Reviewer's report

Title: Serial interferon-gamma release assays for latent tuberculosis in dialysis patients with end stage renal disease in a Korean population

Version: 2
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Reviewer: Gil Redelman-Sidi

Reviewer's report:

The manuscript by Lee et al. describes the results of serial QFT-GIT (checked at baseline and 4 months later) in patients with end-stage renal disease receiving peritoneal dialysis (PD) or hemodialysis (HD) in Korea, a country with moderate TB burden. 93 patients had results for both initial and follow-up QFT-GIT testing. Of these, 39 were positive by initial testing, 18 of whom received LTBI treatment. For patients on HD there was better concordance between the initial and subsequent test than for patients on PD. Overall, 8.6% of patients had reversion of QFT-GIT within this time period.

Major Compulsory Revisions:

1. The main weakness of the research is that the number of patients was quite small. While the authors appropriately mention this as a limitation of their study, in the discussion, the conclusion that reversion of QFT-GIT is not associated with LTBI treatment seems overstated given the very small number of patients who received LTBI treatment.

2. Results section - Changes in QFT-IT result in ESRD patients: Please mention the p-value for the difference between the HD and the PD groups. Please mention how many reversions and conversions occurred.

3. Discussion - the entire discussion section needs to be rewritten and clarified. Many of the sentences, particularly in the third paragraph, are unclear and should be restructured. The discussion should be reviewed by a native-level English speaker.

4. Discussion - The authors state that T-SPOT.TB may be a more sensitive test than QFT-GIT, but the available data for patients with ESRD actually suggest that QFT-GIT is equivalent to or superior to T-SPOT.TB - see for example: Nephrol Dial Transplant. 2009 Jun;24(6):1952-6. Please correct, and site this and other relevant papers.

5. Discussion - in the 4th paragraph the authors mention that there were more reversions in the PD group because a higher proportion of them received LTBI treatment, but this goes against their other conclusion that LTBI treatment did not affect QFT-GIT reversion.

6. Table 1 - for both groups please compare underlying reason for ESRD, other underlying medical conditions, use of immunosuppressive agents if any.
Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Not suitable for publication unless extensively edited

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