Reviewer's report

**Title:** Heme Iron Polypeptide For The Treatment Of Iron Deficiency Anemia In Non-Dialysis Chronic Kidney Disease Patients: A Randomized Controlled Trial

**Version:** 1 **Date:** 6 November 2012

**Reviewer:** Ravi Nistala

**Reviewer's report:**

This is a study by Nagarajan et al in the important area of oral vs IV iron debate! The authors demonstrate that when oral iron is given in adequate doses and in a more bioabsorbable form, oral iron therapy is non-inferior to IV therapy. Overall, this study furthers our understanding of iron therapy in CKD patients. However, before advocating the widespread transition to oral iron therapy I have a few comments/concerns about the study:

1. What is the effect size for HIP treatment vs IV sucrose treatment. It may be important for the authors to specify the number needed to achieve significant differences. At the heart of the matter is whether the study was big enough to detect differences between the groups, thereby avoiding rejection of the null hypothesis.
2. Isn't the dose of IV sucrose used a little slower than standard therapy where one would rapidly replenish 1 gm over 3-10 sittings over a 3 week period.
3. The ages for the 2 groups differs by ~10 years. Can the authors comment on the significance of younger patients in the IV sucrose group.

**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'.