

Peer Review File

Article information: <https://dx.doi.org/10.21037/jlpm-21-58>

This paper gives an account about urine albumin measurement and the impact of biochemical measurement on the clinical practice. Its enjoyable to read and succinct. I have few recommendations for the authors:

Include “NICE guideline [NG203] 2021: Chronic kidney disease: assessment and management. These guidelines add further recommendations for measurements of urine albumin in children and further information on the cut off for a confirmatory repeat test.

We thank the reviewer for pointing out this reference. It has been included : p2 line 57, p3 line 79, line 93 and 99

Please include a few lines discussing the clinical practice concerning measurement of urine albumin in adult versus children.

The following text has been added (line 89):

In the United Kingdom, the National Institute for Health and Care Excellence (NICE) adds further recommendations on the cut off for a confirmatory repeat test : the NICE recommend to repeat an ACR between 3 and 70mg/mmol (30 and 700 mg/g) on another early morning void to confirm the result. When the ACR is > 70mg/mmol (> 700mg/g), a repeat sample is not needed [10]. The NICE also recommends to appreciate proteinuria with urine ACR in adults, children and young people with diabetes; adults with an eGFR <60 ml/min/1.73 m²; and adults with an eGFR >60 ml/min/1.73 m² if there is a strong suspicion of CKD. As for non-diabetic children and young people, the < 60 ml/min/1.73m² threshold is not appropriate since any reduction in GFR in this population should lead to quantify albuminuria. The threshold with children and young people without diabetes is a value of creatinine above the upper limit of the age-appropriate reference range [10].

Minor corrections:

Page 2, line 64: replace “total proteinuria” with urine protein measurement

Replace “morbi-mortality” with morbidity and mortality in Page 4-line 131: and throughout the article.

Page 5, line 176: change the whole sentence to read; “There is a good concordance between ACR on a random urine sample and 24 hour collection sample.

Page 6, line 244: LOQ; Write in full

Page 6, line 246; delete (cite Lieske JC CCLM 2013)

Page 7, line 273: Change significative to significant

We thank the reviewer for highlighting these corrections. All changes have been made in the corrected version.