

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Nephrology

ESPS manuscript NO: 27100

Title: Any link of gout disease control among hypertensive patients and onset of end-stage renal disease: Results from a population-based study

Reviewer's code: 00503207

Reviewer's country: Hungary

Science editor: Shui Qiu

Date sent for review: 2016-05-11 18:40

Date reviewed: 2016-05-15 02:11

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

In their manuscript Perreault et al. studied an important topic; the possible role of allopurinol non-adherence in the development of end-stage renal disease in gout patients. The authors used very sophisticated statistics in their case control study on a high patient population, however, the number of events is very low, which limits the further analysis of the results. The paper is written in perfect English, the structure of the manuscript is complete. I have only a few concerns and if authors can give adequate answers, I can recommend the paper for publication in WJN. 1. The end of the study period was closed almost 8 years ago. Was it not possible to continue it and reach a higher number of events? 2. 12 of the 22 ESRD events had previous CKD and 2 of them had the history of acute renal failure. As authors state on page 15 that "some individuals with a history of renal disease may not have been identified because of errors in diagnostic coding. The probability of this occurring would be low because we had access to relevant medical and drug information for all individuals over a period of several years before their entry into the cohort", it suggests, that in at least 8 cases of the 22 ESRD events there has been no history of renal failure. What was the cause of their sudden

ESRD? 3. My main concern is the following. As the use of allopurinol requires attention in CKD, the reason of non-adherence can theoretically be the consequence of the advice of the physician to reduce the frequency of the administration of allopurinol in case of CKD. In this case these patients appear as "non-adherent" ones in this study, but the progression of their CKD is not a consequence of "non-adherence", in contrast, their "non-adherence" is the sign of the progression of renal failure. How can this possibility be disclosed? If it can be disclosed, it should be paraphrased in the Discussion. Two comments to the last concern: - the safety of the administration of allopurinol in CKD is still a subject of debate (1), and at the time of the study in my internal medicine department dose reduction or termination of allopurinol was recommended in CKD and in my country in the leaflet of allopurinol, cautious administration is still recommended in CKD; - the administration of allopurinol below GFR 45ml/min can clearly lead to the progression of CKD (12 of the 22 cases could have had such low GFR), which can be avoided with an alternative uric acid lowering molecule (2). References 1. Thurston MM, Phillips BB, Bourg CA. Safety and efficacy of allopurinol in chronic kidney disease. *The Annals of pharmacotherapy*. 2013 Nov;47(11):1507-16. PubMed PMID: 24259601. Epub 2013/11/22. eng. 2. Tsuruta Y, Mochizuki T, Moriyama T, Itabashi M, Takei T, Tsuchiya K, et al. Switching from allopurinol to febuxostat for the treatment of hyperuricemia and renal function in patients with chronic kidney disease. *Clinical rheumatology*. 2014 Nov;33(11):1643-8. PubMed PMID: 25048744. Pubmed Central PMCID: PMC4192559. Epub 2014/07/23. eng.

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Name of journal: World Journal of Nephrology

ESPS manuscript NO: 27100

Title: Any link of gout disease control among hypertensive patients and onset of end-stage renal disease: Results from a population-based study

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
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		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

1. what was the daily dose of allopurinol 2. How it was adjusted to eGFR 3. New lowering agent of uric acid in patients with allergy or side effects to allopurinol