Reviewer’s report

Title: Evaluation of Prophylactic Dosages of Enoxaparin in Non-Surgical Elderly Patients with Renal Impairment

Version: 0 Date: 20 Feb 2019

Reviewer: Haider Alsaedi

Reviewer's report:

Please include all comments for the authors in this box rather than uploading your report as an attachment. Please only upload as attachments annotated versions of manuscripts, graphs, supporting materials or other aspects of your report which cannot be included in a text format.

Please overwrite this text when adding your comments to the authors. (Evaluation of Non-Surgical VTE Prophylaxis: Enoxaparin 20 mg versus 30 mg Subcutaneously Once Daily in Elderly Patients with Impaired Renal Function)

Title of study

Comment 1: the title of study should be comprehensive and not determining the selected doses used in the study.

Comment 2: the subcutaneous route is only known route for administration of enoxaparin in prophylaxis cases, therefore no need to mention it in the title of the study.

Comment 3: it is a comprehensive title and well expressed on contents of the study.

Suggestion: the title of study to be: Evaluation of prophylactic dosages of enoxaparin in non-surgical elderly patients with renal impairment

Methodology

Comment 4: the selection of 20 mg or 30 mg/daily as dosing regimen instead of specific unit per kilogram/day (dose/kg) is considered less accurate dosing regimen especially in patients with impaired renal diseases because the non-obese patients that included in this study also still widely variable in weights.

Suggestion: considered the patient weighing a 70 kg given 20 mg daily regimen so he must receive nearly 0.3 gm/kg and 0.4/kg in case of 30 mg daily.
Note 5: the study not excludes patients with heart failure that reducing absorption of drugs that given subcutaneously and the effect of antithrombotic activity of drug.

Suggestion: given same calculated dose with another route e.g. i.v. for heart failure patients or excluded them.

Comment 6: the measurement of anti-Xa at zero time the after treatment in order to estimate the effect of drug only on patient with different diseases and on different treatment.

Results

Comment 7: line no.175. The mean length of follow up was 7.18 days in the 20 mg group and 7.27 days in the 30 mg group, (p=0.826).

Suggestion: The mean length of follow up was nearly 7 days for both groups. This time of follow up not needed to studied statistically because it depend on previous clinical trials that recommended the continued period of treatment range from (6 or 7) to (10 or 11) days.

Suggestion: omit the (p=0.826) in line 176.

Discussion

Comment 8: a weak point of including the heart failure patient into one arm, this reflect a potent interfere of others factors such as past medical history and medications.

Conclusions

Comment 9: line 272-273: omit this phrase because it same in both doses (with no evidence of increased bleeding)

Comment 10: line 276 delete this phrase (or UFH 5000 units SC BID or TID) because this effect out of article work.

Finally: this article could be accepted after revision the language and general notes mentioned above. It is important due to it included clinical trial of unfilled space with consideration of ethical criteria.

With best regard

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PhD Pharmacology & Toxicology
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

No

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

No

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
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I am able to assess the statistics

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