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PEER-REVIEW REPORT

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Position: Peer Reviewer
Academic degree: MD, MSc
Professional title: Doctor, Medical Assistant, Statistician, Surgeon, Surgical Oncologist
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Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [ ] Anonymous [Y] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

It is an important topic. However an old/classic one and not so a really hot topic. Discussion of EchoCG and management of older patients/donors adds value to this paper. As review its never enough to remind for the state of art in one of the most important issues in BDD management. I would add a discussion regarding the timing for the active treatment of the donor: in some centers only after BD diagnosis and/or family consent if applicable it starts the "active treatment" of BD. Should the active HD and endocrine monitoring / treatment start as soon as a possible even if no BD is yet confirmed (although clinical/analytical/radiological evidence of high probability in the next hours). Should it starts asap even if in the ED or award or only after admitted in the ICU? It would be useful to the reader if, when the authors suggest the "monitoring sets" – page 7 first paragraph to describe the above mentioned goals (so as who reads may associate the parameter to the goal). EchoCG is an important topic. Always cited, not always available. Never enough to emphasizes the need of EchoCG in the ICU. Does the authors found studies comparing the outcomes of BDD management using the EchoCG vs classical HD monitor methods? It is important to add as much as arguments as possible to show the need of EchoCG for HD monitoring not only in heart donors.

Regarding age and older BDD: Other very important topic which add value to this review. However, I think that a more clinical directed discussion would be useful and not only a physiopathology discussion. Does the monitoring set and HD goals apply to the older age? Does the endocrine treatment as the same effect/benefit /goals in older people ? How these vary according to the fact that older people usually donate kidney and liver but not heart and lung /other ? does this affect their management?