



**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 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**

Comments to Common histopathological characteristics and causes of graft failure in the



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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