Reviewer's report

Title: Urinary Transforming Growth Factor-beta 1 (TGF-b1) as a marker of response to immunosuppressive treatment in patients with crescentic nephritis.

Version: 1 Date: 27 February 2005

Reviewer: maria pia rastaldi

Reviewer's report:

General
In this manuscript the authors have measured urinary TGF-b1 levels in 11 patients with crescentic glomerulonephritis and found a correlation with the response to immunosuppressive treatment.

The authors have a lot of experience in this field and have already published several papers on the dosage of urinary TGF-b1 and its correlation to prognosis in various classes of renal patients.

Here again, they find that urinary TGF-b1 is increased in patients versus controls (healthy subjects) and suggest that levels of urinary TGF-b1 could help in discriminate responders and non responders to therapy. In case of crescentic glomerulonephritis, the major problem seems the time of diagnosis, higher levels of urinary TGF-b1 possibly suggesting that diagnosis has been made too late to achieve a good response to treatment.

As even the authors recognize, an enlargement of the number of patients included in the study is absolutely needed before raising any conclusion.

-----------------------------------------------------------------------------------------------------------------------------------

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

The number of patients has to be increased, with the possibility to examine data in subgroups of patients more homogeneous in terms of both diagnosis and treatment.

A table containing clinical-histological features in relation to the answer to treatment has to be shown.

Immunohistochemistry has to be repeated using 3% H2O2 directly applied on tissue sections, without methanol. In our experience on fixed material, this treatment better inhibits endogenous peroxidase and avoids unspecific staining. A lower magnification image of TGF-b1 staining together with a negative control picture have also to be shown.

During the discussion, also the issue of the cost of this test should be debated.

References look old: some more recent papers (see for instance Pharmacological Research 2004, where a paper is addressing the same issue) should be included and discussed.

-----------------------------------------------------------------------------------------------------------------------------------

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
At the end of the introduction, better “In the present study” than “in this study”

Page 8, General observation/clinical outcome, line 6, “were” has to be eliminated

Page 10, Discussion, line 16, instead of “proteoglycanes”, write “proteoglycans”

Page 10, Discussion, line 21, instead of “from”, write “by”

In Figure 3, use “responders” instead of “responded”

Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No

Declaration of competing interests:
'I declare that I have no competing interests