Reviewer's report

Title: The relationship between obesity and Diabetic nephropathy in China

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Reviewer: George Bayliss

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Reviewers comments on revisions to “The relationship between obesity and diabetic nephropathy in China” by Chen et al.

1. The authors’ conclusions could still be made clearer. They appear to be doing two things in this article: describing the natural course of diabetic renal disease in obese patients and comparing and contrasting the course of renal disease in obese diabetic patients and lean patients with type 2 diabetes. The results and discussion make it clear that they are analyzing the natural course of diabetic nephropathy in obese patients – heavy proteinuria initially, followed by weight loss – and comparing the course of disease with that in lean patients (greater acceleration of disease toward ESRD in lean patients than in obese patients).

2. In the instruction the authors write: “the first aim of this study is to explore the nature history in Chinese patients with DN; and the second aim is to examine the impact of obesity on renal function in such population.” I think this is where they introduce confusion. Their first aim is to explore the natural history of diabetic nephropathy in obese patients with type 2 diabetes and biopsy-proven DN; their second aim is to compare the course of DN in obese and lean patients with DN. This needs to be spelled out. What still is not clear is why the lean patients had more severe renal disease than the obese patients and why obesity was protective even when proteinuria was worse.

3. They do address reviewer concerns about using creatinine to define renal disease. I would be interesting to note if they found a decrease in serum creatinine in obese patients as they lost weight and address whether they think the definition of renal disease as presented in Chinese medical textbooks needs to be updated. They might contribute to a significant change in the understanding of renal disease in China this way.

4. They do address the possible confounding effects of obesity as a separate renal disease. But in light of the other reviewer’s comments on the pathology being read by nephrologists rather than by trained renal pathologists, they should discuss whether this may have contributed to their missing some subtle findings of obesity related glomerulopathy.

5. The written English is vastly improved. There are some stylistic points still. What do the authors mean by the “lean phenotype”? If that just means patients with a BMA < 25 kg/m2 then just say “lean patients”. If they mean something else, then please define the term.
I consider points 1 and 2 “major” and 3-5 “minor” essential revisions.

**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.

**Declaration of competing interests:**

I have no direct or indirect conflicts of interest to declare.