PEER-REVIEW REPORT

Name of journal: *World Journal of Transplantation*

Manuscript NO: 85069

Title: Evolution of human kidney allograft pathology diagnostics through 30 years of the Banff classification process

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05429012

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Doctor, Research Scientist

Reviewer's Country/Territory: Jordan

Author's Country/Territory: Pakistan

Manuscript submission date: 2023-04-10

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-04-25 04:15

Reviewer performed review: 2023-04-28 23:19

Review time: 3 Days and 19 Hours

Scientific quality	[Y] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] 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

although the authors have conducted a very nice study, two points have to be revised:

1- table 1: the title of the table is too long, please make it shorter. 2. figure 5: the description needs to be reritten   otherwise, everything is exeellent.

Scientific quality	[Y] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
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Creativity or innovation of this manuscript	[Y] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
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) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Comments The authors must be congratulated because their good job summarizing ell Banff classifications and also their conceptual evolution. Despite the difficulties of understanding the ever changing nomenclature of the classifications, the authors explain very well the main concepts. Figures and tables are very clear, but figures 7 and 8 cam be improved increasing letter fonts. What is left behind to "neophytes and practicing nephropathologists, nephrologists, and other stakeholders to better understand this classification" but that can easily be added are: 1. What requirements do a proper graft biopsy must have: two cylinders, n glomeruli, vessels, cortex, medulla, etc. How to divide the sample (LM, IF, IHQ and EM) to maximize their utility. 2. How much credibility do a biopsy have considering the classical inter-observer variability of nephropathologists. When is it necessary to perform a re-biopsy because the former considerations. 3. Are all pathological patterns subjected to the same inter-observer variability? Which diagnosis are more credible at first glance? Which ones require more time? 3. Approximately, how long a pathology lab (techniques and nephropathologist job) must achieve to give their results to the clinician. 4. How to make a clinical decision

4

based on a graft biopsy? Just with LM? IF or IHQ? Wait for EM? 5. Other "silly" analogous questions.