



SDI Review Form 1.6

PART 1:

Journal Name:	British Journal of Medicine and Medical Research
Manuscript Number:	MS: 2012 BJMMR 2989
Title of the Manuscript:	Severe Symptomatic Hypocalcemia after Denosumab Administration in an End-Stage Renal Disease Patient on Peritoneal Dialysis with Secondary Hyperparathyroidism – A Different Mechanism for Hungry Bone Syndrome.

General guideline for Peer Review process is available in this link:

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

- This form has total 9 parts. Kindly note that you should use all the parts of this review form.



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PART 2: 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	<ol style="list-style-type: none"> 1. The selection of the title "bone hungry" is not appropriate. 2. In figure1 show when denosumab was initiated and when alendronate was discontinued. 	<p>1. "bone hungry" deleted from the title</p> <p>2. Figure 1 now shows when denosumab was initiated and when alendronate was discontinued</p>
<u>Minor</u> REVISION comments	<ol style="list-style-type: none"> 1. The author's should attempt to emphasize the side effects of a combined antiresorptive agents on calcium homeostasis in patients with end stage renal disease. 2. In the discussion the authors should allude to the long half-life of alendronate in bone and instruct the practioner not to use bisphosphonates in patients with cramoibdfj renal function. 3. The authors should note that it is possible that if denosumab was started after a reasonable period of time after alendronate treatment the ____ treatment did not occur. 3. Indicate whether Ca is adjusted for albumin in Table1. 4. The pathophysiological mechanisms included calcium mobilization from bone associated with 	<p>We agree with the reviewer about the importance of side effects of a combined antiresorptive agents on calcium homoeostasis patients with end stage renal disease. It is a complicated subject, and due to word limits, we unfortunately won't be able to effectively review it here and would prefer to avoid short-changing the readers. This paper aims to discuss denosumab induced hypocalcemia in ESRD,</p> <p>2. We agree with the reviewer about the importance of long half-life of alendronate in bone and that bisphosphonates should be avoided in patients with renal dysfunction. But it is a complicated subject, and due to word limits, we unfortunately won't be able to effectively review it here and would prefer to avoid</p>



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	<p>the residual antiresorptive effect of alendronate and simultaneous effect of denosumab on bone. These combined effects compiled with the compensatory rise of intestinal calcium absorption stimulating secondary hyperparathyroidism and enhancing bone turnover.</p>	<p>short-changing the readers. This paper aims to discuss denosumab induced hypocalcemia in ESRD,</p> <p>3a. Actually denosumab was started more than a month after the discontinuation of alendronate treatment. Although an additive effect of both antiresorptive agents is still possible, it is unclear if there was an additive effect in this case.</p> <p>3b. Ca adjusted for albumin is now clearly indicated in table 1</p> <p>4 We agree with the reviewer that an additive effect of both antiresorptive agents is possible, but it is unclear if there was an additive effect in this case.</p>
<u>Optional/General</u> comments		