

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Nephrology

**ESPS manuscript NO:** 23092

**Title:** UPDATE ON IMMUNOGLOBULIN A NEPHROPATHY. PART II: CLINICAL, DIAGNOSTIC AND THERAPEUTICAL ASPECTS

**Reviewer's code:** 00503282

**Reviewer's country:** Pakistan

**Science editor:** Jin-Xin Kong

**Date sent for review:** 2015-10-21 08:58

**Date reviewed:** 2015-11-01 14:24

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 checked="" 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 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 checked="" 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

This is a nicely written, exhaustive review of clinical features, prognostic factors, and treatment of the most common form of GN worldwide. The authors have already published on etiology, pathogenesis and pathology of the disease in this journal. This is part II of the review article. There are however many grammatical and technical errors in the manuscript, which have been highlighted in yellow. General comments are given below: 1. English language and syntax needs extensive revision, preferably by a native English speaking colleague. 2. Standardized approach to the use of abbreviations should be followed. For example, once IgA nephropathy is fully spelled out and followed by abbreviation, then only abbreviation should be used. But in this manuscript, there are a number of places, where again full term is given. 3. In many places, full stops are placed in superscript along with the reference number. These should be placed on the main line. 4. Key words should be given from MeSH. 5. A number of references from developing countries are available and may be included. Some of the references are given below: (1: Nasri H, Ahmadi A, Rafieian-Kopaei M, Bashardoust B, Nasri P, Mubarak M. Association of glomerular C4d deposition with various

demographic data in IgA nephropathy patients; a preliminary study. *J Nephropathol*. 2015 Jan;4(1):19-23. doi: 10.12860/jnp.2015.04. Epub 2015 Jan 1. PubMed PMID: 25657981; PubMed Central PMCID: PMC4316581. 2: Nasri H, Mubarak M. Extracapillary proliferation in IgA nephropathy; recent findings and new ideas. *J Nephropathol*. 2015 Jan;4(1):1-5. doi: 10.12860/jnp.2015.01. Epub 2015 Jan 1. Review. PubMed PMID: 25657978; PubMed Central PMCID: PMC4316579. 3: Mubarak M, Nasri H, Rafieian-Kopaei M. Comment on: IgA nephropathy with early kidney disease is associated with increased arterial stiffness and renin-angiotensin system activity. *J Renin Angiotensin Aldosterone Syst*. 2014 Sep 10. pii: 1470320314529003. [Epub ahead of print] PubMed PMID: 25208932. 4: Nasri H, Mubarak M. Comment on "Hepatic-associated immunoglobulin a nephropathy in a child with liver cirrhosis and portal hypertension". *Saudi J Gastroenterol*. 2014 May-Jun;20(3):202. doi: 10.4103/1319-3767.133037. PubMed PMID: 24976286; PubMed Central PMCID: PMC4067919. 5: Mubarak M. IgM nephropathy; time to act. *J Nephropathol*. 2014 Jan;3(1):22-5. doi: 10.12860/jnp.2014.05. Epub 2014 Jan 1. PubMed PMID: 24644539; PubMed Central PMCID: PMC3956903. 6: Mubarak M. Significance of immunohistochemical findings in Oxford classification of IgA nephropathy: The need for more validation studies. *J Nephropathol*. 2013 Jul;2(3):210-3. doi: 10.12860/JNP.2013.34. Epub 2013 Jul 1. PubMed PMID: 24475452; PubMed Central PMCID: PMC3891134. 7: Mubarak M. R. Histological patterns of idiopathic steroid resistant nephrotic syndrome in Egyptian children: A single centre study. *J Nephropathol*. 2013 Apr;2(2):150-1. doi: 10.12860/JNP.2013.25. Epub 2013 Apr 1. PubMed PMID: 24475443; PubMed Central PMCID: PMC3891142. 8: Mubarak M, Naqvi R, Kazi J, Shakeel S. Immunoglobulin M nephropathy in adults: a clinicopathological study. *Iran J Kidney Dis*. 2013 May 21;7(3):214-9. PubMed PMID: 23689154. 9: Sabir S, Mubarak M, Ul-Haq I, Bibi A. Pattern of biopsy proven renal diseases at PNS SHIFA, Karachi: A cross-sectional survey. *J Renal Inj Prev*. 2013 Oct 10;2(4):133-7. doi: 10.12861/jrip.2013.43. eCollection 2013. PubMed PMID: 25340152; PubMed Central PMCID: PMC4206030. 10: Mubarak M, Nasri H. Significance of segmental glomerulosclerosis in IgA nephropathy: What is the evidence? *J Renal Inj Prev*. 2013 Oct 10;2(4):113-5. doi: 10.12861/jrip.2013.36. eCollection 2013. PubMed PMID: 25340145; PubMed Central PMCID: PMC4206031. 11: Nasri H, Mubarak M. Significance of vasculopathy in IgA nephropathy patients with regard to Oxford classification and immunostaining findings: a single center experience. *J Renal Inj Prev*. 2013 Jun 1;2(2):41-5. doi:

