Reviewer's report

Title: Long-term prognosis of clinically early IgA nephropathy is not always favorable

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Reviewer: Guy Neild

Reviewer's report:

This is an interesting paper that looks at the outcome of ‘benign’ IgA nephropathy defined as normal blood pressure, an eGFR of > 60 ml/min, and Up of <0.5 g/d.

There are a number of questions and issues to be addressed:

Methods
1. The Inclusion and Exclusion criteria need to be defined precisely and in detail.
2. The method and normal ranges for the creatinine method need to be given. The authors need to discuss how their results compare with assigned values based on isotope-dilution mass spectrometry (see their ref 11).
3. The normal range for the urine protein creatinine ratio needs to be given.
4. The normal range for blood albumin should be given.
5. The method for the eGFR is questionable (ref 11) as it is designed for values of <60 ml/min. This issue needs to be addressed and discussed.
6. Pathological parameters: give citation for WHO grading. In Results there is a comment about WHO grade III. This should be described here in the Methods. There are also random references to the ‘Oxford system’. This should be described in the Methods (and explain why not used).
7. Explain in Methods how ‘renal survival rate’ is calculated; it is never clear whether the 3 non-renal deaths are included in this figure.

Main comments on data
8. As already mentioned above ‘were the non-renal deaths included in renal survival rate?’
9. It is impossible to understand why any patients in this study should have hypoalbuminaemia. Clearly no-one was nephrotic. Were these patients ill, or malnourished? What were the albumen values (they must be given in Table 2)?
10. The correlation of the histology with poor outcome raises the question that there might be have an error in estimating the eGFR of the 5 patients who reached end-stage. Can any more information be given? It would be interesting to know their blood urea in Table 2 (with normal range). Was the creatinine value consistent? Some of these 5 patients had low BMIs. This question also relates to my comment above about the creatinine method used.
11. Information about increase in proteinuria to >1g/d needs to be linked to
information in these patients about ACE inhibitor prescription. Obviously it is more interesting if this occurred while taking an ACEI.

12. The higher incidence of IgA nephropathy in Korea and neighbouring countries compared with Europe is interesting; is there any suggestion that IgA is more common generally in this region when other primary forms of glomerulonephritis are examined?

Major & Minor comments on text:

13. Reduce Discussion by at least 30% and remove irrelevant speculation.

14. Omit Table 5

15. Abstract/Results: remission in 35 patients – add % in parenthesis.

16. not electrical medical records; either computerised or possibly electronic.

17. Not compared to but compared with.