



SDI Review Form 1.6

Journal Name:	Asian Journal of Medicine and Health
Manuscript Number:	Ms_AJMAH_38087
Title of the Manuscript:	Prognostic value of elevated cardiac troponin I levels in pre-dialysis chronic kidney disease patients without cardiac symptoms
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	The aim of the study is different in the abstract and in the introduction, it should be the same. High blood pressure definitions: - Lines 98-100: "...and hypertension was taken as a BP equal to or greater than 140/90 mmHg. " Was anti-hypertensive medication considered? Whatever the methodology, it should be stated. - Line 143 – again mention to blood pressure status, without any mention to medication, which should be pointed out, at least with the percentage of patients doing lowering blood pressure pills, in both groups (probably none in the controls as they were selected to be "hypertension free"). Controlled blood pressure could also explain a low prevalence of troponin I detection in this cohort.	Thank you for your very relevant comments. 1. The aim of the study has been edited and is now the same in the abstract and in the introduction (lines 12-14 and 84-86). 2. The use of anti-hypertensive medication has been included under the physical examination section (line 104). 3. Percentage of patients with hypertension and anti-hypertensive medication has been included under results section (lines 151 to 156).
Minor REVISION comments	The authors should rearrange the abstract, namely - two or three lines of introductory concepts/controversial issues related to the study; - both study design and place of the study are part of the methodology (the place I would suggest to be omitted, and maintain type and duration of the study); - there is the omission of which clinical parameters were monitored (only biochemical one are described here) and in the results blood pressure appears as an important issue; - conclusions are far from what could be reported with these study results: the sentence "Elevation of cardiac troponin I may be a marker of □increased risk of cardiovascular outcomes such as left ventricular hypertrophy, congestive heart failure, ischemic heart disease and reduced survival in asymptomatic CKD patients. " would be suitable as an introductory affirmation as this issue was not even an aim of this study; the □"higher assay-specific optimal cut-off levels" suggestion appear totally out of context in the conclusion. There isn't any mention to the types of assays or its specificity in chronic kidney disease throughout the abstract, why is it a conclusion? Perhaps the missing introduction could elucidate the reader or the methodology isn't accurate, or it just does not make sense as the abstract conclusion. (After reading the article, again it seems an affirmation taken out of context, related to the diagnosis of acute myocardial infarction...and not referring to it as a risk marker as it is already highly detectable.)	1. Introductory concepts have been included in the abstract (lines 9 to 11). 2. Type and duration of study have been included in the abstract methodology and place of study has been omitted (line 16). 3. Blood pressure and body mass index have been included in the abstract methodology as clinical parameters that were monitored (lines 16 and 19-20). 4. Additional data have been included in the results section (lines 184 to 192, Table 3) and the Discussion and Conclusions have been modified.



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Optional/General comments

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