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OPEN PEER REVIEW

Low Plasma Total Iron-Binding Capacity and Bioimpedance Phase Angle Are Associated with Major Adverse Cardiovascular Events and Mortality in Maintenance Hemodialysis Patients: A Retrospective Cohort Study in Vietnam

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About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

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Contents

1 **Original submission** Referee 1, Associate Editor, Editor-in-Chief 2
2 **Revision 1** Editor-in-Chief 3
Authors' reply to reviewers 4
Reviewer and editor comments 6

1 Original submission

3 comments · 7 Feb 2026 – 11 Mar 2026

Referee 1 Reviewer

MINOR REVISION 7 Feb 2026

Dear AE.
Thank you for the invitation. I was pleased to have the opportunity to review the manuscript entitled " Low plasma total iron-binding capacity and bioimpedance phase angle are associated with major adverse cardiovascular events and mortality in maintenance hemodialysis patients: A cross-sectional study in Vietnam".

This study investigates the association of total iron-binding capacity (TIBC) and bioimpedance phase angle (PhA) with major adverse cardiovascular events (MACEs) and mortality in maintenance hemodialysis (MHD) patients.
Here are some suggestions and comments that should be addressed:

1-The abstract does not clearly state the study design, overstates predictive ability, and lacks a limitations statement.

2-Although labeled a cross-sectional study, the manuscript includes 3-year follow-up, mortality, and event prediction, which constitutes a retrospective cohort design.
3-AUC values are high, but:

*No cutoff thresholds are reported.
*No validation cohort was used.
*There is a risk of overfitting.

4-The recommendation to improve nutrition is not tested in the study.

5-The Discussion section is repetitive and could be shortened by 30–40%.

Associate Editor

MINOR REVISION 11 Mar 2026

Minor Revision

Editor-in-Chief

MINOR REVISION 11 Mar 2026

Minor Revision

2

Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Dear Journal and Reviewer,

We would like to thank you for your valuable comments to improve the quality of our manuscript. Here're some of our explanations for these comments:

Reviewer 0:

Dear AE.

Thank you for invitation. I was pleased to have the opportunity to review the manuscript entitled " Low plasma total iron-binding capacity and bioimpedance phase angle are associated with major adverse cardiovascular events and mortality in maintenance hemodialysis patients: A cross-sectional study in Vietnam"

This study investigates the association of total iron-binding capacity (TIBC) and bioimpedance phase angle (PhA) with major adverse cardiovascular events (MACEs) and mortality in maintenance hemodialysis (MHD) patients.

Here I have some suggestions and comments that should be addressed:

1-Astract Does not state study design clearly, Overstates predictive ability and Lacks limitations statement

We have revised the manuscript according to the reviewer’s comments.

2-Although labeled a cross-sectional study, the manuscript includes 3-year follow-up, mortality, and event prediction, which constitutes a retrospective cohort design.

We have revised the manuscript according to the reviewer’s comments.

3-AUC values are high, but:

*No cutoff thresholds are reported

*No validation cohort used

*Overfitting risk exists

Thank you for this valuable comment. We have revised the manuscript accordingly. The optimal cutoff values for all predictors were determined using the Youden index from ROC analysis, and the corresponding cutoff values, sensitivity, and specificity for TIBC, phase angle, hs-CRP, PTH, age, and albumin have now been reported in the Results section and figure legends. Because this was a single-center study with a limited sample size, an independent validation cohort was not available; this limitation has been acknowledged in the Discussion. We have also clarified that the relatively high AUC values may indicate a potential risk of overfitting and that the predictive performance should therefore be interpreted with caution.

4-The recommendation to improve nutrition is not tested in the study.

We have revised the manuscript according to the reviewer’s comments.

5-The Discussion section is repetitive and could be shortened by 30–40%.

We have carefully revised and condensed the Discussion section to reduce repetition and improve clarity.

We would like to sincerely thank the journal and reviewer for their generosity and valuable comments to improve our manuscript further. We will receive the reviewers' helpful comments and actively correct our manuscript to meet the journal's requirements.

Sincerely,

2 Revision 1

1 comment · 26 Mar 2026

Editor-in-Chief

ACCEPT 26 Mar 2026

Dear Authors,

Thank you for submitting the revised version of your manuscript and your point-by-point responses to Reviewer 0.

After editorial assessment of your revision, we are pleased to inform you that your manuscript is accepted for publication.

We confirm that the main concerns raised by the reviewer have been addressed in the revised manuscript, including:

1- Study design clarification: The manuscript now appropriately reflects the longitudinal follow-up and describes the study as a retrospective cohort study, resolving the concern about “cross-sectional” labeling.

2- Predictive performance reporting: Optimal ROC-derived cutoff values (Youden index), with corresponding sensitivity and specificity, have been added for the key predictors and reflected in the Results and figure legends.

3- Interpretation and limitations: The absence of an external validation cohort is acknowledged, and the manuscript appropriately notes the potential risk of overfitting and advises cautious interpretation of the high AUC values.

4- Clinical implications: The discussion has been aligned with the observational nature of the study, avoiding unsupported recommendations as if they were tested interventions.

5- Discussion refinement: The Discussion has been revised to reduce repetition and improve clarity.

Congratulations on your accepted manuscript. Our editorial office will contact you regarding the next steps in production.

Sincerely,
Prof. Einollahi
EIC