Reviewer's report

Title: The Ratio of CRP to Prealbumin Levels Predict Mortality in Patients with Hospital-acquired Acute Kidney Injury

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Reviewer: Kamyar Kalantar-Zadeh

Reviewer's report:

1. Whereas the concept of CRP to prealbumin (or albumin or cholesterol) ratio is interesting, the authors need to add 1-2 sentences based on what (data?) they were (inspired) to advance this metric? Are they data showing that the inverse of prealbumin (1/prealbumin) is a better death predictor than prealbumin itself?

2. A simple Figure (such as 4) that compares the quartiles of prealbumin, CRP and CRP to prealbumin would be useful.

3. In Figures 2 and 3 and in the Abstract the number of patients in control groups need to be mentioned, e.g.:“In addition, CRP and prealbumin were also measured in healthy controls (n=xx), maintenance hemodialysis (n=xx) and peritoneal dialysis patients (n=xx) and then compared with AKI patients.”

4. Recent data on prealbumin and outcomes in kidney disease deserve mentioning here. The paper by Rambod et al in AJCN 2008 or 2009 (?) shows that lowering prealbumin was an even more sensitive death predictor than albumin. The trial by Cano et al in JASN (2006 or 2007 ?) showed that prealbumin drop over time was associated with increased mortality.

5. In the Results section of the Abstract the p-value is not clear to represent p-for-trend or ANOVA or some other test statistics? “The hazard ratio was 1.00 (reference), 1.85, 2.25 and 3.89 for CRP/prealbumin increasing according to quartiles (p= 0.01).”

6. SOFA needs to be spelled out in the Abstract. Its use may not be necessary. Same goes with RIFLE, although RIFLE is a more known acronym in nephrology practice.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests: declare that I have no competing interests'