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Title: Past, Present and Future of Kidney Paired Donation Transplantation in India

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All authors in the revised paper has signed the copyright form

Dear Sir

Please find below reply from authors to review comments

1 Reviewed by 00503339 Comments

Your manuscript portrays an important advance in the struggle to identify the much limited resource of Kidney Donors. You did not discuss how you might proceed with opening the door to such discourse or whether you believed it ethical to advertise for potential compensated kidney donors. The success of your two reported international kidney recipient is a suitable stimulus to open the door for a robust discussion of what both the Medical Profession and Government Politicians believe might be OK in the search to find sufficient kidney donors to meet the growing demand to supply kidneys to recipients who wish to leave dialysis or do not want a life governed by restriction to a machine. At the least, you ought to comment on whether it is likely that India would approve a program of attractive compensation for potential kidney donors. That you opened the door to such questions is a strongly positive aspect of your paper.

REPLY

The recent study from India reported that live donors should be given incentives for donating their kidney ^[67]. More studies are required to address regulated compensation for living kidney donation

Medical profession, government and politicians willingness and support is required for the expansion of kidney exchange in India.

Global kidney exchange ^[62, 63]

There is financial barrier to kidney transplantation in developing world due to poverty and lack of national health insurance. Poor patient (A blood group patient

and O blood group donor) could not undergo kidney transplantation despite having healthy, willing, compatible living kidney donor. The barrier to kidney transplantation in developed world is immunological (O blood group patient and A blood group donor) rather than financial. In global kidney exchange, these two patient donor pairs in developing and developed world exchange kidney with each other to overcome the barriers for kidney transplantation. Global kidney exchange is cost effective even if the cost of both kidney transplantations including the immunosuppression is paid by the health insurance payer of the developed country. Legal and logistical problems should be carefully solved for successful implementation of this strategy. More studies are required to address willingness of patients, health care professionals to participate in global kidney exchange

Compensation for living kidney donation

Most United states voters view living kidney donation positively, and reported that they would be motivated toward organ donation if offered compensation for living kidney donation of \$50 000 [64]. Certain compensation amounts or health insurance to donor /family members could motivate the public to donate without being perceived as an undue inducement. The direct payment of money and paid leaves are the most preferred forms of compensation. A program of government compensation of kidney donors would provide the following benefits [65,66] .a] Cost effective as dialysis is more expensive than transplant. b] Increase living donor kidney transplantation will be available for the poor and productivity of society will increase and a good deal for taxpayers also. c] This will decrease morbidity and

mortality of long term dialysis and increase quality of life for transplanted patients.

More studies are required to address compensation for living kidney donation

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2 Reviewed by 00503255 Comments

The authors described different successful ways to increase living donor kidney transplantation through kidney paired donation (KPD) and current status of KPD in India. The paper is well-written and has valuable information. But some abbreviations were used without full spelling at the first presentation. In addition, too many abbreviations make the paper hard to read. 1. page 4, line 4: "RRT" should be changed to "renal replacement therapies" 2. page 4, line 6: "KPD" should be changed to "Kidney paired donation (KPD)" 3. page 6, line 11: "DSA" should be changed to "donor specific antibodies (DSA)" 4. page 8, line 7: "DRP" should be changed to "donor recipient pairs (DRP)"

5. page 11, line 17: "PRA" should be changed to "Panel reactive antibodies (PRA)" 6. page 14, line 22: What is "CP"? Is it "compatible pairs (CP)"?

TOO MANY ABBREVIATIONS ARE REMOVED AS SUGGESTED

3 Reviewed by 00504392 Comments

General: No doubt, a kidney transplant is the best option for renal replacement therapy. However, too few organs are available.

Suggestions

The number of abbreviations should be reduced. The text addresses probably not the professional transplant expert who knows already all of this. The text might be directed to other medical disciplines and even to policy and law makers. They will not like to read so many KPDs !

REPLY

TOO MANY ABBREVIATIONS ARE REMOVED AS SUGGESTED

The percentage of kidney paired donation compared to deceased kidney donation and compared to standard living related kidney donation should be stated for the institution of the authors and – if possible – also for other countries. Is kidney paired donation 5 % or 20 % of all kidney transplants ?

REPLY

Between January 2000 and July 2016, 3,616 living donor kidney transplantation and 561 deceased donor kidney transplantation were performed at our transplantation centre, with 300 of them (8.3%) using kidney paired donation. Kidney paired donation contributed to 56 kidney paired donation transplantations in 2013 and 2014 leading to increase living donor kidney transplantation by 15.8% and 18.1 % respectively. Seventy seven kidney paired donation increased the living donor kidney transplantation rate by 25 % in one year in 2015. To the best of our knowledge, this is largest number of KPD transplantations in one year in any single centre in the world.

Some repetitions are superfluous and could be cancelled to make the text shorter e.g. page 3 last sentence + page 9 last sentences.

Special

Page 5, Paragraph 1: Why should a spousal donor get a 10 years younger spousal donor ? Give just one reason or rephrase.

Rephrase done

“ Compatible pairs from spousal donor should get younger donor. “ is revised as KPD transplantation can be offered to non-HLA identical compatible pairs with donors over 45 years to get better matched donor (HLA or younger donor).

Page 5, Paragraph 2: Give just one hint how commercial interests could be ruled out ! How does the author’s institution manage this big problem ?

REPLY

Commercial interest should be carefully ruled out in such kind of exchange with careful selection. We see the income certificate of the two pairs and they should be of the same income group.

Page 6, Paragraph 2: it is not the John Hopkins but the Johns Hopkins Hospital.

Page 14, Paragraph 1: Explain what it means “If donor of a patient donated kidney ... “

Some references need completion e.g. # 7

Table 1: The graft survival and the patient survival ... is this the 1-year survival ... ?

REPLY

Follow Up is mentioned in this table for each article for the graft survival is separate row