

Response to Reviewers and Editors Comments on Manuscript No.: 66166

Firstly, we would like to express our gratitude to the reviewers and editors of the World Journal of Nephrology for their great efforts and comments on our work to improve its quality.

Secondly, we will address each raised issue by the reviewer and editors as point-by-point through the following detailed report according to the schedule of points in the decision report:

1 MANUSCRIPT REVISION DEADLINE

Comment: "We request that you submit your revision in no more than **14 days**. Please note that you have only two chances for revising the manuscript."

Response: Submission of the revised manuscript is within the due time limit.

2 PLEASE SELECT TO REVISE THIS MANUSCRIPT OR NOT

Comment: "Please login to the F6Publishing system at <https://www.f6publishing.com> by entering your registered E-mail and password. After clicking on the "Author Login" button, please click on "Manuscripts Needing Revision" under the "Revisions" heading to find your manuscript that needs revision. Clicking on the "Handle" button allows you to choose to revise this manuscript or not. If you choose not to revise your manuscript, please click on the "Decline" button, and the manuscript will be WITHDRAWN."

Response: We have opted to revise the manuscript.

3 SCIENTIFIC QUALITY

Reviewer #1:

Comment: "Scientific Quality: Grade C (Good) Language Quality: Grade A (Priority publishing) Conclusion: Accept (General priority)"

Response: We were very careful to keep and improve the quality of the revised manuscript for the scientific and language aspects.

Comment: "However I must tell you that the tables could in my opinion be improved. As you know, the reader should be able to get information from a table without resorting to text and in a simple way. In this case the format is strange (the first column should always be the description of the variable, never a numeric result)."

Response: Really, the first column is specified for the variables in all tables and not numeric results. We did not use it for numeric results in any table. Specifically, the numeric values in first column of Table 3 that might be understood as results were

also representing variables (the number represents the number of the case described in the corresponding row). For more clarification of this issue, we have revised all tables for this issue and we added the word case before the numbers in the first column of table 3 (ie. Case 1, Case 2, Case 3, etc.) to make it more obvious as a variable not a result.

Comment: "Each table is not easy to understand (mainly tables 2,3 and 5)."

Response: All tables were revised for this issue. The unclear headings of columns and rows were corrected to be more simple. Changes are highlighted in grey.

Comment: "Is table 3 strictly necessary?"

Response: Yes, it is necessary. Renal isotope scanning is a fundamental tool for the accurate measurement of renal functions. So, Table 3 is the only evidence for the readers to know about the role of the isotope scanning in evaluation of this lesion. It shows the numerical values of functions of kidneys of a group of patients who were evaluated by this imaging. Also, the different indications are outlined in this table. We hope that this reasoning is sufficient to keep this table.

4 LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH

Comment: "As the revision process results in changes to the content of the manuscript, language problems may exist in the revised manuscript. Thus, it is necessary to perform further language polishing that will ensure all grammatical, syntactical, formatting and other related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A).

Authors are requested to send their revised manuscript to a professional English language editing company or a native English-speaking expert to polish the manuscript further. When the authors submit the subsequent polished manuscript to us, they must provide a new language certificate along with the manuscript."

Response: The revised manuscript has been written in the same way as it was firstly written and submitted, not only based on our writing capabilities but by checking using an online language program (Grammarly). The same steps were followed to raise the quality of writing and alleviate any mishaps or changes that may result from the revision process. On the other hand, requested changes are mainly in the tables rather than the text which did not warrant major changes in the text. Changes are highlighted in grey in the manuscript.

5 ABBREVIATIONS

Comment: "In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly."

Response: All these instructions have been considered during revision. only necessary abbreviations used.

The basic rules on abbreviations are provided here:

Comment: "(1) **Title:** Abbreviations are not permitted. Please spell out any abbreviation in the title."

Response: There are no abbreviations used in the title, even after modifications.

Comment: "(2) **Running title:** Abbreviations are permitted. Also, please shorten the running title to no more than 6 words."

Response: It consists of three words only: Unilateral Hypoplastic Kidney. Abbreviations were not needed.

Comment: "(3) **Abstract:** Abbreviations must be defined upon first appearance in the Abstract. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)."

Response: Abbreviations have not been used in the Abstract.

Comment: "(4) **Key Words:** Abbreviations must be defined upon first appearance in the Key Words."

Response: Abbreviations have not been used in the Key Words.

Comment: "(5) **Core Tip:** Abbreviations must be defined upon first appearance in the Core Tip. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)"

Response: There is only one abbreviation (UTIs) and it has been defined at first site mentioned in the Core Tip.

