

Name of Journal: World Journal of Transplantation

Manuscript NO: 31145-manuscript revision (invited manuscript)

Title

International kidney paired donation transplantations to increase kidney transplant of o group and highly sensitized patient: first report from India

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Reviewed by 00503339

An important positive step in attempting to increase the number of acceptable kidney donor-recipient pairs using two collaborating countries. What might be added to the brief text is some assessment of the time and expense of conducting the pretransplant typing and evaluations required to select willing donor-recipient pairs. Clearly, a most positive forward step in the World of Organ Transplantation.

REPLY from authors

Each pair underwent uniform pre-transplant evaluation of patient and donor by transplant team costing 1000 USD and ≤ 2 week time.

Reviewed by 00058872

I have to request Authors put on some data on immunosuppression.

REPLY from authors

Immunosuppression: Induction immunosuppression included methyl prednisolone (500 mg/day ×3 days) and rabbit thymoglobulin (1.5 mg/kg single dose); maintenance immunosuppression included prednisolone, tacrolimus, and mycophenolate sodium (360 mg four times per day). Tacrolimus trough level was 8–10 ng/ml during first 3 months after transplantation and 4–8 ng/ml thereafter. Prednisolone was ≤ 20 mg/day during first 3 months after transplantation and 5–10 mg/day thereafter. Patients were started on prophylaxis for pneumocystis jirovecii pneumonia (trimethoprim-sulfamethoxazole for 12 months), fungal infections (fluconazole 100 mg/day for 3 months) and cytomegalovirus infection (valganciclovir 450 mg/day for 3 months)