Reply to "The Royal Free Hospital Cirrhosis Glomerular Filtration Rate:

Validation in a Danish Cohort."

Maria Kalafateli, Emmanuel A. Tsochatzis 🗈

UCL Institute for Liver and Digestive Health and Sheila Sherlock Liver Unit, Royal Free

Hospital and UCL, London UK

**Corresponding author**: Emmanuel A. Tsochatzis, UCL Institute for Liver and Digestive Health, Royal Free Hospital and UCL, Pond Street, NW3 2QG, London, UK. Email: e.tsochatzis@ucl.ac.uk, phone: (0044)2077940500 ext 31142

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We thank Dr Pedersen and colleagues for their interest in our work (1) and we welcome the external validation of the Royal Free Hospital Cirrhosis Glomerular Filtration Rate (GFR) (2). As a general comment, the equation performs very well in this independent cohort and only slightly underestimates true GFR, unlike widely used formulas such as the MDRD. We would also like to discuss a few additional points.

Firstly, since the publication of our article we have discovered an error in the originally reported formula and we have submitted an erratum, which is in press. The correct formula should read:

GFR= 45.9x(creatinine<sup>-0.836</sup>)x(urea<sup>-0.229</sup>)x(INR<sup>-0.113</sup>)x(age<sup>-0.129</sup>)

x(sodium<sup>0.972</sup>)x1·236(if male)x0·92(if moderate/severe ascites).

We presume that the GFR underestimation will be less pronounced should the authors use the corrected formula.

Secondly, Cr-51 EDTA measurement in patients with ascites is more reliable when plasma samples are taken up to 24 hours post injection rather than just 6 hours (3, 4). This could have resulted in small inaccuracy of the "gold standard" measurement in the Danish cohort.

Thirdly, it would be of interest if the authors could show how did the Royal Free Hospital cirrhosis GFR perform compared to other widely used GFR formulas in this independent dataset. This would encourage a more widespread use of this equation. Ultimately, as we mentioned in our article, it would be valuable to explore if the incorporation of this cirrhosis-specific GFR equation instead of creatinine in prognostic scores such as MELD improves their performance; we are in the process of testing this using data from the NHS British Transplant database.

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