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| Journal Name: | **[Asian Journal of Research in Nephrology](https://journalajrn.com/index.php/AJRN)** |
| Manuscript Number: | **Ms\_AJRN\_142100** |
| Title of the Manuscript: | **ESTIMATED GLOMERULAR FILTRATION RATE AND ITS CLINICAL CORRELATES AMONG OUTPATIENTS IN A NIGERIAN TEACHING HOSPITAL** |
| Type of the Article |  |

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| PART 1: Comments | | |
|  | Reviewer’s comment **Artificial Intelligence (AI) generated or assisted review comments are strictly prohibited during peer review.** | **Author’s Feedback** (It is mandatory that authors should write his/her feedback here) |
| **Please write a few sentences regarding the importance of this manuscript for the scientific community. A minimum of 3-4 sentences may be required for this part.** |  |  |
| **Is the title of the article suitable?**  **(If not please suggest an alternative title)** |  |  |
| Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here. |  |  |
| Is the manuscript scientifically, correct? Please write here. |  |  |
| **Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.** |  |  |
| Is the language/English quality of the article suitable for scholarly communications? |  |  |
| Optional/General comments | Study manuscript is very well written and author tried to assess kidney function using eGFR and examine its associations with demographic, clinical, and anthropometric factors among adult outpatients in a tertiary hospital in Nigeria. Few observations from my side are as follows:   * You mentioned the use of a *convenience sampling technique* for recruiting participants. Could you elaborate on any efforts made to minimize selection bias, and do you think this approach may have affected the generalizability of your findings to the wider Nigerian adult population? * While lower eGFR values were observed in individuals with diabetes, hypertension, and proteinuria, the differences were not statistically significant. Could you discuss potential reasons for the lack of significance—such as sample size, confounders, or disease control status—and whether subgroup analyses were considered? * The study presents unadjusted comparisons of eGFR across various groups. Was multivariate analysis (e.g., linear regression) considered to control for potential confounders such as age, sex, BMI, and co-morbidities? This might offer clearer insights into independent predictors of reduced eGFR. * While eGFR is treated as a continuous variable, did the study define a specific eGFR cutoff (e.g., <60 mL/min/1.73 m²) to classify impaired renal function or CKD stages? If so, how many participants fell below this threshold? * Haematuria was significantly associated with lower eGFR. Were further investigations (e.g., microscopy, imaging) conducted to determine the underlying cause of haematuria? Could some cases have represented underlying glomerular or urological pathology? | Thank you for your comments.  Regarding convenience sampling, the risk of bias is noted, and an attempt was made to ensure the final sample was well distributed across age and sex. However, this was not directly noted, as it might have alluded to the fact that it was a randomized sampling, which it was not. Careful data collection and reviewer consistency was maintained by frequent checks and comparing the same data collected by more than one investigator, to ensure accuracy.  Yes, the convenience sampling may limit the generalizability. This will be included in the limitation section. Thank you.  Regarding lack of significance of some variables, the determinants were the sample size, as sample may not have been enough to find significance, also limiting subgroup analysis. Disease control status was also not assessed, and is noted as a limitation in the study.  Due to the small sample size, the multiple regression was initially excluded, but has been included on reviewer request.  eGFR has also been categorized, using <60 mL/min/1.73 m² as a cut-off.  Further investigations were not carried out, and this could be a limitation as well. |

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| **PART 2:** | | |
|  | **Reviewer’s comment** | **Author’s Feedback** (It is mandatory that authors should write his/her feedback here) |
| **Are there ethical issues in this manuscript?** | *(If yes, Kindly please write down the ethical issues here in details)* |  |