Reviewer’s report

Title: Histological diagnosis of immune checkpoint inhibitor induced acute renal injury in patients with metastatic melanoma: a retrospective case series report

Version: 1 Date: 13 Jul 2020

Reviewer: Manuel Herrera-Gutierrez

Reviewer's report:

Dear sir:

Thank-you for the invitation to review the manuscript titled "Histological diagnosis of immune checkpoint inhibitor induced acute renal injury in patients with metastatic melanoma: a retrospective case series report"

This is a retrospective, single centre, case series report on the kidney injury after ICi use.

The study is interesting, well designed and the possible biases are well addressed in ther discussion.

I have no important questions about the work.

My only concern is because the highly selected population. Recruiting only cases referred to the nephrologists after KDIGO I is detected (50% increase of creatinine) can suppose a high rate of loses. Also because biopsy was performed in just 50% of these already selected cases and was decided on a clinical basis (non-responders), it is possible that other causes with a different severity level than nephritis were just not detected. So, the conclusion about interstitial nephritis as the main cause should be moderated in some way.

How was defined AKI in previous CKD cases and how was the recovery in these 4 cases defined?.

Also, KDIGO I criteria comprises also a raise of 0,3 mgr and this was not stated in the methods.
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