

PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

Manuscript NO: 39671

Title: Treatment with Plasmapheresis, Immunoglobulins and Rituximab for chronic-active antibody-mediated rejection in kidney transplantation: clinical, immunological and pathological results

Reviewer's code: 02844701

Reviewer's country: India

Science editor: Ya-Juan Ma

Date sent for review: 2018-05-03

Date reviewed: 2018-05-03

Review time: 6 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Authors have evaluate effect of PE-IVIG-RTX for c AMR vs control group Please include other confounding variables such as DGF , SCD vs ECD deceased donor ,



**Baishideng
Publishing
Group**

7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https:// www.wjgnet.com

surgical details (anastomosis time warm and cold ischemia time) CDC cross match, Flow cross match, DSA status before transplant, ABO compatible transplant , Induction therapy , levels of CNI , compliance to drugs /CNI in 2 groups What are study limitations why outcome was same in 2 groups ? PE-IVIG-RTX therapy is expected to show better outcome for c AMR than control group ACE inhibitor ARB for proteinuria ? add study limitations DSA monitoring was not done routinely affect of abrogation of DSA was not evaluated

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

BPG Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

Manuscript NO: 39671

Title: Treatment with Plasmapheresis, Immunoglobulins and Rituximab for chronic-active antibody-mediated rejection in kidney transplantation: clinical, immunological and pathological results

Reviewer's code: 02855928

Reviewer's country: Japan

Science editor: Ya-Juan Ma

Date sent for review: 2018-05-03

Date reviewed: 2018-05-08

Review time: 5 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
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publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

1. In other transplant field, pretransplant management for donor specific antibodies (DSA) well worked. This point should be clearly mentioned in the Introduction or



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7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
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https:// www.wjgnet.com

Discussion section, with related papers (Surgery 2010;147[6]:840-4.). 2. Their data was informative, even if data seemed to be negative. Especially from the viewpoint of cost, IVIG, Rituximab and PE are so expensive. Hence, these treatment should be removed if they have no effect. This point should be clearly mentioned. 3. Important paper in other transplant field should be listed, as the reference. Does a positive lymphocyte cross-match contraindicate living-donor liver transplantation? Surgery 2010;147(6):840-4.

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