



# Baishideng Publishing Group Co., Limited

Flat C, 23/F., Lucky Plaza,  
315-321 Lockhart Road,  
Wan Chai, Hong Kong, China

## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 4583

**Title:** Silent Diabetic Nephropathy

**Reviewer code:** 00503272

**Science editor:** Gou, Su-Xin

**Date sent for review:** 2013-07-09 09:09

**Date reviewed:** 2013-07-17 18:10

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 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 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 type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

**Specific Comments** Abstract Page This is too long. It should be shortened to one page. The word 'histological' should be changed to 'histopathological' and in other places within the text where it appears. Authors: Lines 8 and 9: 'We considered two no classical onset of DN'. Reviewer: What is the meaning of this statement? Authors: Lines 9-13: 'Rapidly progressive kidney injury (RPKI) for patients with this indication of renal biopsy or with 25% or greater drop of eGFR before biopsy and Silent DN for those cases with RPKI without significant proteinuria (< 0.5 g/day) and/or a DM less than 5 years of evolution and/or need to begin dialysis before 1.5 years after renal biopsy'. Reviewer: The authors attempted defining RPKI but the definition as is presently, is rather confusing. This should be made very clear for the readers to understand. What do the authors mean by 'this indication for biopsy' in this statement? Introduction Page (page 4) The authors should provide the references for the statements in the first paragraph (lines 1-11). Material and methods (page 6) The abbreviation '(DN)' in line 1 paragraph 1 should be deleted; similarly the words '(biopsy proven)' in line 2 paragraph 1 should be deleted. The second paragraph should be completely re-written; it is very confusing. I found it very difficult interpreting the intentions of the authors with regards to RPKI definition. The statement (page 7 lines 15-16) 'Endpoint was defined as initiation of chronic dialysis or drop in GFR category accompanied by a 25% drop or greater drop in eGFR from baseline' should be rephrased to read 'Endpoint was defined as initiation of chronic dialysis or a reduction in GFR from the baseline by 25% or more' Page 8 lines 4 and 5: The statement 'Was used chi-squared or Fisher exact test and U Mann Whitney test' is an incomplete sentence. Statistical Method The statistical test is 'Log rank' and not 'Logrank'. Page 8 lines 9-11: The statements 'Results are presented with 95% confidence interval. All tests were two-sided and used a significance level of 0.05' is

confusing. It should be rephrased to reflect exactly what probability level was considered statistically significant. Is it  $<$  or  $= 0.05$ ? Results Line 1 page 9: 45 patients and not 45 pacientes. Authors: Paragraph 2, lines 4-8 page 9: 'In spite of the fact that 66,6% of the patients had serum cr levels previously or at the moment of the biopsy  $< 1.6\text{mg/dl}$  and 48,8 %  $< 1.40\text{ mg/dl}$ , 68% of the patients had an eGFR $< 45\text{ ml/min/1.73 m}^2$  and 15,6% of the patients, an eGFR category G5'. Reviewer: What the authors are trying to bring out with this statement is unclear. The figures do not add up to 100% (66.6% + 48.8%). Besides, is serum creatinine level of  $< 1.40\text{ mg/dL}$  not already covered by  $< 1.6\text{ mg/dL}$ ? What is category G 5? Uncommon abbreviations should be avoided. Authors: Paragraph 3 lines 6-8 page 11: 'Chronic kidney disease diabetic patients with Hb A1c  $< 7\%$  have a greater renal risk than patients with HbA1c  $> 7\%$  with a HR 2.9 (1.0-8.4)  $p=0.054$ '. Reviewer: The statistics does not show that this risk is significant as the 95% CI for the hazard ratio clearly passes through 1 which the p value of 0.054 confirmed (this is also shown in Table 8). The statement by the authors is misleading. This should be revised to reflect this fact. Table 1: The range of values should be provided in this and other tables; cholesterol was wrongly spelt colestrol. Table 2: The indications for renal biopsy listed in Table 1 were repeated in this table. These should be deleted. What do G1 to G5 stand for; similarly, A1 to A3. The abbreviations used should be defined as footnotes. Table 3: Years from biopsy to renal event (Median  $\pm$  Standard Error estimated by Kaplan-Meier) Table 4: I suggest you change 'no silent DN' to 'non-silent DN'. A number of non English words appear in this table; these should be corrected appropriately. Figure 1: The authors failed to provide the legend



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### ESPS Peer-review Report

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

**ESPS Manuscript NO:** 4583

**Title:** Silent Diabetic Nephropathy

**Reviewer code:** 00503043

**Science editor:** Gou, Su-Xin

**Date sent for review:** 2013-07-09 09:09

**Date reviewed:** 2013-07-22 18:48

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 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 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 type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

In the study, it was aimed to investigate the risk of renal events in patients with biopsy proven DN and its possible associated factors (ESPS Manuscript NO: 4583). The subject is interesting and has certain clinical significance. However, the paper has some important limits stated as follows: 1. Abstract should be shortened. 2. Introduction The abbreviation '(DN)' in line 1 paragraph 1 should be changed to diabetic nephropathy (DN). 3. Material and methods The abbreviation '(DN)' in line 1 paragraph 1 should be deleted. 4. The paper are not in accordance with the instructions. 5. The writing skills should be considerably improved. Grammar, word spelling, stylistics are of rather poor quality. conclusion This manuscript should be subjected to an extensive revision to be deemed for publication.

**ESPS Peer-review Report**

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

**ESPS Manuscript NO:** 4583

**Title:** Silent Diabetic Nephropathy

**Reviewer code:** 00503197

**Science editor:** Gou, Su-Xin

**Date sent for review:** 2013-07-09 09:09

**Date reviewed:** 2013-07-28 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 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 checked="" type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	<input checked="" 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 type="checkbox"/> Major revision

**COMMENTS TO AUTHORS**

This is an interesting observational study on the clinical course of DN, focusing in particular on a novel phenotype called silent DN (SDN). Although it is of potential clinical relevance, several points of major concern regarding the methodology followed rather restrict the potentials of the manuscript. Specifically, the major problem with this paper is the definition of SDN itself, which is totally arbitrary and includes widely divergent conditions which are themselves largely arbitrarily defined, such as the so called RPKI. Furthermore, another point that renders the findings of the study of questionable credibility and, therefore, restricts the clinical value of the study. Is the fact that the selection criteria for inclusion in the study per se, ie indication for biopsy, renders the study amenable to significant patient selection bias.