

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Nephrology

ESPS manuscript NO: 12744

Title: Primary and secondary hyperoxaluria: Understanding the enigma

Reviewer's code: 01704618

Reviewer's country: United States

Science editor: Ling-Ling Wen

Date sent for review: 2014-07-24 15:23

Date reviewed: 2014-08-09 00:16

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input checked="" type="checkbox"/> Accept
<input 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"/> 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 checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

The manuscript is well written and is comprehensive review of pathophysiology and treatment of primary and secondary hyperoxaluria, I have a few comments: In abstract section on diagnostic tools I recommend to exclude the PCR test to detect oxalobacter forming genes in the stool. Since the diagnostic accuracy of this test has not been generally substantiated. In the treatment measure authors showed further elaborate as to why the intestinal absorption of oxalate is limited in patients with pH. -Sakhaee

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Nephrology

ESPS manuscript NO: 12744

Title: Primary and secondary hyperoxaluria: Understanding the enigma

Reviewer's code: 01501126

Reviewer's country: Turkey

Science editor: Ling-Ling Wen

Date sent for review: 2014-07-24 15:23

Date reviewed: 2014-08-07 14:01

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed 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 checked="" 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 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

quite a long and detailed review on the subject. It should be shortened for readers attention.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Nephrology

ESPS manuscript NO: 12744

Title: Primary and secondary hyperoxaluria: Understanding the enigma

Reviewer's code: 02515900

Reviewer's country: United States

Science editor: Ling-Ling Wen

Date sent for review: 2014-07-24 15:23

Date reviewed: 2014-08-08 00:56

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input checked="" 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"/> 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

In this manuscript, the authors reviewed the primary and secondary hyperoxaluria with the literature available to date. However, I have the following comments which need to be addressed before publication. Abstract: 'Definitive diagnosis of primary hyperoxaluria is achieved by genetic studies and liver biopsy, if genetic studies are inconclusive.' - this statement is not clear. "We also have limited knowledge of role of transplantation in secondary hyperoxaluria." - This statement is unrelated and needs to be removed. Page 8: "This form of hyperoxaluria is seen in partial gastrectomy, bariatric surgery, jejunoileal bypass, and inflammatory bowel disease." - give a reference for this statement. Page 12-13: "In PH patients with ESRD, plasma oxalate levels is typically higher than 80 $\mu\text{mol/L}$ while in non PH hyperoxaluric patients, the plasma oxalate level may range between 30-80 $\mu\text{mol/L}$ 63-65." - Along with this statement, the authors are requested to include the plasma oxalate levels for normal non-stone forming subjects. "1.73 m^2 " was used throughout the manuscript. Please describe how will you arrive at 1.73 m^2 and also state the reference. This will help readers to understand without going back to the reference.