

**DEPARTMENT OF MEDICAL PSYCHOLOGY**  
*Center for Advanced Psychology in Plastic and Transplant Surgery*

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*World Journal of Transplantation, Editorial Office*

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November 11<sup>th</sup>, 2015

Dear ladies and gentlemen of the editorial office of the World Journal of Transplantation,

thank you for considering our manuscript entitled '*Key Psychosocial Challenges in Vascularized Composite Allotransplantation*' by Martin Kumnig & Sheila G. Jowsey-Gregoire for publication in *World Journal of Transplantation* after addressing minor revisions.

We are grateful for all comments and suggestions by the reviewer. Accordingly, specific revisions have been made in order to strengthen and to adequately report the impact of vascularized composite tissue allotransplantation on rehabilitation. In addition, we have added some data over the principal immunosuppressive side effects reported in international literature.

To provide minor language polishing, I have invited my colleague Dr. Sheila G. Jowsey-Gregoire, MD from the Mayo Clinic Rochester (Mayo Graduate School of Medicine, Department of Psychiatry and Psychology) to prepare the manuscript for re-submission with me - Dr. Jowsey-Gregoire, MD is an international recognized expert in the field of transplantation research, with the goal to improve the quality of life of transplant patients and donors through patient-centric research. We have updated the manuscript according to the guidelines and requirements for manuscript revision and by considering the edits made by the editorial board. We can verify that the language of the manuscript has reached grade A, meets the requirements of academic publishing, and we are convinced that the revised manuscript will pass all proofreading tests.

We understand the importance of attracting readers by providing an audio core tip, but we haven't been able to record the audio core tip within the submission deadline. Hopefully, it would be possible to submit the audio core tip after acceptance of the manuscript and before publishing.

Additionally, we have tried to perform a plagiarism check of our revised manuscript before resubmission. In this context we have been confronted with the problem that both universities have no plagiarism software that we could use. Furthermore, the libraries of the Medical University of Innsbruck and the Mayo Clinic Rochester have no CrossRef account that we could use to provide CrossCheck analysis. Nevertheless, we have done the Google Scholar search and we will submit the results as part of the

resubmission process. By considering my experience as a reviewer of international highly anticipated journal (e.g. Transplantation, Transplant International, Current Opinion in Organ Transplantation, etc.) and as a member of diverse editorial boards, I cannot remember that the authors themselves are responsible to perform a plagiarism check. Usually, the editorial boards take efforts to prevent scholarly and professional plagiarism by using such document checking software. Therefore, we kindly request that you perform a final plagiarism check of our revised manuscript.

Finally, we hope that our revised manuscript entirely answers all the issues raised by the reviewer, so that our revised manuscript will be considered for publication in *World Journal of Transplantation*.

We look forward to hearing from you in due course. Yours sincerely,

A handwritten signature in black ink, appearing to read 'Kumnig Martin', written in a cursive style.

**Assoc.-Prof. Dr. Kumnig Martin** [PhD, MSc],

Head of the Center for Advanced Psychology in Plastic and Transplant Surgery (CAPPTS)

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Transplantation

**ESPS manuscript NO:** 21731

**Title:** The Psychological Evaluation in Vascularized Composite Allotransplantation: What Are the Key Psychosocial Challenges We Face in Vascularized Composite Allotransplantation Today?

**Reviewer's code:** 00503243

**Reviewer's country:** Italy

**Science editor:** Yue-Li Tian

**Date sent for review:** 2015-08-04 08:43

**Date reviewed:** 2015-09-03 21:15

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

### COMMENTS TO AUTHORS

This is a well written manuscript facing the particular issue of the psychological evaluation of recipients of vascularized composite allografts (hand, face, uterus penis). The manuscript covers all the relevant areas of the topic and is updated. No surprise if the data are poor because as the author himself stresses there is a need of multicenter/international work-up. Two minor comments: please review the writing because there is some misspelling. Even is not the topic of the title, but considering their impact on rehabilitation, please give some data over the principal immunosuppressive side effects reported by literature (cancer, diabetes, kidney failure, etc)

Thank you for the positive and encouraging feedback.

We are grateful for all comments and suggestions by the reviewer. Accordingly, specific revisions have been made in order to strengthen and to adequately report the impact of vascularized composite tissue allotransplantation on rehabilitation. In addition, we have added some data over the principal immunosuppressive side effects reported by international literature.

For details please see '***Risk-Benefit Considerations***', pages 12-13:

*[...] As noted in the international literature the benefits of VCA do not overtly outweigh the risks, unlike SOT procedures which may well be life-saving<sup>[1]</sup>. While the desire of all candidates considering VCA to be restored to full function and near-normal appearance is legitimate, they may have unrealistic expectations about how much psychological and physical restoration they will experience leading them minimize the risks of the surgery and postoperative transplant regimen<sup>[61]</sup>. This is especially problematic because of the non-life saving function of these procedure, although po-*

tentially enhancing life by improving QOL and psychological well-being<sup>[2,40]</sup> despite the inherent surgical risks<sup>[51]</sup>. VCA candidates have to face potential episodes of acute rejection<sup>[62]</sup> and immunosuppression-related complications are typically but can be reversed with proper medical treatment<sup>[63,64]</sup>. Chronic allograft rejection that is predicted by the frequency and timing of rejection episodes has become a primary cause of long-term allograft failure<sup>[62]</sup>. Particularly, the risks of nonspecific immunosuppression<sup>[50,65]</sup> and the lengthy rehabilitation are the most important critical aspects that may lead to demoralization and non-adherence in rehabilitation<sup>[52,66]</sup>. Rejection episodes and delayed function, difficulty with the rehabilitation, and long-term side effects of immunosuppressive treatment (e.g. malignancy, metabolic infections/disorders, diabetes, renal failure, etc.)<sup>[50,65]</sup> may cause mood changes, anxiety as well as depressive reactions that substantially impact patients' adherence and require supportive treatment.

Although immunoregulatory protocols continue to be developed with decreased toxicity<sup>[67]</sup> there is no substitute yet for traditional systemic immunosuppressive modalities, so the risks associated with long-term immunosuppression support rigorous patient selection to ensure ongoing adherence<sup>[68]</sup>. An understanding of the future risks of chronic exposure to immunosuppressive medications and the potential for medication side effects, including infection, metabolic disturbances<sup>[46,47,69,70]</sup>, organ toxicity<sup>[70-73]</sup>, and malignancy is required<sup>[69,70,72-75]</sup>. Thus, the transplant team needs to be attuned to the significance of the loss of function and expectation for improvement to offset risks from the transplant regimen<sup>[63,67]</sup>. Ultimately, risk versus benefit decisions need to be grounded in a personal frame of reference<sup>[55,66,76-78]</sup>, especially taking the psychosocial aspects of VCA into account (e.g. QOL factors, sense of identity, understanding of the treatment and its limitations, etc.)<sup>[50]</sup>. In summary, the risk versus benefit decisions has to be judged on wider criteria that must include all relevant psychosocial aspects of VCA<sup>[79]</sup>. [...]

By considering some misspelling, we have revised the manuscript by addressing minor language issues, so that we can verify that the language of the manuscript has reached grade A and meets the requirements of academic publishing. We are convinced that the revised manuscript will pass all proof-reading tests.

Hence, we hope that our revised manuscript entirely answers all the issues raised by the reviewer, so that our revised manuscript will be considered for publication in *World Journal of Transplantation*.