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Name of Journal: *World Journal of Transplantation*

ESPS Manuscript NO: 27649

Manuscript Type: Minireviews

Shui Qiu

Scientific Editor

World Journal of Transplantation

Re: Manuscript 27649

July 21, 2016

Dear Dr. Qiu,

We are writing to submit a revised version of our manuscript "Older Candidates for Kidney Transplantation: Who to Refer and What to Expect" for consideration for publication in the World Journal of Transplantation. We have uploaded a revised version of our manuscript with the changes highlighted. We have also uploaded other required files including an audio core tip and signed conflict-of-interest statements.

We thank the reviewers for their insightful comments and valuable suggestions. We believe the resultant changes we have made have significantly improved the quality of this work.

We are hoping that you will find our revisions satisfactory and our manuscript acceptable for publication in the World Journal of Transplantation. We look forward to hearing the outcome of the review process.

Sincerely,

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REVIEWER COMMENTS:

Reviewer No. 3551115

This retrospective study looked at the incidence of BK viremia , BK nephropathy and graft outcomes among kidney transplant recipients in Auckland region. Study is well conducted and written clearly.

The reviewer's comments do not seem to apply to our manuscript.

Reviewer No. 2883885

The manuscript covers a very important topic in transplant medicine: how to deal with the increasing number of older patients with ESRD who are potential kidney transplant candidates. The manuscript is well written and covers challenges with the medical evaluation, comorbidity, physical performance and quality of life as well as a description of what outcomes that can be expected.. The authors also discuss the choice between living and deceased donor and standard criteria donor versus expanded criteria donor. In the end the most important issue is whether transplantation will improve the patients quantity and quality of life. Unfortunately, studies describing the effect of kidney transplantation in older recipients is virtually lacking. They conclude that the best choice is a kidney from a living donor, but if a living donor does not exist, most older patients will likely benefit from accepting marginal kidneys. I fully agree with these conclusions I do have some (minor) comments:

1. There is no method section in the manuscript. This should be included and should cover the search strategy (keywords, databases, time etc). Have the authors performed a systematic search? How did they chose references?

Thank you for your comments. This was not a systematic review and being a plain review article, we acknowledge the informal and subjective manner in which studies were collected and interpreted for the purposes of this manuscript. This is an inherent weakness of such types of articles, i.e. review articles. We searched the PubMed and Google Scholar databases for relevant articles using key words on the topics discussed in each individual section of the manuscript. We selected references that we believed were relevant and of good quality. We acknowledge that this method is prone to bias and subjectivity. We did not include a methods section in this article as this was not a systematic review.

2. Comorbidity: The authors state that "The applicability of the CCI, however, has been questioned in kidney transplant recipients" (Laging et al, Transplantation). This publication evaluates all recipients and not the older ones. It must however be noted that this in fact has been questioned for older recipients (>70) in a previous publication from the Norwegian Renal Registry (Heldal et al, Transplantation 2009). In this publication the association between CCI score and outcome was evident in younger patients, but not in those older than 70.

Thank you for your comments. We have included Heldal et al's study to our review.

"In the kidney transplant population, high CCI scores, indicating increased comorbidity, have been shown to correlate with an increased risk of death [11,12]. However, in a study by Heldal et al [13], although increasing CCI scores predicted mortality in younger patients (ages 45-54 and 60-69 years), these were not predictive in those aged 70 years or older. Additionally, the applicability of the CCI, however, has been questioned in kidney transplant candidates [14]. "

We chose to cite Laging et al's study as questioning the applicability of the CCI because these authors provided an alternative comorbidity index (the RoCKet score) which they proposed was more applicable to kidney transplant candidates than the CCI.

Reviewer No. 5191

The manuscript is very well-written. Only one or two stylistic imprecisions can be spotted but could quickly and easily be edited (e.g. a singular verb in the abstract should be changed into the plural form: "is"-"are").

Thank you for your comments. We have reviewed the article for grammatical errors.