



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242 Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com <http://www.wjgnet.com>

Name of Journal: *World Journal of Nephrology*

ESPS Manuscript NO: 27080

Manuscript Type: Original Article

REPLY to review comments

REVIEW COMMENTS no1

In general, the draft is interesting and had been good written. Only little question is concerned. 1. In the report, one acute rejection was noted. Are there any comments to the event from author? Do the authors conduct protocol biopsy or not? Time -zero biopsy? 2. Is there any shared-decision making process for the "6-way Kidney exchange "protocol?

REPLY to review comments

The allograft biopsy-proven acute borderline T cell rejection was noted in one diabetic patient who received lower dose of thymoglobulin due to pre-transplant pulmonary infection. We routinely did not perform protocol allograft biopsy. The indication of biopsy was rise in serum creatinine. However rejection episode responded well to methyl prednisolone (500 mg × 3 doses) with stable graft function at 9 month follow up. The entire transplant team takes the decision of "6-way Kidney exchange "protocol.

REVIEW COMMENTS no 2

The plan is fascinating, especially for India. What is not told is whether only relatively rich people were included and whether there was any special compensation to Donors. Considering the reported exploitation of women who did not consent to donate having their kidneys "stolen" in India and then sold - mainly to non-Indian recipients, this Reviewer needs assurance that all that is described in the present report is truly a fair recounting of the "Ethics" employed as well as the surgical and immunologic outcome in the 6 recipients presented. If the fiscal issue did not dominate, and the Transplants were done irrespective of the recipients financial status, Hooray for the advance in India and may it continue and expand. Some of the English needs minor tweaking.

REPLY to review comments

Ethics and cost of kidney transplantation

The clinical study was conducted according to international standards of Good Clinical Practice (GCP) as well as according to local laws and regulations (transplant human organ act, India) and in accordance with the Declaration of Helsinki / the Declaration of Istanbul principles. The average monthly family income of the 6 ESRD patients was 100 USD. The cost of kidney transplant in our transplant center is 5000 USD. Two patients received 100% economic support and four patients received 50% economic support from the Government funds for the transplantation. Transplants were done irrespective of the recipient's financial status and mainly benefitted poor patients. All the kidney donors were near family members (spouse or parents) and there did not receive any special compensation for kidney donation.

REVIEW COMMENTS no3

The topic of kidney paired transplantation is not of interest in the context of outcome; this is a hot topic in transplantation ethics, and authority policies. So, all these detailed data from the patients provides no novelty. In a medical perspective, they are only 6 simple ESRD patients who got transplanted from matched living donors. I recommend authors, instead, prepare a paper in which they talk about 61% of ESRD patients who have no access to any type of RRT; and how resources can be directed in a way to provide this population with RRT. I think it would be the hottest topic. Or if authors insist in the KPD, I'd recommend them to give a brief description of their center report, and then make it a systematic review to give a global perspective; and also compare different aspects of the practice (including cultural, authoritarian, religious, economic and ... barriers) for KPD in different parts of the world.

REPLY from authors

We have published the review article on the KPD (including cultural, authoritarian, religious, economic and ... barriers) and cited as Reference number 2

