

PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

Manuscript NO: 40981

Title: Complement-mediated renal diseases after kidney transplantation, current diagnostic and therapeutic options in de novo and recurrent diseases

Reviewer's code: 04383208

Reviewer's country: United States

Science editor: Fang-Fang Ji

Date sent for review: 2018-07-19

Date reviewed: 2018-07-19

Review time: 2 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 type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input 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 type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Great article, well written with lots of illustrations.

INITIAL REVIEW OF THE MANUSCRIPT



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PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

Manuscript NO: 40981

Title: Complement-mediated renal diseases after kidney transplantation, current diagnostic and therapeutic options in de novo and recurrent diseases

Reviewer's code: 03727922

Reviewer's country: Brazil

Science editor: Fang-Fang Ji

Date sent for review: 2018-07-19

Date reviewed: 2018-07-20

Review time: 1 Day

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input 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 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

I believe the manuscript is very interesting and illustrative. However, I don't particularly like this kind of review because there wasn't no methodology, which I would recommend to evaluate the inclusion. Furthermore, I recommend include the study



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objective, benefits, what the real news of this manuscript. I suggest setting the pattern for the figures and tables, making news table and not using from others adapted articles.

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PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

Manuscript NO: 40981

Title: Complement-mediated renal diseases after kidney transplantation, current diagnostic and therapeutic options in de novo and recurrent diseases

Reviewer's code: 02726701

Reviewer's country: Chile

Science editor: Fang-Fang Ji

Date sent for review: 2018-07-19

Date reviewed: 2018-07-22

Review time: 3 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 checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input 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 checked="" type="checkbox"/> Minor revision	topic of the manuscript:
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

Comments on Complement-mediated Renal Diseases after Kidney Transplantation, Current Therapeutic Options in De novo and Recurrent Diseases. The manuscript is very interesting. Its title emphasizes Therapeutic options, but it alludes as diagnostic

issues as well as it intends clarify the similarities and differences between C3 associated glomerulonephritis and Complement associated atypical hemolytic uremic syndrome (aHUS). For this reason, I suggest to modify accordingly the title. At the same time, the title focuses in kidney transplantation, but, the manuscript body considers nephrological and transplant pathologies with similar emphasis. Manuscript redaction, by Dr. Fedaey Abbas, is very perfectible. Did really the other authors review language and redaction? Abstract, Key Words and Core Tip All these sections are OK. Introduction First sentence: "The complement components can be seen in biopsies of almost all types of glomerulonephritis which can be broadly divided into two main groups: (a) "complement over-activation" include IgA and immune complex MPGN". Comment: Even Complement is found in the majority of IgA glomerular disease kidney biopsies, its presence is not necessary for diagnosis; in this case, it is dubious that the example of "complement over-activation" is really present in Berger's disease. Eighth line: Is "class is modifiable by immunosuppression in post transplantation period" or it is "class is potentially modifiable by immunosuppression in post transplantation period?" There are several abbreviations not defined in the manuscript: HB, WBC, RAS, MMF Paragraph: "Extrarenal manifestations of aHUS and C3G". Its redaction is confusing. It began with Drusen, a retinal finding not expected to appear in the text by most readers and that it is properly explained at the end of the paragraph. It merits to write the paragraph again. Risk of DDD recurrence section: There are a lot of redaction problems in this and following subsections. Please, correct them all. For example, in the third line it is "75 child" and not "75 children". Risk of C3GN recurrence section: First sentence does not have a verb. The subsection "3) Hybrid CFHR3 1 gene-related C3GN. Wong et al, (2016) have recently reported a high rate of C3G recurrence in five cases [51]" is not clear, because it describes just the five recurrent cases, without even mentioning how many cases did not recur? Therapy of complement dysregulation-related diseases "3]

Eculizumab (EZ) was firstly reported by Bomback (2012) et al, in treating 6 patients with C3G (3 with DDD and 3 with C3GN) in an open labelled non-blind". What does "open labelled non-blind" mean? This paragraph contains too many "improved", please, replace some of these words. Treatment of post-transplant TMA: "2] Plasmapheresis (PE) and intravenous immunoglobulins (IVIG)": Which reposition fluid would be more appropriate? Stored or fresh plasma, albumin? Another one? "3] Belatacept, a co-stimulatory blocking agent against CD80 and CD86 surface ligands and CD28 on T cells" All of these three CD molecules? "4] EZ, an anti-C5 agent that blocks lytic C5b-9 membrane attack complex". Please, cite the clinical trials that supported eculizumab FDA approval in aHUS. "Treatment of recurrent TMA:" Sentence 3 ("3] Cases with isolated "membrane cofactor protein" (MCP) proved mutations (not combined with other gene defects) may be safe for kidney donation") is misleading: Does it refer to an eventual kidney donor or recipient? Tables and Figures They are all clear and easy to read. Do they have the respective approvals to be included in the manuscript? All of them are adapted from other publications. References They are OK. Please add the clinical trials that supported eculizumab FDA approval in aHUS. In summary: The manuscript is interesting. It intends to explain the not, as first view, "similar pathogenesis" related complement derived pathological entities, as are C3GN and aHUS, as relatives in order to clarify the common concepts of both diseases in readers' minds. The manuscript needs some editions to be ready for publication consideration.

INITIAL REVIEW OF THE MANUSCRIPT

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[Y] No

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