

ESPS Peer-review Report

Name of Journal: World Journal of Nephrology

ESPS Manuscript NO: 3858

Title: A Retrospective Aliskiren and Losartan Study in non Diabetic CKD

Reviewer code: 00046267

Science editor: Wang, Jin-Lei

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Date reviewed: 2013-07-09 22:45

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	<input type="checkbox"/> Existed	<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

Major comments

- Both the abstract and conclusion state that an important finding of this study is about "hyperkalemia". However, the paper didn't show any data about hyperkalemia.
- The study documented eGFR and TUP at six monthly intervals. However, the primary analysis only looked at yearly data using MANOVA. It is actually more powerful to model all available data and one can still apply appropriate contrasts. Also, the MANOVA models controlled for averaged BP variables, which might be inadequate since BP changed significantly over time (Table 1) and the current models didn't control for the changes of BP. Are there any missing data of eGFR and TUP over the study period? If so, how missing data were addressed in the analysis?
- It is not clear how the standard errors (SEs) are plotted in Figures 1 and 2. In general, people plot a 95% confidence interval around each point estimate. Also, these are results adjusted for covariates of systolic and diastolic BP variables (2nd paragraph, page 5). Does this mean that the estimates are obtained at certain reference values of BP variables? If so, what reference values are used, 0, mean BP value or other values?
- The sample size calculation was based on the rate of 30% TUP decrease, but the second endpoint was the "reduction of proteinuria by 50%".

5. Gender appears to be differently distributed among the 3 groups (though not statistically significant). It will be interesting to adjust the results for gender.
6. 4th paragraph, page 5. The results about TUP over the whole study period are not clearly explained. Are these averaged TUP values? The numbers appear to be inconsistent with those in Table 2.
7. Why all p-values are expressed as “p<xxx” in the paper? Please correct them. Test-statistics are not needed throughout the paper if the corresponding p-values are given.

Minor comments

1. The paper states that “categorical data are presented as count (%)”. However, no percentage is provided for count-type variables (e.g., Table 1).
2. Tables 2 and 3 can be combined as a single table. And they should be testing “the difference of” the change from baseline to that time between the 4 groups.
3. Please give a reference for the Cockcroft-Gault GFR equation.
4. Typos
 - a. Some numbers in Table 3 are not correctly formatted.
 - b. Abstract. It should be “eGFR<15mL/min”.
 - c. 5th paragraph, page 5. There are missing parenthesis signs.