OPEN PEER REVIEW

Revision (0)

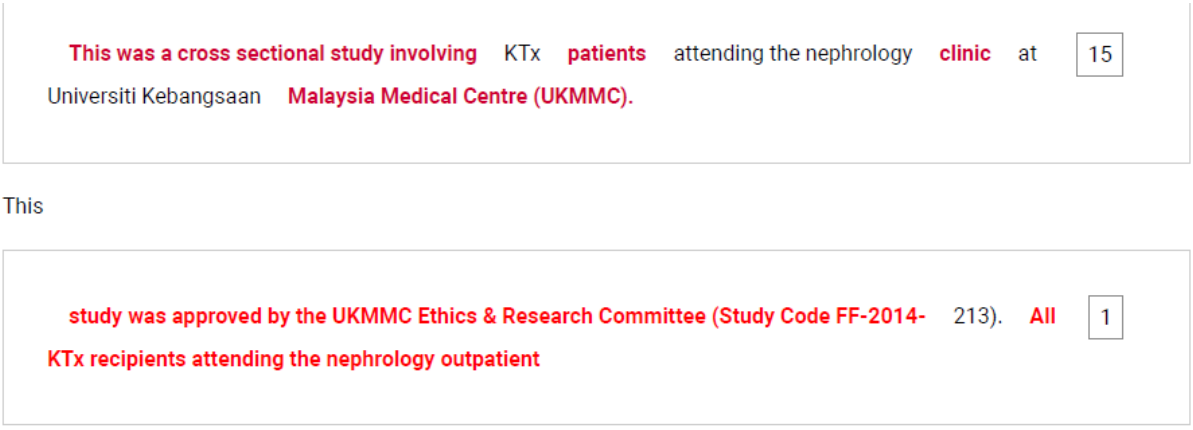
Reply to Reviewers

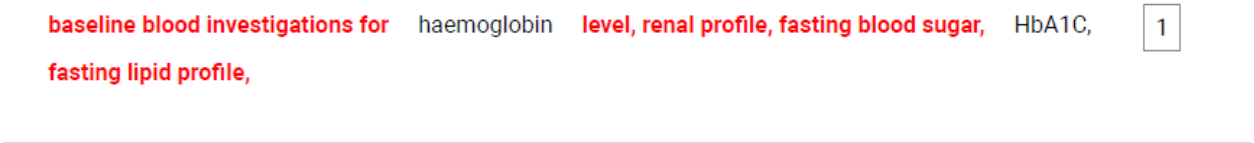
Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

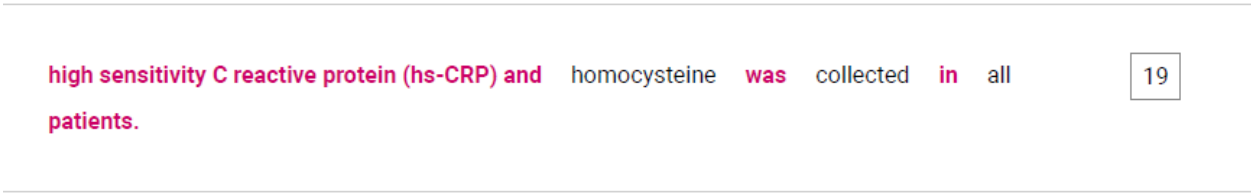
You can read the authors' responses to the reviewers' comments in the next page.

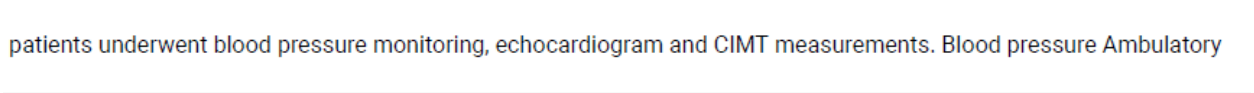
Dear Editor,

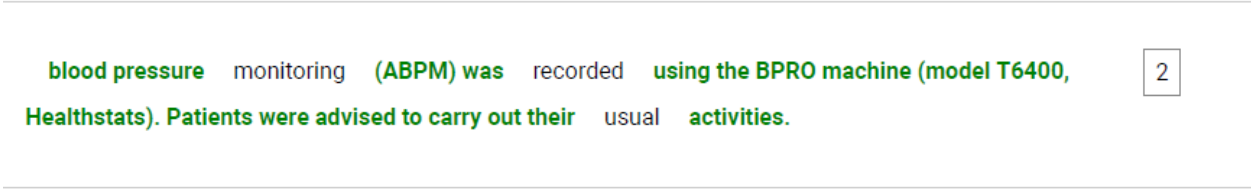
In response to your similarity report, unfortunately I don't think I can change any more after this second revision. Several sentences and words are standard and therefore very similar to other manuscripts. There is a lot of resemblance to one of my previously published manuscript as the style is the authors' style. Both which I am the corresponding author and that study involved CIMT and there were measurements of BP. I have attached screenshots of some of the similarity report which I feel cannot be changed much.











