Author’s response to reviews

Title: T/L-type calcium channel blocker reduces composite ranking for relative risk according to new KDIGO guidelines in patients with chronic kidney disease

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Author’s response to reviews:

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Editor-in-Chief

BMC Nephrology

Dear Sir,

Thank you for your letter dated March 28, 2013. We are pleased to know that our manuscript was rated as potentially acceptable for publication in #BMC Nephrology”, subject to adequate revision and response to the comments raised by the reviewer.

Enclosed please find a revised manuscript entitled, “T/L-type calcium channel blocker reduces the composite ranking of relative risk according to new KDIGO guidelines in patients with chronic kidney disease”, by Abe et al., which we wish to submit for publication in “BMC Nephrology”. Your kind consideration of this paper would be greatly appreciated. I look forward to hearing from you.

Sincerely yours,

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Comments to the reviewers  
We thank the Editor and the Reviewer for providing insightful feedback, which has helped us to improve our paper.

Reviewer's report  
Title: T/L-type calcium channel blocker reduces composite ranking for relative risk according to new KDIGO guidelines in patients with chronic kidney disease  
Version: 2 Date: 24 March 2013  
Reviewer: Jicheng Lv  
Reviewer's report:  
The authors have answered nearly all my questions. But I am still concerned about GFR formula. I would suggest the authors do a sensitivity analysis based on the CKD-EPI formula.

Thank you for your suggestion. We calculated and assessed the eGFR by using CKD-EPI equation in the present subjects, and the following was provided in the Discussion section.

When the eGFR was calculated using a coefficient-modified CKD-EPI equation based on sCr (0.813 × CKD-EPI) in the present study [41,42], changes in eGFR were 43.6 ± 2.6 mL/min/1.73 m² at baseline to 41.2 ± 2.6 mL/min/1.73 m² at the end of the study (P = 0.006) in the amlodipine group and 44.0 ± 2.8 mL/min/1.73 m² at baseline to 43.9 ± 3.3 mL/min/1.73 m² at the end of the study (P = 0.945) in the benidipine group. No significant differences were noted between the Japanese GFR equation and the CKD-EPI equation when calculating the
proportion of each category or relative risk score. Therefore, we could also use the CKD-EPI equation to assess the composite ranking of relative risk on the basis of GFR values. When the bias, precision, and accuracy of the GFR equations were compared in Japanese subjects stratified by measured GFR, Japanese GFR equations were revealed to be effective for patients with a GFR < 60 mL/min/1.73 m2, compared with the coefficient-modified CKD-EPI equations [40].