Comment: "(6) **Main Text:** Abbreviations must be defined upon first appearance in the Main Text. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)"

Response: Each designed abbreviation was defined upon first use in the main text starting from the Introduction to Conclusion.

Comment: "(7) **Article Highlights:** Abbreviations must be defined upon first appearance in the Article Highlights. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)"

Response: Abbreviations were defined up on first mention in Article Highlights.

Comment: "(8) **Figures:** Abbreviations are not allowed in the Figure title. For the Figure Legend text, abbreviations are allowed but must be defined upon first appearance in the text. Example 1: A: Hepatocellular carcinoma (HCC) biopsy sample; B: HCC-adjacent tissue sample. For any abbreviation that appears in the Figure itself but is not included in the Figure Legend textual description, it will be defined (separated by semicolons) at the end of the figure legend. Example 2: BMI: Body mass index; US: Ultrasound."

Response: We agree with this. We did not use abbreviations in titles of figures or their legends text.

Comment: "(9) **Tables:** Abbreviations are not allowed in the Table title. For the Table itself, please verify all abbreviations used in tables are defined (separated by semicolons) directly underneath the table. Example 1: BMI: Body mass index; US: Ultrasound."

Response: No abbreviations used in titles of tables. Abbreviations in table text were defined below each table containing abbreviations.

6 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) *Science editor:*

Comment: "1 Scientific quality: The manuscript describes a retrospective study of the experience of a tertiary-level urology center in the clinical urological events of rare and very rare incidence. The topic is within the scope of the WJN. (1) Classification: Grade C; (2) Summary of the Peer-Review Report: Hypoplastic kidneys are a relatively frequent pathology, and your retrospective study provides us with interesting information about their characteristics. The questions raised by the reviewers should be answered; (3) Format: There are 5 tables and 3 figures; (4) References: A total of 16 references are cited, including 4 references published in the last 3 years; (5) Self-cited references: There is no self-cited reference; and (6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself

(themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately."

Comment: "2 Language evaluation: Classification: Grade A."

Comment: "3 Academic norms and rules: The Institutional Review Board Approval Form, and the written informed consent were waived. No academic misconduct was found in the Bing search."

Comment: "4 Supplementary comments: This is an invited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJN."

Responses to the previous comments of Science Editor: The authors thank the Science Editor and appreciate these great efforts for evaluation of this manuscript. We have kept all these rules applied on revision of the manuscript. Reviewers questions have been answered at the suitable sites. We have maintained the quality of language as the original manuscript with more improvement and refining efforts.

5 Issues raised:

Comment: "(1) The title is too long, and it should be no more than 18 words;"

Response: The new title is "Unilateral Hypoplastic Kidney in Adults: An Experience of a Tertiary-level Urology Center"

Comment: "(2) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor;"

Response: Figures have been prepared using PowerPoint.

Comment: "(3) The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text.

Response: Article Highlights section has been added.

Comments: "6 Re-Review: Not required. 7 Recommendation: Conditional acceptance."

Response: Thank you very much.

(2) Company editor-in-chief:

Comment: "I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Nephrology, and the manuscript is

conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors."

Response: The authors thank the Editor-in-Chief and appreciate these great efforts for processing and evaluation of this manuscript.

Comment: "Before its final acceptance, please upload the primary version (PDF) of the Institutional Review Board's official approval in official language of the authors' country to the system; for example, authors from China should upload the Chinese version of the document, authors from Italy should upload the Italian version of the document, authors from Germany should upload the Deutsch version of the document, and authors from the United States and the United Kingdom should upload the English version of the document, etc."

Response: The Institutional Review Board approval is not required due to retrospective nature of the study, as it has been declared on the first submission.

7 STEPS FOR SUBMITTING THE REVISED MANUSCRIPT

Step 1: Author Information

Comment: "Please click and download the [Format for authorship, institution, and corresponding author guidelines](#), and further check if the authors names and institutions meet the requirements of the journal."

Response: Authors information have been revised.

Step 2: Manuscript Information

Comment: "Please check if the manuscript information is correct."

Response: Manuscript information have been revised.

Step 3: Abstract, Main Text, and Acknowledgements

Comment: "(1) **Guidelines for revising the content:** Please download the guidelines for Original articles, Review articles, or Case Report articles for your specific manuscript type (Retrospective Study) at: <https://www.wjgnet.com/bpg/GerInfo/291>. Please further revise the content your manuscript according to the Guidelines and Requirements for Manuscript Revision."

Response: The contents have been revised accordingly.

