



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	<p>1-During the presentation of the case: the DEXA scan results should be presented more clearly i.e. is the -3.3 to -7.2 the T or Z-scores for this patient. It sounds like it may be the Z-score; however, T-scores are more commonly accepted when making treatment decisions.</p> <p>2-In the Discussion (line 163): would add possible to sentence suggesting an additive effect of both antiresorptive agents as it is unclear if there was an additive effect.</p> <p>3-The short discussion on immune effects of denosumab need to be removed or expanded to present a more objective view of the issue (line 164-164). For example, an increased risk of infection has not been seen in the phase III cancer trials in which patients were receiving active chemotherapy and thus severely immunocompromised. Thus, the role of RANKL inhibition in adults is very controversial and questionable.</p>	
<u>Minor</u> REVISION comments	<p>1-The last paragraph of the discussion is very important, especially regarding risk factors for hypocalcemia and safer ways to initiate therapy, but awkwardly written and</p>	



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	<p>should be re-written for clarity.</p> <p>2-Conclusion (line 185): I would consider denosumab an antiresorptive and not an anabolic agent</p> <p>3-I would also stress in the conclusion the prolonged duration of hypocalcemia that can be observed with denosumab therapy as observed in this case.</p> <p>4-Would change dangerous to serious side effect (line 188).</p>	
<u>Optional/General</u> comments		

Note: Anonymous Reviewer