Reviewer’s report

Title: Ambulatory monitoring unmasks hypertension among kidney transplant patients: Single center experience and review of the literature

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Reviewer: Swapnil Hiremath

Reviewer's report:

Gluskin et al report on a single centre study with some data on ABPM in 76 kidney transplant recipients. They report a very large discrepancy between clinic and ABPM and report an association between this difference and tacrolimus use.

One wonders if the method of clinic BP can explain these results - because these are dramatically different than the reported literature

Introduction:

- The 2017 ACC guidelines are really the ACC/AHA guidelines

- The JNC8 guidelines are a misnomer. The last JNC guidelines were JNC 7 (read the title carefully) JNC got out of the guideline business, hence the 2017 ACC/AHA guideline

- It may be useful to mention that the KDIGO rec is a 2D recommendation

- The authors cite the ESC/ESH guidelines later in results: why not cite them in introduction too?

Methods:

What were the criteria for doing ABPM in kidney transplant patients? Were these consecutive 76 patients? What made the authors stop at that number? Did some patients not consent?

From table 1, the vintage of patients seem to be a few years out after transplant. Is this true?

What monitor (oscillometric) was used by the nurses?

How often, and whether was this oscillometric device as well as the aneroid device calibrated?
Results:

Table 1: how many patients had clinic BP measured by oscillometric versus aneroid?

Table 4/5: can method of clinic BP be added to the list of covariates?

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