



**SDI Review Form 1.6**

**PART 1:**

Journal Name:	<a href="#">British Journal of Medicine and Medical Research</a>
Manuscript Number:	<b>MS: 2012 BJMMR 2989</b>
Title of the Manuscript:	<b>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.</b>

**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)
<b><u>Compulsory</u></b> REVISION comments	<p><b>The authors should discuss the difficulties in distinguishing different types of bone disease in stage 5 CKD patients (including the use of DEXA in this patient group). These are mentioned in the conclusion but should be discussed too. (Miller CurrOsteoporos Rep 2005 5-12, KDIGO guideline CKD-MBD 2009)</b></p> <p><b>Could you comment on the rheumatologists' advice to treat a CKD stage 5 patient with denosumab? Please add discussion on the uncertainty of a beneficial effect on the bones in these patients. (McCornick Am J Kidney Dis 2012 626-628)</b></p>	<p>The Discussion has been expanded with several suggested references reviewed and incorporated into the bibliography, discussing both of these controversies. At the time when denosumab was recommended by the Rheumatology Service, none of the currently available warning or reports were available – partly prompting to publish our observation! Our current report also notes the danger of blindly extrapolating general experience to patients with severe renal failure.</p>
<b><u>Minor</u></b> REVISION comments	<p>Your last sentence on hypercalcaemia should be explained in more detail. Should we be concerned about aggravating tertiary hyperparathyroidism or adynamic bone disease?</p>	<p>Yes, these are valid concerns; see our revised and expanded Discussion.</p> <p>Interval changes in the manuscript, in response to the Reviewer's request, are also highlighted in yellow.</p>



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<b><u>Optional/General</u></b> comments		
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