reported in the literature. This is, I believe, one of the most striking findings of this study, to discover very novel and unprecedented data from the already existing literature that had been left dismissed.
5. 162 studies were actually found and reviewed in a preliminary review research on the pathological patterns of renal biopsies irrespective of their kidney syndrome. From which, data for nephritic syndrome could be retrieved in 47 studies (this study): text revised accordingly
6. Simultaneous nephritic and nephrotic syndromes, is actually reported by a number of reviewed reports. This seem to be nephritic syndrome with proteinuria at nephrotic range.
 - a. Thanks; revised accordingly
7. ARI or ARF are actually categorized separately and are out of the scope of the current study. Their data have been excluded from this study, and they are actually subjects to prospective systematic reviews. That same goes for hematuria, as well.
8. "MCD= minimal change disease" as a potential diagnosis of nephritic syndrome. This can not be.
 - a. Thanks very much; MCD, as you rightly mentioned, is an almost impossible diagnosis for nephritic syndrome, according to the current knowledge. But the reviewed reports have actually found cases of MCD representing as nephritic syndrome as their clinical syndrome, some of which from the European countries (e.g. Belgium, Czech R., Poland, etc) as you can see in supplementary figure 7. Again this is the novelty and unprecedented finding in this study that in certain contexts, MCD and other unlikely diagnoses could actually be found presenting with NiS. This make this review a ground-breaking report!

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Agree to published.

Thank you very much for the positive conclusion.