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Nephrology

**ESPS manuscript NO:** 23092

**Title:** UPDATE ON IMMUNOGLOBULIN A NEPHROPATHY. PART II: CLINICAL, DIAGNOSTIC AND THERAPEUTICAL ASPECTS

**Reviewer's code:** 00503334

**Reviewer's country:** United States

**Science editor:** Jin-Xin Kong

**Date sent for review:** 2015-10-21 08:58

**Date reviewed:** 2015-11-03 14:48

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 checked="" 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 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 checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	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

It is a well written systemic review on IgAN's diagnosis and disease management. However, there are many grammatical and format errors in the manuscript. Modification is needed to secure the manuscript for publication.

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Nephrology

**ESPS manuscript NO:** 23092

**Title:** UPDATE ON IMMUNOGLOBULIN A NEPHROPATHY. PART II: CLINICAL, DIAGNOSTIC AND THERAPEUTICAL ASPECTS

**Reviewer's code:** 00503298

**Reviewer's country:** Spain

**Science editor:** Jin-Xin Kong

**Date sent for review:** 2015-10-21 08:58

**Date reviewed:** 2015-11-04 19:18

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 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"/> 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 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 type="checkbox"/> No	

## COMMENTS TO AUTHORS

Introduction IgAN abbreviation should be explained the first time it appears in the text. The presentation of IgA nephropathy of Acute kidney injury accompanying macroscopic hematuria due to acute tubular necrosis and intratubular erythrocytic casts, generally with good prognosis (not necessarily representing progression of disease) is missing in the text. Abstract The content of the abstract should be improved by avoiding the repetition of phrases: line 3: "which patients are at risk of a disease evolution and to prescribe the right therapy to the right patients." line 8: "which patients are at risk of disease evolution, to suggest the right therapy". Authors could mention that the current evidence about the different therapies is discussed. Research Methodology "Careful revision" he process of review should be based on established methods as per Cochrane methodology as an example. Only the papers in the last three years were carefully examined? Which criteria did the authors follow to select the papers? How many articles the authors found on each topic and how many discarded? Diagnosis and prognosis Page 6. Some comment should be made about the limitation of Oxford classification for evaluating crescentic IgAN. As the oxford classification authors



## BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)

<http://www.wjgnet.com>

---

remarked in their cohort no case had more than 55% of glomeruli with crescents. Referenced at "The Oxford classification of IgA nephropathy: rationale, clinicopathological correlations, and classification. *Kidney Int.* 2009 Sep;76(5):534-45." Biological markers Four hit theory should be better explained Clinical markers Some comment about that Acute kidney injury accompanying macroscopic hematuria doesn't necessarily mean crescentic IgAN but acute tubular necrosis and intratubular erythrocytic casts may be found, generally with good prognosis. Therapy Leflunomide is widely used in IgA nephropathy in China, evidence about the results of this therapy should be discussed in the text