Reviewer's report

Title: Predictors of Renal Recovery In Patients With Pre-Orthotopic Liver Transplant (OLT) Renal Dysfunction.

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Reviewer: Phuong-Thu Pham

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Reviewer's comments
In the current manuscript, the authors sought to identify patient and donor factors predictive of renal function recovery following orthotopic liver transplantation (OLT). The finding that the requirement for renal replacement therapy (RRT), even for prolonged period in excess of 8 weeks was not an independent predictor of renal function recovery post-OLT is an important finding that needs further exploration. I have a few comments.

I could not open any of the complementary files

Major compulsory revisions
Older age has been suggested to be associated with worse renal recovery potential. What was the mean age of those who recovered renal function vs. those who did not?

Were patients in the ATG induction group given calcineurin inhibitor (CNI) in the immediate postoperative period or was CNI started only after serum creatinine decreased to a pre-determined level? If CNI was started after there was evidence of renal function recovery, it would be premature to conclude that ATG had an independent beneficial effect on renal function.

Minor essential revisions
Were data on the types of RRT available? (i.e. continuous renal replacement therapy vs. intermittent dialysis) If yes, was there any difference in the rate of renal function recovery among those who received continuous renal replacement therapy vs. those who received intermittent dialysis?)

In clinical practice the decision dilemma often arises when OLT candidates with acute kidney injury (AKI) or AKI superimposed on CKD remain dialysis-dependent for a prolonged period. In this study, the need for RRT was recorded only at registration and transplantation. Therefore, it was not possible to determine which subset of patients were dialysis-dependent for the entire intervening period. Studies involving OLT candidates who remained dialysis-dependent for a prolonged period are still needed.

Were data on proteinuria available?
The lack of use of tacrolimus or cyclosporine predicted renal function recovery. Were these patients treated with mTOR inhibitor and CNI-free maintenance
What was the incidence of acute rejection episodes in patients who received ATG induction vs. those who did not? Was there any difference in the incidence of renal function recovery in those who had rejection vs. those who did not?

The authors stated: “Among patients receiving RRT at both registration and transplant, the independent predictors of renal function recovery included absence of allograft dysfunction, decreased donor age, decreased recipient total bilirubin, and increased donor ALT” Please confirm: was “increased donor ALT” an independent predictor of renal function recovery?

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

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

**Declaration of competing interests:**

I declare that I have no competing interests