Reviewer's report

Title: Infusion of autologous bone marrow mononuclear cells leads to transient reduction in proteinuria in treatment refractory patients with Idiopathic membranous nephropathy

Version: 3 Date: 8 May 2013
Reviewer: Julia Hofstra

Reviewer's report:

Major Compulsory Revisions:

1. My major concern in this study is the selection of patients. Although you state that only patients with nephrotic syndrome (proteinuria > 3.5 g/day, or > 2 g/day in combination with serum albumin < 2.5 g/l) were included, the characteristics depicted in Figure 1 and 3 do not support this statement. There are at least 2 patients with proteinuria 2 g/day at time point 0 (Figure 1), and there are also 4 patients with serum albumin > 2.5 g/l at time point 0 (Figure 3). These latter 4 could be included if proteinuria was >3.5 g/dy, but as depicted in Figure 1, there are no patients with proteinuria > 3 g/day). Thus, at best 4 (if the 2 patients with proteinuria < 2 also have serum albumin > 2.5) or at worst 6 patients (if all different patients are involved) do not meet the inclusion criteria as set by the authors. In Table 1 a mean proteinuria of 2.97 g/day ± 0.6 is reported, but this is not supported by proteinuria levels at month 0 in Figure 1. Please clarify!

2. Although you explain that in the vegetarian Indian population proteinuria may be less massive than in the Western countries (page), it would be helpful to know proteinuria at onset of disease, and after the first therapy. With the current data I am not convinced that all patients were treatment refractory.

3. Despite my concerns of patient inclusion, the effects of MNC infusion on proteinuria is interesting. However, since you see this as a proof of concept study it would be interesting to get some more details on the concept. Since in the introduction you mention possible mechanisms of action it would be interesting to be informed about levels of cytokines/T-cell counts in patients before and after infusion. Could you provide some details here.

Minor Essential Reviews:

1. Page 3: please rephrase sentences about primary outcome/primary endpoint: what is the difference, or is this a doublet?

2. Table 1: giving age with 2 decimal accuracy seems really overdone. Advise to change to 1 decimal.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Not suitable for publication unless extensively edited

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