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

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Reviewer: Jicheng Lv

Reviewer’s report:

This is a randomized clinical trial with short follow-up which evaluate the effect of T/L-type calcium channel blocker on the kidney protection in patients with chronic kidney disease. The findings are interesting that benidipine significantly reduced the albuminuria, and also relative risk ranking of CKD classification as compared to amlodipine.

Major points

1) The strength of this study is its randomized controlled design, and the major limitation is the short follow-up and use surrogate endpoints and its not pre specified outcomes. The authors should clearly addressed it in the discussion section. As described in one report from National Kidney Foundation and the US Food and Drug Administration [AJKD 2009;54(2):205], microalbuminuria is not good surrogate for ESKD. This also shown in the ONTARGET and ACCOMPLISH or ATTITUDE trials.

2) The mechanism of benidipine reducing albuminuria comes its dynamics of lowering the Glomerular pressure and will also reduce the GFR in the short term follow-up. I’m surprised for its effect of increased the GFR. The authors should demonstrate the sequential GFR changing from 1st to 6th month in figure

3) All the patients that have received radiation should be included the final analysis

Minor points

1) The authors have described the process for randomization, but it’s still not clear for the randomization concealment.

2) Regarding the estimated GFR formula, why the authors not using the CKD-EPI?

3) In table 1, the authors should provide the p-value

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.