Author’s response to reviews

Title: The impact of intravenous methylprednisolone pulses on renal survival in anti-neutrophil cytoplasmic antibody associated vasculitis with severe renal injury patients: a retrospective study

Authors:

Yanhong Ma (21518017@zju.edu.cn)
Fei Han (hanf8876@163.com)
Liangliang Chen (llyf@163.com)
Hongya Wang (3100102374@zju.edu.cn)
Haidongqin Han (446752883@qq.com)
Binfeng Yu (1123882010@qq.com)
Ying Xu (xuying7230@163.com)
Jianghua Chen (chenjianghua@zju.edu.cn)

Version: 2 Date: 02 Aug 2017

Author’s response to reviews:

Dear editor,

Thank you for reviewing this revised manuscript (BNEP-D-17-00159R2) and we really appreciate the opportunity to revise it. We carefully studied the comments and revised the manuscript accordingly. All the modifications were highlighted in the revised manuscript.

The specific answers were listed below:

Why so few kidney biopsies in the control group? There is no answer in the revised paper. Furthermore, controls have smaller kidneys than treated patient. In the control group patients with small sized may have been considered as late referred patients with irreversible renal failure who should not have kidney histology and prednisolone pulses. So, it’s essential to use a
propensity score or at least (if there is not enough patients) to include "kidney biopsy or no biopsy" and kidney size in the multifactorial analysis.

R: We included the rate of kidney biopsy and kidney size in the multifactorial analysis to determine the independent risk factors for outcomes in the results (table 4) and discussed the reason for few kidney biopsies in the discussion. The detailed description was “Only 34 patients had kidney biopsy results (28 biopsies in MP group and 6 biopsies in control group) in this study, so renal histopathological analysis had questionable significance. One reason was that the ultrasonic kidney length was significant less in control group than that in MP group as we shown in Table 1. In the control group, patients with small sized kidney may have been considered as late referred patients with irreversible renal failure who should not have kidney histology and prednisolone pulses. However, when we analyzed the characteristics in dialysis independent group and death or maintaining dialysis group, there were no differences on the rate of biopsy or kidney length between groups, and the Cox regression analysis found these parameters were not the independent risk factors.”

Should you have any questions, please contact me as soon as possible.

Best regards,

Sincerely,

Fei Han, M.D