Author’s response to reviews

Title: Atherosclerotic vascular disease is more prevalent among black ESKD patients on long-term Continuous Ambulatory Peritoneal Dialysis patients in South Africa

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Author’s response to reviews:

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13 August, 2018.

The Editor,

BMC Nephrology.

Dear Sir/Ma,

RE: RESPONSE TO REVIEWERS – BNEP-D-18-00098
We appreciate review of our manuscript by the editorial team of BMC Nephrology and providing valuable suggestions to improve our article.

We have addressed and incorporated the suggestions of the reviewers into the revised manuscript. Kindly find below our responses to the reviewers.

RESPONSE TO REVIEWERS COMMENTS

1. There is no data regarding diabetes in the PD and HD groups. There were no diabetes?

   Diabetic patients were excluded from the study, as stated in the Methods section on page 5.

2. There is no data regarding dialysis vintage for the HD and PD groups. This is an extremely important issue as long term PD patients lose their residual renal function and this may also impact serum creatinine levels (high in the PD group). All PD patients had started dialysis with PD or there were patients transferred from HD?

   Thank you for the comment, it is well taken. We have included the duration of dialysis (CAPD and HD) in the results and discussion sections on pages 8 and 14 respectively. All CAPD patients recruited into the study started dialysis with CAPD at the outset.

3. There is no data regarding PD (CAPD, APD, PD prescription, KT/V) and HD (Thrice weekly? KT/V etc)

   Thank you for this comment. It has been addressed in the methods and discussion sections on pages 5 and 14 respectively. Kt/V was not reported and this has been included in the limitations section.

4. The authors should clearly state that the patients were not on statins or give more details

   Thank you for this comment.

   This was a cross-sectional study, so patients who had indications for statins were on it as shown in the result section.

5. WHR (waist-hip ratio) is usually altered in PD patients as there is an increase of waist due to the fluid in the peritoneal cavity. So there is a bias in this parameter.
Thank you for the comment. This was taken into consideration during data collection. Kindly see Page 5, Line 14.

6. Figures 2 and 3 are not needed. Add the values of serum creatinine and albumin to the descriptive data table

Thank you for the correction. It has been effected on Table 1, Page 8. Figures 2 and 3 have been deleted.

7. Table 3 is including which patients; HD and PD only?

Table 3 included the 3 kidney disease groups (CKD stage 3, CAPD and HD).

8. Why in the HD group the author used pre-HD and not post-HD body weight (“dry weight”), although in the PD group they used post-drain body weight.

Thank you for this question. This has been addressed in the methods section, Page 5.

Many thanks to the reviewers and the editorial unit for their efforts in reviewing our manuscript.

Kind regards,

Stephen Olawale Oguntola