Reply to Reviewer no. 00351316

Figure 1 does not give relevant information, and it can be deleted. …….Done

Including a couple of tables in order to summarizes the most relevant information about standard of care management and novel therapeutic interventions would be interesting…… … …….. ……Done see Table 1 and Table 2

eply to Reviewer no. 01209905

This review article on the progression of CKD is well written in which the latest knowledge was gathered and well organized.

Thank you

There are still to be added.
1. Bardoxolone methyl has been reported to have a renoprotective effect on diabetic nephropathy through activation of the Nrf2-Keap1 signaling pathway, although a phase 3 trial (BEACON trial) was terminated due to excessive cardiovascular disease and especially heart failure in patients allocated to bardoxolone methyl. However, development of this drug is continuing in other territories, and a phase 2 study in pulmonary arterial hypertension is presently conducting. Recently, a phase 2 study in diabetic nephropathy has been re-started in Japan. It is suggested to describe something about bardoxolone methyl in this review. ……Done and typed in red font, however I didn't add it initially because of the severe adverse effects that will make its use impossible

2. The authors described the involvement of hyperphosphatemia in the faster progression of CKD. In this points, a possibility of calciprotein particle (CPP) as a true culprit of phosphorus woes has been reported. It is suggested to describe about CPP in this review……..Done in red font…….although calciprotein

is more relevant to vascular calcification rather than CKD progression,,,,also it might have diagnostic and prognostic significance but no impact on therapy