Reviewer’s report

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

Version: 2 Date: 21 February 2014

Reviewer: Pietro Canetta

Reviewer’s report:

This article presents long-term data on IgA nephropathy presenting with relatively benign clinical features in a single center, Korean population.

Major compulsory revisions:

1. The authors report MDRD eGFRs in a range where the MDRD equation has not been well validated (i.e., >60 ml/min/1.73m2). This is problematic and might well lead to overestimation of baseline renal function, and needs to be explicitly addressed. Were 24hr urine collections performed routinely on the patients? The availability of calculated creatinine clearance, for example, might provide more realistic estimates of glomerular filtration in this population.

Minor essential revisions:

2. While biopsy practices vary, many nephrologists world-wide would not choose to biopsy a patient with stable kidney function, < 0.5g/day proteinuria, and no sign of systemic disease. Can the authors clarify the indications for biopsy in the cohort? Also, is there a standard, local set of criteria for biopsy at their institution or is it clinician-dependent?

3. Did the authors record the number of crescents or percentage of glomeruli involved by crescents per biopsy? Did any patient have “crescentic” IgAN with a rapidly progressive course requiring immunosuppression?

4. In table 3, it would seem that patients with +renal outcome had a significantly lower creatinine at presentation (0.8 vs 0.9 with reported P 0.016). This would be a surprising finding that stands at odds with most studies of IgAN prognosis, where baseline creatinine usually has a strong relationship with poor prognosis. Additionally, it is not mentioned in the text (under Results/Secondary Outcomes) which highlights the other differences in the two groups such as segmental sclerosis, moderate or severe IF, etc. Can the authors confirm that the difference and P value are correct? If so, it would be helpful to address this point in the discussion.

5. In Table 5, Proteinuria is reported to be significantly different between the two groups with p-value 0.031, whereas the medians are identical (0.28 and 0.28) and the IQR fairly similar. Additionally, this p-value is not mentioned in the text, which states that the only significant difference between the groups was the % of RAS blockade use. Is this an error?
6. Table 6: This is a helpful comparison of the studies, however it would be improved by a clarification of the outcomes listed. ESRD is straightforward, but what are the criteria for increased creatinine, increased proteinuria, HTN or remission?

7. The word "background" is misspelled in the abstract.

Discretionary revisions:
8. It would be interesting to know the rate of tonsillectomy in this population and across groups.

**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.