Author's response to reviews

Title: The "Phosphorus Pyramid": a visual approach tool for dietary phosphate management in dialysis and CKD patients

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Version: 3 Date: 25 December 2014

Author's response to reviews: see over
Authors’ responses to reviewers comments

Title: THE “PHOSPHORUS PYRAMID”: A VISUAL TOOL FOR DIETARY PHOSPHATE MANAGEMENT IN DIALYSIS AND CKD PATIENTS

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Dear Editor,

Thank you very much for the reviewers’ comments that have contributed to ameliorate the manuscript.
The revised version of the manuscript has been modified according to the reviewers’ criticisms: highlighted you will find the changes made in the text

Our point-to-point answers to reviewers’ comments and criticisms are the following

No. 1 Reviewer's report
Title: The "Phosphorus Pyramid": a visual approach tool for dietary phosphate management in dialysis and CKD patients
Version: 2 Date: 15 November 2014
Reviewer: Sandro Mazzaferro
Reviewer's report:
In this paper Cupisti et al recapitulate the most relevant and practical aspects of dietary phosphate burden in CKD patients. A practical "food pyramid" specific for phosphate is then suggested.
This representing an interesting approach potentially capable of improving the generally inadequate dietary prescription (lacking of explanations) of the busy nephrologist to the single patient.
I would only suggest to the Authors that this practical aspect of the "phosphate pyramid" be underlined. In fact, although every Nephrology Unit should have a dietician, this is not the rule and in this case the pyramid may be useful.

A. I agree with the reviewer. Accordingly, more sentences have been added (lines 162-165 and lines 205-212).
More special items and notes have been added also in the Legend of the Figure to provide more information and warnings, in particular regarding the food located in the first level of the pyramid:
  a) foods with unfavorable phosphorus to protein ratio (> 12 mg/g);
  b) foods with favorable phosphorus to protein ratio (<12 mg/g);
  c) fruits and vegetables must be used with caution in dialysis patients to avoid excessive potassium load
  d) Fats must be limited in overweight/obese patients, to avoid excessive energy intake
  e) sugar must be avoided in diabetic or obese patients
  f) protein-free products are dedicated to patients not on dialysis therapy and who need a high energy intake.
Further, I would recommend to specify if the additives E340-E349 are actually two or are ten, from 340 to 349 (the same for E450-459).

A. “E340-E349”, “E450-E458” and “E545-E545” have been changed to “E340-349”, “E450-458” and “E540-549”, respectively, in the top box of the Figure.

In the text it has been reported as follows: “from E340 to E349 “ and “from E450 to E458 “ (lines 123-125).

Finally, in the pyramid, no place has been given to the cow which is a main dish of many international diets (think to the hamburger).

A. A figure representing a cow has been added in the pyramid

No.2 Reviewer's report
Title: The "Phosphorus Pyramid": a visual approach tool for dietary phosphate management in dialysis and CKD patients
Version:2 Date: 22 November 2014
Reviewer: Biagio Raffaele Di Iorio
Reviewer's report:
I read with very interest the paper of Dr Cupisti. The paper is very intriguing and deal with a very old problem met by nephrologist in the clinical practice: nutritional therapy: yes or not?
The paper is very clearly written facing with expertise and skill the rationale of dietetic phosphate introduction to reduce its intake in CKD patients. I think that the paper is of remarkable interest and can be accepted as it has been written

A. Many thanks for the nice comment

No. 3 Reviewer's report
Title: The "Phosphorus Pyramid": a visual approach tool for dietary phosphate management in dialysis and CKD patients
Version:2 Date: 26 November 2014
Reviewer: Giacomo Garibotto
Reviewer's report:
In this manuscript the Authors describe the: “phosphorus pyramid”, a novel, visual, tool for the nutritional education of CKD patients and health-care professionals. Of note, the pyramid consists of six levels in which foods are arranged on the basis of their phosphorus content, phosphorus to protein ratio and phosphorus bioavailability. The issue addressed by the Authors is important, and their result may prove to be very helpful for the clinical care of CKD patients. The paper is also well written. I have no major objections to this paper.
Minor: the terms phosphorus and phosphate either used indifferently. Please check for conformity

A. Many thanks for the nice comment.
The term “phosphate” has been changed to “phosphorus”, when appropriate.