

Comment on: Efficacy and Safety of Mycophenolate Mofetil versus Intravenous Pulse Cyclophosphamide as Induction Therapy in Proliferative Lupus Nephritis

IJKD 2019;13:346
www.ijkd.org

Dear Editor,

We have this chance to read the valuable article written by Leyla Gadakchi *et al.* entitled “*Efficacy and Safety of Mycophenolate Mofetil versus Intravenous Pulse Cyclophosphamide as Induction Therapy in Proliferative Lupus Nephritis*” which published in September 2018.¹ This article emphasis an important issue regarding lupus nephritis treatment. We admire the authors in this regard, but there are some methodological concerns that should be addressed.

1. The authors mentioned some outcomes such as: disease activity, dose of steroids used, remission of the kidney disease, and involvement of other organs, dialysis, kidney transplantation, mortality, and adverse events, as well as laboratory measurements including complete blood count, serum urea, serum creatinine, C-reactive protein, erythrocyte sedimentation rate, serum liver enzymes, serum complement, anti-double-stranded DNA, urinalysis, 24-hour urine protein and 24-hour urine creatinine to assess the efficacy of treatment. But some important outcomes such as: serum creatinine and glomerular filtration rate (GFR) are missing.²
2. The authors mentioned that above outcomes measured at baseline and every three months, but there are not results for every three months in result section. Hence, the efficacy at follow-up period cannot be concluded.
3. Some exclusion criteria are missing. For example, patients with history of flare up, dialysis in past three months, illness or infection at baseline, breastfeeding, and etc.

4. There is not any references regarding disease activity scoring system in method section. The renal biopsy classes of included patients are not reported in result section. In addition, activity index and chronicity index are absent.
5. It was better to draw strengthening the reporting of observational studies in epidemiology (STROBE) diagram to facilitate the study process.³
6. The authors did not mentioned the number of excluded patients and patients who abandoned the study due to adverse effects. The important adverse effect of cyclophosphamide (alopecia) is absent.

Shadi Ziaie, Omid Moradi, Ali Saffaei

Student Research Committee, Department of Clinical Pharmacy,
Faculty of Pharmacy, Shahid Beheshti University of Medical
Sciences, Tehran, Iran
E-mail: alisaffaei.ss@gmail.com

REFERENCES

1. Gadakchi L, Hajjalilo M, Nakhjavani MR, et al. Efficacy and Safety of Mycophenolate Mofetil Versus Intravenous Pulse Cyclophosphamide as Induction Therapy in Proliferative Lupus Nephritis. *Iran J Kidney Dis.* 2018; 12:288-92.
2. Boumpas DT and Balow JE. Outcome criteria for lupus nephritis trials: a critical overview. *Lupus.* 1998; 7:622-9.
3. Vandembroucke JP, von Elm E, Altman DG, et al. Strengthening the Reporting of Observational Studies in Epidemiology (STROBE): explanation and elaboration. *Int J Surg.* 2014; 12:1500-24.
4. Ghasemi A and Zahediasl S. Normality tests for statistical analysis: a guide for non-statisticians. *Int J Endocrinol Metab.* 2012; 10:486-9.