

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Clinical Pediatrics

ESPS manuscript NO: 12095

Title: Rituximab for troublesome cases of childhood nephrotic syndrome, ID 02886240

Reviewer code: 02772976

Science editor: Ling-Ling Wen

Date sent for review: 2014-06-22 22:35

Date reviewed: 2014-07-17 10:32

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existing	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

Please modify as per the included comments in the manuscript.

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Clinical Pediatrics

ESPS manuscript NO: 12095

Title: Rituximab for troublesome cases of childhood nephrotic syndrome, ID 02886240

Reviewer code: 00503243

Science editor: Ling-Ling Wen

Date sent for review: 2014-06-22 22:35

Date reviewed: 2014-07-25 17:16

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existing	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Major revision

COMMENTS TO AUTHORS

Use of rituximab is of outmost relevance in several diseases including pediatric nephrotic syndrome, principally when such syndrome are steroids dependent or steroid resistant. The authors review the principal published series of children treated by RTX for steroid dependent or steroid resistant nephritic syndrome. The topic is relevant and the manuscript could be considered for publication, whether several modification were made. a) Introduction is too long and should be limited to relevance of nephritic syndrome in pediatric patients and a brief description of rituximab mechanism of action. A statement that RTX was born as an hematologic drug and that in most cases in kidney diseases has been used off label should be added. b) First paragraph: are the authors sure that 50% of the disease is steroid dependent or steroid resistant? Could it be ascribed to a bad use of steroids? c) A questionnaire study does not have the same relevance of a clinical study. In my opinion should be withdrawn or treated separately. (last but one subparagraph of steroid dependent nephrotin syndrome d) Among the drawbacks of the studies the frequent missing of biopsy controlled diagnosis must be mentioned and this datum should be added to the table. The authors themselves, when treating the steroid resistant syndromes, in the Galati study document the higher remission rate of MCD than FSGS, demonstrating the relevance of a diagnostic tool as the renal biopsy. e) The final wording of the second subparagraph is not clear and should be rewritten. f) When speaking of steroid resistant forms, due to the genetic causes, that causes such syndrome resistant to any immunosuppressant for each study data on renal biopsy or familial pedigree should be reported



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when present in the studies g) Conclusions are too short and many of the data are anticipated in the results. They should be postponed in the conclusion that should be not limited to the drug safety

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Clinical Pediatrics

ESPS manuscript NO: 12095

Title: Rituximab for troublesome cases of childhood nephrotic syndrome, ID 02886240

Reviewer code: 00503257

Science editor: Ling-Ling Wen

Date sent for review: 2014-06-22 22:35

Date reviewed: 2014-07-27 08:50

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existing	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Major revision

COMMENTS TO AUTHORS

I think this review paper is interesting and well written. Major, Regarding rituximab (RTX) treatment for pediatric nephrotic syndrome, an important paper describing double-blind, randomized, placebo-controlled study of RTX treatment for pediatric nephrotic syndrome has currently been published (Iizima K, et al. Lancet doi: 10.1016/S0140-6736(14)60541-9). This study would provide some answers to the authors' conclusion as to "However, the currently available evidence of the efficacy of RTX therapy is derived chiefly from small case studies and requires confirmation through future prospective, randomized, controlled studies that define the indications for use and predictors of response to this therapy". Thus, the authors should rewrite their review paper with depth and additional discussion including this important paper. Minor, In ref. no 12, the name of journal, volume and page number are missing.