Reviewer's report

Title: Efficacy and safety of cyclosporine A for patients with steroid-resistant nephrotic syndrome: a meta-analysis

Version: 1 Date: 02 Jul 2019

Reviewer: Uwe Querfeld

Reviewer's report:

Re: BNEP-D-19-00285R1

This manuscript is now much improved, but still contains numerous major flaws, both in content and in language, in spite of the certified English translation.

There are no page numbers.

Introduction: What is the difference between total remission (TR) and complete remission (CR)? This distinction is unusual, it is not explained and becomes even more confusing when mixed together with partial remission "(TR: total remission (complete or partial remission (PR))). Complete or partial remission should be sufficient to characterize outcome.

The authors fail to include the largest study to date relating to their research: Gipson et al., Clinical trial of focal segmental glomerulosclerosis in children and young adults, KI 2011

The discussion should be reviewed: Inclusion of different histological entities increases heterogeneity of studies, but also limits assessment of the efficacy of CsA regarding histological categories (since pathogenesis of these diseases is probably very different). In this regard, the study by Gipson et al. has been a major progress, since only FSGS patients were included; failure to include this study is a major shortcoming of the manuscript.

The sentence "CsA and TAC are two members of calmodulin inhibitor" is wrong in several aspects.

Tables should be rewritten: numerous spelling errors (e.g. Jaded score), nonsensical sentences ("all the patients were from children", "independently CsA levels", etc.) and phrases that look like "copy and paste" from the original publication (e.g. "were enrolled in our study", "The following characteristics met our Criterion", etc.). Table content can be shortened.

The number of patients total and in each treatment arm should be given for each study.

It is unclear whether the reported side effects specifically apply to patients with CsA or to all patients.
The forest plot should be carefully reviewed. The outcomes CR and TR favor placebo over CsA.

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No

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