

PEER-REVIEW REPORT

Name of journal: *World Journal of Transplantation*

Manuscript NO: 79681

Title: Analysis of the effects of donor and recipient hepatitis C infection on kidney transplant outcomes in the United States

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03622345

Position: Peer Reviewer

Academic degree: Doctor, MD, PhD

Professional title: Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: United States

Manuscript submission date: 2022-09-21

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-09-21 18:26

Reviewer performed review: 2022-09-28 05:16

Review time: 6 Days and 10 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Judgment by peer reviewers	Does this manuscript meet the code of ethics standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does this manuscript have important novelty? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does this manuscript have important creativity or innovation?

	<input type="checkbox"/> [J31] Yes <input type="checkbox"/> [J30] No Does this manuscript use reliable research methods? <input type="checkbox"/> [J41] Yes <input type="checkbox"/> [J40] No Are the manuscript-accompanying data and figures authentic? <input type="checkbox"/> [J51] Yes <input type="checkbox"/> [J50] No Does this manuscript make scientifically significant conclusions? <input type="checkbox"/> [J61] Yes <input type="checkbox"/> [J60] No
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> [Y] Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> [Y] Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> [Y] Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> [Y] Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> [Y] No

SPECIFIC COMMENTS TO AUTHORS

1-Title: The title is not clear and misleading. Comment: the tile would be more informative if it is reformatted to “Analysis of publically available data on kidney transplantation in US 1994-2019 to examine the influence of hepatitis c virus on recipient and donor. 2-Methods: “Data Sources: We used the OPTN Analysis and Research file released in June 2019 based on data collected through March 2019” Comment: please provide the source, website, and permission of use of these data. 3- Direct-acting antiviral (DAA) Comment: Please provide the generic name of the DAA, and the drugs that was used before introduction of DAA.. 4- “DAA era”: The sentence is better formulated: (before introduction of DAA, after introduction of DAA). 5- Did the immunosuppressant in both groups had the same effect on viral load. 6- Incidence of graft rejection in both groups. 7- Discussion: Be precise. 8- Conclusion and core message:



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There is no conclusion, recommendation, or personal opinion.

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Reviewer's code: 05446956

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Turkey

Author's Country/Territory: United States

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Reviewer performed review: 2022-10-19 12:24

Review time: 13 Days and 8 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Judgment by peer reviewers	Does this manuscript meet the code of ethics standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does this manuscript have important novelty? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does this manuscript have important creativity or innovation?

	<input checked="" type="checkbox"/> [31] Yes <input type="checkbox"/> [30] No Does this manuscript use reliable research methods? <input checked="" type="checkbox"/> [41] Yes <input type="checkbox"/> [40] No Are the manuscript-accompanying data and figures authentic? <input checked="" type="checkbox"/> [51] Yes <input type="checkbox"/> [50] No Does this manuscript make scientifically significant conclusions? <input checked="" type="checkbox"/> [61] Yes <input type="checkbox"/> [60] No
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Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> [Y] No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> [Y] Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> [Y] No

SPECIFIC COMMENTS TO AUTHORS

Authors generated a very important data by analyzing data of 177,937 renal transplant patients according to HCV treatment with DAA for patient and graft survival. They found that donor positivity had more untoward effect than recipient positivity. The decrease in patient and graft survival due to HCV infection were eliminated by DAA, except for dual positive group. My comments: • Abstract: This sentence should be rephrased; “Pre-DAA, donor HCV+ decreased PS by 0.28-fold in HCV+ and 0.55-fold in uninfected recipients, and decreased DCGS by 0.22-fold in HCV+ and 0.64-fold in uninfected recipients. However, recipient HCV+ impaired PS (0.25-fold) and DCGS (0.31-fold) only with uninfected donors.” or should be replaced by “Pre-DAA, the HCV+ recipients, receiving an HCV+ kidney was associated with 1.28-fold higher mortality (HR 1.151.281.42) and 1.22-fold higher DCGF (HR 1.081.221.39) compared to receiving an

HCV- kidney and the absolute risk difference (aRD) was 3.3% (95%CI, 1.8%, 4.7%) for PS and 3.1% (95%CI, 1.2%, 5%) for DCGS at 3 years.” • Introduction, Page 9: “....based on KDPI thresholds, ...” KDPI should be corrected as KDRI. • Table 1a, b, c should be respectively combined with Table 2a, b, c. • Table 3a should be combined with Table 3b. • The abbreviations at the tables should be explained as footnote. • There is no other attached separate documents for Supplemental Tables. As far as I understood from the titles of tables, Supp.Table 2 and 3 are same/similar to Table 1 and 2, respectively. • Figure 3 should be converted to cumulative graphic. • Patient survival and mortality (and also graft survival and failure) data were mixed up throughout the manuscript, that makes the manuscript difficult to understand, repetition of particular result several times, and too much prolonging the manuscript. I strongly recommend to standardly use of either survival and mortality data.