**Reviewer’s report**

**Title:** Assessing Cardiovascular Risk in Chronic Kidney Disease Patients Prior to Kidney Transplantation: Clinical Usefulness of a Standardised Cardiovascular Assessment Protocol

**Version:** 0  **Date:** 04 Jul 2017

**Reviewer:** Piergiorgio Messa

**Reviewer's report:**

Please include all comments for the authors in this box rather than uploading your report as an attachment. Please only upload as attachments annotated versions of manuscripts, graphs, supporting materials or This is a retrospective study directed to evaluate the efficacy of the protocol utilized in the transplant centre of the authors for the assessment of the risk for cardiac events in patients to be submitted to a renal transplant (RTx). The main reported result was that dobutamine stress echocardiography (DSE), performed in all the high-risk patients, was effective in identifying the presence of a coronary artery disease (CAD).

Though the study could be of a certain interest, it has a number of limitations which should be carefully addressed.

- Overall, the aim(s) of the study was(we) not completely clear
- the results are described in an unclear way
- The criteria for the definition of ischemic heart disease (IHD), peripheral vascular disease (PVD), and congestive cardiac failure (CHF) should be detailed
- Given that the assessment protocol was not directed to explore the risk of stroke, transient ischaemic cerebral attack (TIA), and/or progression of PVD, but was specifically directed to predicting the cardiac risk, in my opinion it is not appropriate to include these non cardiologic events to calculating the annual event rate (AER)
- Furthermore, the authors included in the AERs also the cases of death for sepsis, metastatic cancer and unknown causes: the inclusion of these events is inappropriate for the evaluation of the appropriateness of the assessment protocol for the cardiac risk
- The evaluation of the outcomes in the high-risk group is biased by the fact that almost all the patients submitted to coronary angiography (CA) did not receive a renal transplant, leaving unanswered the main question about the outcome of RTx patients with an asymptomatic coronary disease with or without a previous CAD correction
- Results, lines 281-282: it is not clear if the 7 patients referred for Coronary artery bypass graft (CABG) are included in the 18 patients described above (lines 277-279)
- Figure 2: the reported number do not appear completely consistent: (lower right panel: 70+40 = 11)

- The only real conclusion that can be drawn from these results is that clinical stratification of cardiac risk in patients with end stage renal disease to be listed for RTx can predict major clinical outcome occurrence other aspects of your report which cannot be included in a text format.

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**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

No

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No

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No

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