017 Similarity Report

aged > 18 years, on stable triple immunosuppressive therapy for > 6 months. We excluded patients with documented CVD 1

d any patients who were pregnant. CVD was defined when one or more of the following conditions occur: acute coronary ndrome, ischaemic heart disease, congestive cardiac failure, transient ischaemic attack, stroke, peripheral vascular sease and abdominal angina. After obtaining informed consent, demographic data were collected on all subjects

including age, gender, race, body weight and height, body mass index, diabetes, hypertension, duration of 3

BP readings were taken at 15 minute intervals during the daytime and 30 minute intervals during the night. Mean 24 hour daytime, night time systolic and diastolic BP, mean arterial BP was derived from 24 hour 1

ABPM.

More than 80% technically satisfactory readings were needed to be considered as a successful recording. 3

8 (1.04([LVIDD + PWTD + IVSTD] ³ - [LVIDD] ³) + 0.6g Where LVIDD, PWTD and SWTD are LV internal dimensions at the end diastole, posterior wall thickness at end diastole and septal wall thickness at end diastole, respectively. 5

was defined as LVMI >104

g/ m² in women and >116 g/ m² in men. 20 Calculation of relative wall thickness (RWT) by the formula [2XPWTD]/LVIDD permits categorization of an increase in LV mass as either concentric [RWT ≥ 0.42] or eccentric [RWT 4

Kindly review the manuscript and if you still feel it is similar, then I will withdraw the manuscript.

Kind regards,

Dr R Cader

OPEN PEER REVIEW

Open Peer Review (OPR)

As a new feature for progressing towards transparency, we decided to open a new window for all of our editors as well as authors titled "**Open Peer Review**". We hope by this new facility, our reviewers will be more motivated and authors will be more satisfied with the review process. We believe that publishing our peer review reports could make a transparent and clear environment for all our efforts within a journal, but not all reviewers tend to publish their comments.

What is "Open Peer Review" process?

An "Open Peer Review" process is making the details of all review process (including reviewers, associate editors, and EICs comments) as "Public" as it is agreed by EIC, Authors, and reviewers.

Advantages of "Open Peer Review" process

- More transparency, constructiveness and tactful comments of the peer review process: leads to an increase in the quality of reviews
- More motivations for all involved roles in the review process
- Authors' satisfactions from the review process: Increases honesty between authors and reviewers
- Education of both authors and new students
- Prevents reviewers from following their individual agendas and leading to the detection of reviewers' conflicts of interests

You can find out more at:
https://sites.kowsarpub.com/kowsar/knowledgebase/category/tree.html#opr.html

Nephro-Urology Monthly
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Published in: Nephro-Urology Monthly: 10(2); e61641

Peer Review Report for "The Predictors of Left Ventricular Hypertrophy in Kidney Transplant Recipients"

Author(s): Arbaiyah Bain, Wei Yen Kong, Abdul Halim Abdul Gafor, Noor Izyani Zakaria, Samir Paul, Rizna Cader, Rozita Mohd

Review Timeline:

Submit Date: 27 Sep 2017
Revised Date: 23 Oct 2017
Accepted Date: 28 Nov 2017

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Associate Editor | **Revision** (0) 10 Oct 2017

Dear EIC,
The manuscript reviewed. it's a good and practical for physicians but I didn't understand finally, how long the patients were on hemodialysis? how long was transplanted vintage? did the patients have LVH before transplantation?
Thanks.

REFEREE: EIC | **Revision** (0) 12 Oct 2017

Dear Author,
It requires a minor revision.
Thanks.

OPEN PEER REVIEW

Revision (1)

Reply to Reviewers

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You can read the authors' responses to the reviewers' comments in the next page.

Dear Editor,

Thank you for your prompt reply. Unfortunately I cannot make any revisions as the 3 queries the reviewer has raised are already in the original manuscript.

The first query is regarding how long the patients were on haemodialysis which is on table 1 as the duration of dialysis and median time is 21 months with a range between 0 -129 months. Of the 30 patients, one patient had a pre-emptive transplant and was therefore not on dialysis and of the remaining 29 patients, 3 patients were on PD and the remaining 26 were on haemodialysis prior to transplantation.

The second query regarding the transplant vintage is also on table 1 as duration of transplant (I can rephrase it to transplant vintage) and the median duration is 91.7 (39 - 311) months .

The third query was as to whether the patients had LVH before transplantation. Majority of patients did not have an echo performed prior to transplantation as they had their transplant done overseas and this is the limitation of our study which has been mentioned in the manuscript as a limitation.

I therefore look forward to your reply.

Kind regards,

Dr R Cader

OPEN PEER REVIEW

Revision (1)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Associate Editor | **Revision** (1) 27 Nov 2017

Dear EIC
Based on the authors' answers to the reviewers' comments, the reviewer(s) have recommended publication.
Kind regards.

REFEREE: EIC | **Revision** (1) 28 Nov 2017

Dear Author,
The document is reviewed carefully by the reviewers. According to their comments and your revisions as requested, this manuscript is accepted.
Thanks.