Comment: "(2) **Format for Manuscript Revision:** Please update the format of your manuscript according to the Guidelines and Requirements for Manuscript Revision and the Format for Manuscript Revision. Please visit

<https://www.wjgnet.com/bpg/GerInfo/291> for the article type-specific guidelines and formatting examples. "

Response: The format has been updated accordingly. The components from the title to footnotes were included in the text file. Tables and figures were prepared and submitted as per the following instructions for each of them.

Comment: "(3) **Requirements for Article Highlights:** If your manuscript is an Original Study (Basic Study or Clinical Study), Meta-Analysis, or Systemic Review, the "Article Highlights" section is required. Detailed writing requirements for the "Article Highlights" can be found in the Guidelines and Requirements for Manuscript Revision."

Response: Article Highlights section has been added.

Step 4: References

Comment: "Please revise the references according to the [Format for References Guidelines](#), and be sure to edit the reference using the reference auto-analyser."

Response: References have been revised accordingly.

Step 5: Footnotes and Figure Legends

Comment: "(1) **Requirements for Figures:** Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file, and submit as "66166-Figures.pptx" on the system. The figures should be uploaded to the file destination of "Image File"."

Response: They prepared and submitted as PowerPoint file. To be noted, arrows in Figure 3 are native on the X-Ray film that is stored for this patient file and the figure is original. They are not manipulated on the figure, but they are originally in it at the time of taking this photo. It is the only figure representing the shape of the hypoplastic kidney by intravenous urography.

Comment: "(2) **Requirements for Tables:** Please provide decomposable Tables (in which all components are movable and editable), organize them into a single Word file, and submit as "66166-Tables.docx" on the system. The tables should be uploaded to the file destination of "Table File"."

Response: Instructions have been followed for tables preparation and submission.

Step 6: Automatically Generate Full-Text Files

Comment: "Authors cannot replace and upload the "Manuscript File" separately. Since we only accept a manuscript file that is automatically generated, please download the "Full Text File" or click "Preview" to ensure all the contents of the

manuscript automatically generated by the system are correct and meet the requirements of the journal. If you find that there is content that needs to be modified in the Full-Text File, please return to the corresponding step(s), modify and update the content, and save. At this point, you then have to click the "Save & Continue" button in Step 5 and the F6Publishing system will automatically regenerate the Full-Text File, and it will be automatically stored."

Response: The instructions will be followed on submission.

Step 7: Upload the Revision Files

Comment: "For all required accompanying documents (listed below), you can begin the uploading process *via* the F6Publishing system. Then, please download all the uploaded documents to ensure all of them are correct.

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|------|---|--------------------|
| (1) | 66166-Answering | Reviewers |
| (2) | 66166-Audio | Core Tip |
| (3) | 66166-Biostatistics | Review Certificate |
| (4) | 66166-Conflict-of-Interest | Disclosure Form |
| (5) | 66166-Copyright | License Agreement |
| (6) | 66166-Approved Grant Application Form(s) or Funding Agency Copy of any Approval Document(s) | |
| (7) | 66166-Signed Informed Consent Form(s) or Document(s) | |
| (8) | 66166-Institutional Review Board Approval Form or Document | |
| (9) | 66166-Non-Native Speakers of English Editing Certificate | |
| (10) | 66166-Video | |
| (11) | 66166-Image | File |
| (12) | 66166-Table | File |
| (13) | 66166-Supplementary Material | |

If your manuscript has supportive foundations, the approved grant application form(s) or funding agency copy of any approval document(s) must be provided. Otherwise, we will delete the supportive foundations.

If your manuscript has no "Video" or "Supplementary Material", you do not need to submit those two types of documents."

Response: It will be followed and fulfilled. The manuscript has no Video or Supplementary Material.

8 COPYRIGHT LICENSE AGREEMENT

Comment: "All authors should accept and sign the Copyright License Agreement (CLA), following the link sent in individual emails to each author. After all authors have accepted and signed their respective CLA, the Corresponding Author is

responsible for downloading the signed CLA by clicking on the "Download" button in the CLA page, re-storing it as "PDF", and then uploading it to the file destination of "Copyright License Agreement". If any of the authors do not accept to sign the CLA, the manuscript will not be accepted for publication."

Response: Agree. It will be fulfilled.

9 CONFLICT-OF-INTEREST DISCLOSURE FORM

Comment: "Please click and download the fillable [ICMJE Form for Disclosure of Potential Conflicts of Interest](#) (PDF), and fill it in. The Corresponding Author is responsible for filling out this form. Once filled out completely, the Conflict-of-Interest Disclosure Form should be uploaded to the file destination of 'Conflict-of-Interest Disclosure Form'."

Response: It will be followed and fulfilled on submission.