

Aliskiren Study: Response to Reviewer

29th July 2013

Dear Editor, Please find the edited manuscript in Word format attached.

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

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Name of Journal: World Journal of Nephrology

ESPS NO; 3858

We would like to thank the Reviewer for a very robust and constructive review which have contributed greatly to the quality of the paper. We have responded to the critique from the Reviewer and together with the help of our Senior Biostatistician, herself a co - author of this paper, we have responded and incorporated the suggestions of the Reviewer with utmost diligence.

1. Our apologies for inadvertently leaving out the paragraph on Hyperkalaemia which was mentioned in the Abstract and the Conclusion. We have now included the data on hyperkalaemia as the last paragraph under the Results section.
2. Many patients did not have 6 monthly data. Yearly data were available for all patients, hence we utilized the yearly data in our study. Though the systolic BP data before and after the study changed statistically, clinically these small changes were not significant. Hence we felt it was not necessary to modify other current models involving Urinary Protein and eGFR to control for BP changes. This is also the advice of our Biostatistician.
3. We confirm that the results were adjusted for covariates of systolic and diastolic BP. Estimates were obtained at mean BP values.
4. Sample size was based on rate of 30% TUP decrease for normal dosages of drugs used. However when high dose or double the normal dose of Losartan was used, we expected a greater decrease in proteinuria based on our clinical experience. Hence the second “end point” was reduction of proteinuria by 50%. We have corrected the 60% reduction of proteinuria under the sample size calculation.
5. Sample size was too small for gender statistics. We did not expect gender to be significant based on our previous studies.
6. Tables 2 and 3 provided “f statistics and p values” for test of within subject contrast for eGFR and TUP. The values illustrate means of yearly changes from baseline and are significant for proteinuria for year 1 and 2 (Tables 2, 3).

The differences at each year from baseline, mentioned by the reviewer can be visualized in Fig 1 and 2.

7. p values were expressed as <0.001 when p value = 0, up to 3 decimal places. We displayed this way in accordance with the conventional recommendation of most peer review journals

Minor Comments have also been addressed as follows:

1. We have deleted (%) and categorical data have been reported as count. We have amended this in Table 1 where % has been deleted from the bottom of the table.
2. We have designated Tables 2 and 3 as Table 2(a) and table 2 (b) as 2 (a) refers to “change from baseline” and Table 2 (b) refers to “change from year to year”. To combine the two tables together will confuse the reader who may not notice that change from baseline to the next year (2a) is different from change from year to year (2b).
3. Cockcroft – Gault equation is a universally accepted standard equation for calculation of eGFR like the MDRD equation. As advised by the Reviewer we have added a Reference for the Cockcroft Gault Formula. See Reference 10.
4. Typos have been corrected as advised.
5. All revisions, additions have been highlighted in **RED** in the revised manuscript.

Once again we thank the esteemed Reviewer for constructive expert comments and suggestions. They are most valuable and we are most appreciative.

Sincerely

A handwritten signature in black ink, appearing to read 'K T Woo', with a horizontal line underneath.

K T Woo