Author’s response to reviews

Title: Low lung function and the risk of incident chronic kidney disease in the Malmö Preventive Project cohort

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Author’s response to reviews:

Dear Editors/Reviewers at BMC Nephrology,

Thank you for your comments and constructive feedback on our manuscript. We have been happy to make the necessary revisions to the manuscript as recommended. Please find responses below to the comments and queries raised on the manuscript:

Question 1. If verbal consent was obtained, please confirm that your ethics committee formally approved this consent and how the verbal consent was documented, in the Ethics approval and the consent to participate section. For more information regarding our ethics policy, please go to: https://www.biomedcentral.com/getpublished/editorial-policies#ethics+and+consent

Response: We have now added some more detail regarding the consent, and ethical approval. In addition to the existing text under the “Ethics approval and consent to participate” section, we now also add the following text:

“Advertisements in newspapers were later published to inform about the studies and give participants the possibility to opt-out. The procedures were approved by the regional ethics committee at Lund university (2004-85)”

Question 2. Please be sure include table 3 and 4 at the end of the manuscript file, as we note that these tables are currently missing.

Response: Table 3 and 4 that are being referred to in the manuscript text are supplement tables (supplement table 3 and supplement table 4). These tables are in “additional file 1” as they are
part of the supplement and not main manuscript text. We apologise for any confusion this may have caused.

While proof reading we have made some additional few minor changes to the text:

1. We have added another limitation in the study limitations section in the Discussion:

“The follow-up of CKD was based on national hospital based registers. One limitation is that cases that would have presented to primary care were missed. The outpatient register began in 2001, so additionally any CKD cases that would have also presented to outpatient care prior to this date would also have been missed”.

2. We have added the word “adjusted” when discussing the use of time-dependent covariate analysis to test proportional hazards assumption in the methods section (statistical analysis):

“The proportional hazards assumptions were tested using time-dependent covariate analysis in the adjusted models in SPSS and Kaplan Meier curves”.

3. For clarity, we have amended the text in the discussion from: “Although we did not assess ESRD, our findings for incident CKD events were found to be similar; low FVC was found to be a strong predictor of incident CKD, whereas an obstructive lung picture (FEV1/FVC < 0.70) was not found to be associated with an increased risk of incident CKD”

To: “Although we did not assess ESRD, our findings for incident CKD events were found to be similar; low FVC was found to be a strong predictor of incident CKD”.

4. We amended the following sentence “However, a recent retrospective cohort study in over 10,000 subjects from Korea (31) found that a 10% decrement FEV1/FVC ratio in non-COPD/non-smoking subjects was associated with a 35% increase in risk of future CKD after 5 years of follow-up”

To: “However, a recent retrospective cohort study in over 10,000 subjects from Korea (31) found that a 10% decrement FEV1/FVC ratio in non-smoking subjects was associated with a 35% increase in risk of future CKD after 5 years of follow-up”.

We hope you find our responses to the queries and revisions satisfactory,

Yours Sincerely,

Dr Suneela Zaigham

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