Reviewer’s report

Title: Dasatinib-induced nephrotic syndrome in a patient with chronic myelogenous leukemia: a case report

Version: 1 Date: 14 Dec 2018

Reviewer: Maike Büttner-Herold

Reviewer's report:

Many issues have been addressed in your revision, however, the issue of fibrillar deposits remains very confusing.

Major comments:
As EM looks very suggestive of amyloidosis it would be very helpful to show Congo red staining as well as DNAJB9 immunohistochemistry in the figure. Has Congo red staining been performed on sufficiently thick sections? Was AA-amyloidosis excluded by immunohistochemistry?
The theory that fibrils are derived from TKI therapy is very speculative and it is difficult to understand why this is presumed. Has by chance a follow-up biopsy been performed, which could show an effect on fibrillary deposits after cessation of TKI therapy? Why should subepithelial fibrils be induced by endothelial damage? Was the distribution of fibrils a focal finding?

Minor comments:
Moreover, the authors report diffuse effacement of podocyte foot processes, which is difficult to appreciate in the figure. Maybe this could be depicted more clearly.
The manuscript would also benefit from improvement of language.

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- Is the exact sample size (n) reported for each experimental group/condition (as a number, not a range)?

- Are the description of any error bars and probability values appropriate?

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