



SDI Review Form 1.6

Journal Name:	Cardiology and Angiology: An International Journal
Manuscript Number:	Ms_CA_38020
Title of the Manuscript:	Clinical Significance of Creatine Kinase-MB Elevation in Patients with Chronic Kidney Disease before initiation of Hemodialysis
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>)

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)
<u>Compulsory</u> REVISION comments	1. Myocardial infarction is a common cause of mortality in patients with chronic kidney disease (CKD). However, some studies showed serum levels of creatine kinase-myocardial bound was not suitable to diagnose ACS in CKD patients. Here, the authors found CKD patients had higher CK-MB, and CK-MB was positively correlated with urinary albumin-creatinine ratio (UACR) but not associated with other biochemical or clinical variables. What is the significance of CK-MB elevation? 2. To draw a conclusion that high CK-MB levels may still be useful as predictors of adverse cardiovascular events and all-cause mortality, the authors should provide the data that the patients who has high CK-MB levels are more likely to develop cardiovascular events and all-cause mortality.	Thank you for your very relevant comments that have given direction to this work. 1. Additional data has been included in the results section that showed that CK-MB does not have much diagnostic significance among CKD patients. 2. The study is a cross-sectional study; data within this scope that relates high CK-MB levels with cardiovascular risk factors have been included (Table 4). The conclusions have been modified.
<u>Minor</u> REVISION comments	More parameters, for example, cardiac troponin I suggest to be observed.	Cardiac Troponin I has been included in the results section (Tables 2 and 3).
<u>Optional/General</u> comments	Although the main idea of the study shows potential interest, there are some critical points to be revised.	