

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 74134

Title: Transplanted kidney loss during colorectal cancer chemotherapy: A case report

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04062289 Position: Peer Reviewer Academic degree: MD, PhD

Professional title: Academic Research, Surgeon, Surgical Oncologist

Reviewer's Country/Territory: Japan

Author's Country/Territory: Poland

Manuscript submission date: 2021-12-14

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-15 07:39

 $\textbf{Reviewer performed review:}\ 2021\text{-}12\text{-}28\ 05\text{:}34$

Review time: 12 Days and 21 Hours

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [] 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	Peer-Review: [Y] Anonymous [] Onymous



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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This paper is a well-written case report in which a young woman with a medical history of kidney transplantation had the deterioration of kidney graft function after adjuvant chemotherapy for colorectal cancer (CRC). Careful consideration for application and selection of systemic chemotherapy is generally required in case of patients with renal dysfunction. In this paper, authors suggested that FOLFOX chemotherapy might induced rapid kidney graft loss. Moreover, they pointed out that immunosuppressive therapy in kidney transplant recipients might affect cancer progression in CRC patients. These hypotheses are very interesting and highly suggestive because the balance between the risk and the benefit of adjuvant chemotherapy is thought to be difference in kidney transplant recipients compared with general population. From this standpoint, this case report may be useful for deciding therapeutic strategy of CRC patients with a medical history of kidney transplantation. However, there are several points that The remain unclear and to be revised. Major Comments; 1. of change immunosuppressive therapy may induce the deterioration of kidney graft function, so the shift of immunosuppressive therapy is very important to assess the cause of kidney graft loss. However, the medical history about immunosuppressive therapy is not easy to understand accurately. The authors should be better off figuring the time series of immunosuppressive therapy. 2. In this case, intraperitoneal metastasis was occurred in early phase of postoperative following-up. This process may suggest that the presence of synchronous intraperitoneal spread of CRC. Was intraoperative cytology for ascites fluid performed? 3. What types of regimens were selected for palliative chemotherapy in this case?



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Reviewer's code: 05339586 Position: Editorial Board Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: Poland

Manuscript submission date: 2021-12-14

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-06 18:20

Reviewer performed review: 2022-01-07 01:15

Review time: 6 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [Y] 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) [] Minor revision [] Major revision [Y] Rejection
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SPECIFIC COMMENTS TO AUTHORS

The main concerns are: 1) Uncertainty of significant additions to the literature from presentation of this single case of colorectal cancer after kidney transplantation. Loss of a transplanted kidney (after 16 years) as a sequel of chemotherapy is an expected outcome rather than its preservation, because the transplanted kidney is a fragile organ having many dangers and chronic insults such as ischemia during surgery, drug toxicity, and immunological reactions. 2) Presentation of the case is not prepared according to CARE guidelines starting from the title. It needs to be revised and re-written. Provide a sequential-events story in the section of Case presentation. Start with the history of CKD and kidney transplantation passing through the post-transplant history. Then the new history of colonic cancer and its management. I suggest re-arranging the section of the Case presentation completely. 3) Writing errors including spelling of words (consider the headings, text, and table) and consequence of events should be considered. 4) Intraoperative photos are deficient. They may help better understanding among readers.



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Peer-review model: Single blind

Reviewer's code: 05040165 Position: Editorial Board Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: Thailand

Author's Country/Territory: Poland

Manuscript submission date: 2021-12-14

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-05 03:05

Reviewer performed review: 2022-01-13 22:36

Review time: 8 Days and 19 Hours

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] 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
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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors present a case report of transplanted kidney loss shortly after initiation of adjuvant chemotherapy for colon cancer. You did a great job. The authors addressed that the occurrence of colorectal cancer (CRC) in kidney transplant recipients (KTRs) is higher than that in the general population. Advanced stage CRC is usually associated with poor outcome. Adjuvant chemotherapy (CTH) may accelerate transplanted kidney loss. However, some of important issues need to be verified to improve your work as following. 1. Please provide summary data of possible drug interaction with the excretion immunosuppressive agents, metabolism and pathways immunosuppressant and anticancer use in this case. Additionally, please provide data of the level of blood immunosuppressant, kidney function, and BP during illness and the treatment. 2. Systematic reviews and meta-analyses are considered to be the highest quality evidence on a research topic because their study design reduces bias and produces more reliable findings. Please summarized the results and provide evidence from recent systematic review and meta-analysis if available. Additionally, please provide summary data of previous case reports or case series of outcomes of patients with CRC after renal transplantation. 3. Finally, since I am not a native English user, I did not check for typo errors and grammatical errors thoroughly. This should be done by an appropriate language reviewer.



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Reviewer's code: 05458826 **Position:** Editorial Board

Academic degree: MBBS, MS

Professional title: Assistant Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: Poland

Manuscript submission date: 2021-12-14

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-05 14:54

Reviewer performed review: 2022-01-18 17:54

Review time: 13 Days and 2 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
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SPECIFIC COMMENTS TO AUTHORS

The authors compiled a case report with Transplant kidney loss after Chemotherapy, this is somewhat expected outcome and nothing unusual or surprising. It would have been better if the authors would combine the case report with review of literature. Did the authors follow the recommended colonic CA screening guidelines for this patient?