

## PEER-REVIEW REPORT

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

**Manuscript NO:** 49627

**Title:** Histopathological characteristics and causes of kidney graft failure in the current era of immunosuppression

**Reviewer's code:** 02726701

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Associate Professor

**Reviewer's country:** Chile

**Science editor:** Jia-Ping Yan

**Reviewer accepted review:** 2019-06-09 17:28

**Reviewer performed review:** 2019-06-10 00:53

**Review time:** 7 Hours

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 checked="" 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 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 to Common histopathological characteristics and causes of graft failure in the

current era of immunosuppression among kidney transplantation recipients

Introduction section Well written, concise and clear. Methods Immunosuppression subsection: Do UW protocols consider calcineurin inhibitor (CNI) (tacrolimus) dose reduction in failing grafts? Or even tacrolimus replacing by mTOR inhibitors? As the studied cohort is contemporaneous with the concept of CNI nephrotoxicity it could be interesting to mention that issue. Kidney allograft subsection: Are protocol biopsies reported from all those patients with pre-transplant DSA in the result section or this issue is a mere description of the UW protocol? I ask because, I think not all patients having DSA and who received a graft did bad and these number could bias the results. Please, clarify. Results Biopsy findings and common causes of graft failure subsections are misleading. Both show histopathological findings from the same tissue samples, but the data interpretation suggests that even IFTA is more frequent than AR, AR is the leading cause of graft failure. How do authors reach to this conclusion? Common causes of graft failure based in the cause of ESRD subsection and Table 2: What is the meaning of “p for trend” in Table 2? It is not clear that a “trend” does exist between three discrete diseases. Causes of graft failure according to time post transplantation subsection: “Acute rejection, mainly ABMR, was the most common cause of graft failure”, please show the respective figures for ABMR, ACR and mixed rejections. In a previous subsection and Figure 3 it is stated that “acute rejection.... 40% (32% ABMR or mixed rejection and 8% ACR)”, but, the same could be written in a different way: x% ABMR, y% ACR and z% mixed rejections. All graft rejections are immune mediated, but, the histological analysis could show more or less ABMR or ACR findings that not necessarily preclude the existence of one or the other type of immune mediated damage to the graft. Discussion First paragraph, please consider the above comments about the types of rejection. Please comment about the almost inexistent calcineurin inhibitor related toxicity as a culprit of graft failure in the analyzed biopsies, once considered a



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main etiology of IFTA and a suspicious etiology of ABMR after transplant physicians decreased the immunosuppressive intensity after the first-year post transplantation. References, Tables and Figures OK (please review “p for trend” in Table 2. Abstract OK.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

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

##### ***BPG Search:***

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