



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)
Compulsory REVISION comments	This is a very interesting medical case reporting a symptomatic episode of hypocalcaemia after the first denosumab administration in an end stage renal patients	1. Appreciated thoughtful comments: Agree with reviewer
Minor REVISION comments	<ol style="list-style-type: none"> 1. The authors refer a basal 1,25 di-hydroxy Vitamin D of 25 pg/mL. This value is a very low value in patients who has to start a bone targeted therapy for osteoporosis. Have the authors dosed uNTX or serum CTX? 2. During the conclusions please comment the guidelines on the role of induction therapy with 1,25 di-hydroxy Vitamin D before starting BPs or DMAB 3. During the conclusions 	<ol style="list-style-type: none"> 1. We did not dose uNTX or serum CTX 2. We were unable to find guidelines for induction therapy with 1,25 di-hydroxy Vitamin D before starting BPs or DMAB beyond treating Vitamin D deficiency (if present). Although currently available data offer no consensus on optimal serum levels of 25-hydroxyvitamin D (the storage form of vitamin D that best reflects vitamin D status), a level of 30 ng/mL is generally considered adequate (Holick, Michael F. "Vitamin D deficiency." <i>New England Journal of Medicine</i> 357.3 (2007): 266-281.) 3. We agree with the reviewer about the importance of vitamin D due to its musculo-skeletal and extra-skeletal effects.



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	please comment the skeletal and extraskkeletal effects of vitamin D	Besides its positive effects on the musculo-skeletal system, vitamin D has shown to take an active part in the regulation of cellular proliferation, differentiation, apoptosis, and angiogenesis. It has been shown to control approximately 3% of the human genes directly or indirectly. Although there is a strong body of evidence toward implication of vitamin D deficiency with several extra-skeletal disorders, it remains unclear if vitamin D supplementation may slow down, halt or even reverse the disease processes. Thus it is a complicated subject, and due to word limits, we 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, and a discussion of musculo-skeletal and extra-skeletal effects of Vitamin D is beyond the scope of this paper.
<u>Optional/General</u> comments	Please accept after minor revisions	