

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Nephrology

ESPS manuscript NO: 15022

Title: Albuminuria as a marker of arterial stiffness in chronic kidney disease patients

Reviewer's code: 00503252

Reviewer's country: Japan

Science editor: Yue-Li Tian

Date sent for review: 2014-11-09 16:04

Date reviewed: 2014-11-18 15:09

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed 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 type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input 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

Kalaitzidis et al. examined the association between albuminuria levels and aortic stiffness (AS) in CKD stage 1-2 non-diabetic patients with hypertension, and reported that there is an independent association between AS indices and severely increased albuminuria in the patients treated with renin angiotensin aldosterone system (RAAS) blockers. The manuscript is well written, however, there are some concerns. Major 1. According to the present data, the authors cannot state "worsening arterial stiffness" in title because of cross-sectional study. 2. As mentioned in Discussion section, longitudinal study should be done to address whether severely increased albuminuria is a factor of AS elevation and its progressive deterioration, in non-diabetic hypertensive patients treated with renin angiotensin aldosterone blockade agents (RAAS) (P5, L3-5 in the third paragraph). Then, the authors can discuss the mechanisms linking AS and albuminuria (P11, the second paragraph). 3. How long did patients have the duration of hypertension and receive RAAS? 4. How did the authors exclude patients with glomerulonephritis? If the amount of albuminuria is extremely large, the cause of albuminuria should be considered to be primary glomerulopathy. Then, the magnitude of albuminuria in such patients may not be directly associated with AS. Minor "Fifth-eight patients"



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should read "Fifty-eight patients" (P3 abstract).

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Nephrology

ESPS manuscript NO: 15022

Title: Albuminuria as a marker of arterial stiffness in chronic kidney disease patients

Reviewer's code: 00503014

Reviewer's country: China

Science editor: Yue-Li Tian

Date sent for review: 2014-11-09 16:04

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input 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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input 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 draft can be accepted after mjr revision.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Nephrology

ESPS manuscript NO: 15022

Title: Albuminuria as a marker of arterial stiffness in chronic kidney disease patients

Reviewer's code: 00503233

Reviewer's country: Italy

Science editor: Yue-Li Tian

Date sent for review: 2014-11-09 16:04

Date reviewed: 2014-11-13 22:08

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed 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"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		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

In this interesting work the Authors evaluate the relation between indices of arterial stiffness and albuminuria in hypertensive patients with CKD 1-2, treated with ACE-inhibitors and/or AT1-receptor blockers(ARB): they conclude, based on study findings, that arterial stiffness is increased in patients with higher degrees of albuminuria. The study is well designed and presented, however, it has a few limitations: (1)its cross-sectional design, as acknowledged by the Authors, does not allow to establish cause-effect relationships; (2)the rationale for including only patients treated with RAS-blockers should be explained more clearly; (3)CKD should be defined in greater detail: which was/were the patients' nephropathy? Were other signs(beyond albuminuria)of renal damage present? **ADDITIONAL COMMENTS** 1. Please indicate the patients' smoking status, whether were any diabetics included 2. The terms atherosclerosis and arterial stiffness cannot be used as synonyms 3. The decrease in HB levels is not likely to be attributable to renal causes at that(near-normal) degree of renal function 4. In this population the CKD-EPI equation is preferable for estimating glomerular filtration rate 5. English style and spelling are in need of some revision