

## PEER-REVIEW REPORT

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

**Manuscript NO:** 61030

**Title:** Does Steroid-free Immunosuppression Improve the outcome in Kidney Transplant Recipients Compared to Conventional Protocols?

**Reviewer's code:** 02726701

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Associate Professor

**Reviewer's Country/Territory:** Chile

**Author's Country/Territory:** United Kingdom

**Manuscript submission date:** 2020-11-22

**Reviewer chosen by:** Jin-Lei Wang

**Reviewer accepted review:** 2020-12-28 19:37

**Reviewer performed review:** 2020-12-31 22:22

**Review time:** 3 Days and 2 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## **SPECIFIC COMMENTS TO AUTHORS**

Comments on Does Steroid-free Immunosuppression improve the outcome in Kidney Transplant Recipients Compared to Conventional Protocols? The manuscript is well written and focuses on a long lasting controversy in kidney transplantation as it is to use or not steroids. Classical literature has taught us that steroid withdrawal is associated to an increase risk of acute rejection and, maybe, a shorter allograft survival. The authors tell us that with “modern immunosuppressive drugs”, especially lymphocyte depleting antibodies, but accompanied by tacrolimus and mycophenolate mofetyl (MMF), steroid free immunosuppressant schemes may be considered safe and “convenient” as they may decrease their related adverse effects. To support their position, they did a very complete research in several electronic resources dating back to 1999 (Table 4). Several points appear that deserve some comments or clarifications: 1. Lymphocyte depleting antibodies are in use since late 80’s and all randomize clinical trials available in Table 4 were conducted almost a decade later and their reported follow-up are shorter than 5 years in almost all. 2. Is it possible that it can exist a significant bias in publication of those randomized clinical trials? Or 3. Is it possible that the results coming from the huge database showed in Table 3 could be explained just because 5565 x2 patients require tiny group differences to be statistically significant? See patient survival section in Table 3. 4. At the same time, tacrolimus and MMF are in clinical use since mid-90’s indicating that our modern immunosuppressant protocols are not as new to be considered as modern. What issues can explain that transplant community has been so reluctant to study deeper steroid free schemes? I understand that my questions do not have a right or clear answer, but I think that those issues merit consideration. I would appreciate also (as I think the readers would) to know if the authors use steroid free regimens in kidney transplant recipients and if they did, why their own data is not

included in the paper's discussion section. I agree with the authors that currently lower doses of steroids are prescribed to kidney transplant patients. Most patients' usual prednisone doses are less than 10 mg daily after month 6. Do this issue justify the hypothetical risk (at least) of an acute allograft rejection and a possible shorter lifespan of the transplanted kidney if a steroid free regimen is implemented?

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Reviewer's Country/Territory:** Chile

**Author's Country/Territory:** United Kingdom

**Manuscript submission date:** 2020-11-22

**Reviewer chosen by:** Jia-Ru Fan

**Reviewer accepted review:** 2021-01-26 17:02

**Reviewer performed review:** 2021-01-26 19:35

**Review time:** 2 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS



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Unfortunately, the manuscript has not been improved    Queries were justified but not answered.