

ESPS Peer-review Report

Name of Journal: World Journal of Nephrology

ESPS Manuscript NO: 3482

Title: vascular response to vasodilator treatment in microalbuminuric diabetic nephropathy

Reviewer code: 00503218

Science editor: Wang, Jin-Lei

Date sent for review: 2013-05-07 09:38

Date reviewed: 2013-05-16 21:47

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"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	
<input checked="" type="checkbox"/> Grade D (Fair)	language polishing	BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Major revision

COMMENTS TO AUTHORS

Your hemodynamic study in this papers is interesting. Please revise your article as per my comments indicated below. 1.Revise the defination of Diabetic Nephropathy. 2.Diabetic nephrothy has its own stage system.Please follow them in your article. 3. please update your article by recent publication on hemodynamics studies in Diabetic nephrothy. 4.please check very carefully references with respect to page numbers,volume number and year of publication

ESPS Peer-review Report

Name of Journal: World Journal of Nephrology

ESPS Manuscript NO: 3482

Title: vascular response to vasodilator treatment in microalbuminuric diabetic nephropathy

Reviewer code: 00503173

Science editor: Wang, Jin-Lei

Date sent for review: 2013-05-07 09:38

Date reviewed: 2013-05-19 17:00

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"/> Existed	<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	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

based on their own clinical research and generally well written. However: 1,the origin of the two tables should be indicated. And Table 1 should be modified, the term "P value" should be added at the top of that column, and it will be better to move this column to the most right. 2,English language should be more polished.

ESPS Peer-review Report

Name of Journal: World Journal of Nephrology

ESPS Manuscript NO: 3482

Title: vascular response to vasodilator treatment in microalbuminuric diabetic nephropathy

Reviewer code: 00503274

Science editor: Wang, Jin-Lei

Date sent for review: 2013-05-07 09:38

Date reviewed: 2013-05-20 17:55

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"/> Existed	<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	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

N Futrakul et al. present a review article relating interesting issues concerning the treatment with vasodilators in patients with diabetes. The paper presents the most recent data which may be of interest for readers. However, there are some issues need to be addressed by the authors: 1. It is a review paper and I don't think that detail results from previous articles of these Authors should be presented in the current paper. Moreover, results presented in Table 1 are quite difficult to understand. 2. Introduction line 2 – the creatinine concentration cut-off value (1 mg/dl) is incorrect and should not be used to define diabetic kidney disease. Diabetic kidney disease is recognized using microalbuminuria and chronic kidney disease (CKD) definition that uses eGFR. 3. The statement (used several times) that stage 3 and especially 2 is late stage of CKD is incorrect and should be changed. In CKD stage 2 renal function is mildly decreased, whereas in stage 3 renal function is mildly to moderately (3A) or moderately to severely decreased (3B) (see KDIGO definition and classification of CKD - 2012). 4. Introduction as well as abstract – "Treatment with vasodilators....is unable to restore the renal function." This statement is incorrect. Renal function is reflected by eGFR and ACEI/ARB are able to decrease serum creatinine level and thus to improve renal function. However many other renal abnormalities can persist. Therefore, this phrase should be replaced by "...is unable to restore all of renal abnormalities". 5. Page 4, line 23 – In any way I can't agree that ACEI/ARB treatment is usually initiated in stage 3 of CKD. 6. Page 4, line 24 – Defective angiogenesis and an impaired NO production is responsible only in part for the progression of renal disease. Many other factors are involved in the CKD pathogenesis. 7. Page 4, line 31- replace the name Micardis on the name telmisartan 8. Page 4, line 31 – I do not understand what does "± calcium channel blocker" means? 9. Key words – FE Mg - do not use the abbreviation (it is not obvious), use



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fractional excretion of magnesium.