PEER-REVIEW REPORT

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Title: Risk prediction model for cutaneous squamous cell carcinoma in adult cardiac allograft recipients

Reviewer's code: 03293239

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Spain

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Reviewer chosen by: Xi-Fang Chen (Quit in 2021)

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Scientific quality	[Y] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[Y] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Very interesting analysis of prediction of cáncer using a new model. Just add the limitation of a retrospective design of the paper.

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Nair et al. retrospectively analyzed the UNOS registry to identify risk factors associated with the development of squamous cell carcinoma in adult heart transplant recipients. They identified 8 risk factors in multivariate analysis and used these to construct a risk score which was validated in a subset of patients from the same data source. Overall, the manuscript is well-written and the conclusions are clear. Comments: 1. In the Abstract, clarify the source of the validation data set and the distribution of the derivation and validation cohorts. 2. How were the patients divided into the derivation and validation cohorts? Randomly allocated? 3. What is the point of including drugs that are no longer used (OKT3 and daclizumab) in the analysis? If OKT3 and daclizumab were omitted from the analysis, I wonder if ATGAM or basiliximab would emerge as risk factors, which would be a more clinically-relevant result… 4. The presence of coronary artery disease and CHD are likely surrogates for patient age. 5. In Table 5, should the high-risk group be compared to the low- and very-low risk groups? 6. An important limitation is the use of a single data source for the derivation and the validation cohorts and it should be explicitly stated that these findings will need to be replicated in a separate patient population and ideally prospectively. 7. In the title, I would speciify that adult cardiac allograft recipients were studied.