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Manuscript NO: 74968

Manuscript Type: Mini-REVIEW

Title: Acute Kidney Injury and the Compensation of Kidney Function after Nephrectomy in Living Donation

Authors: Kenji Okumura, Holly Grace, Hiroshi Sogawa, Shigeyoshi Yamanaga

Dear Editor,

Please find enclosed the new revised manuscript entitled “Acute Kidney Injury and the Compensation of Kidney Function after Nephrectomy in Living Donation”. We have read all the reviewers’ comments along with the most recent reviewer’s comments. We do appreciate the reviewers’ efforts in pointing out the areas for improvement.

We have made significant changes to the manuscript taking into consideration the comments made by the reviewers. All major changes in the new manuscript are highlighted in yellow in the new manuscript. We hope the changes are sufficient with respect to the comments raised by the reviewers. We look forward to your positive response.

With my best regards,

Sincerely,

Kenji Okumura

Specific Comments to Authors:

In this review authors focused on the compensation of kidney function after nephrectomy in living donors, discussing factors that have been identified as being associated with kidney recovery in donors including age, sex, BMI, remnant kidney volume, eGFR, and various comorbidities. The paper is well written and logically organized. The manuscript is clear and presented in a well structured manner. Just minor, would recommend to briefly introduce the role of histology/biopsy in the setting of AKI patients with particular reference to the potential role. In this regard please quote: - Cima L et al. Histopathology and Long-Term Outcome of Kidneys Transplanted From Donors With Severe Acute Kidney Injury. *Prog Transplant*. 2019 Mar;29(1):36-42. doi: 10.1177/1526924818817054.

Answers: We thank the review and the comments and we appreciate suggestions and we have cited in the main text. We think the role of biopsy is limited in donor after nephrectomy since the biopsy itself might compromise the renal function and be rare to be performed. We did not create subsection, however, we have mentioned regarding biopsy finding in the donated kidney.

Specific Comments to Authors: I studied carefully the manuscript entitled "Acute Kidney Injury and the Compensation of Kidney Function after Nephrectomy in Living Donation" by Okumura et al. The present manuscript is in fact a narrative review; hence, specific inclusion or exclusion criteria lack. Moreover, since it cannot provide answer to the clinical question presented in its title, its conclusions reflect the author's own views. Despite that such a kind of scientific approach might be of some value, a systematic review could contribute much more to what is called "evidence-based medicine". A systematic approach could be qualitative, if not quantitative; this kind of review ask a specific question and answer it by summarising evidence that meets a set of pre-specified criteria following a protocol. Under this perspective, the authors are wellcome to re-write their review in a systematic manner. This means to perform a literature search following

a predefined protocol, include a PRISMA flow diagram (see: <http://prisma-statement.org/prismastatement/flowdiagram.aspx>) and at least qualitatively evaluate the included studies (as these presented in Table 1). Moreover, it would be desirable if they could assess their summary of evidence using GRADE (see: <https://bestpractice.bmj.com/info/toolkit/learn-ebm/what-is-grade/>).

Answers: We agree with the reviewer on their comments. However, the purpose of this manuscript was a narrative review. Although scientific evidence would be limited, we think this manuscript would support to understand the facts regarding this topic.

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

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).

Answer: the revised manuscript has been reviewed and corrected for any issues related to grammar or language.

5 ABBREVIATIONS

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.

The basic rules on abbreviations are provided here:

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

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

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

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

(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)

(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)

(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)

(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.

(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.

Answer:

The revised manuscript was formatted to adhere to the above guidelines.

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:

The author should summarize, analyze and refine the main viewpoints of the related studies on renal compensation after nephrectomy of living donors, rather than appraising and integrating the results of other studies.

Language Quality: Grade C (A great deal of language polishing)

Scientific Quality: Grade E (Do not publish)

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Transplantation, 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. 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. In order to respect and protect the author's intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author needs to be authorized by the previous publisher or the copyright holder and/or indicate the reference source and copyrights. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2022. Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content. If an author of a submission is re-using a figure or figures published elsewhere, or that is copyrighted, the author must provide documentation that the previous publisher or copyright holder has given permission for the figure to be re-published; and correctly indicating the reference source and copyrights. For example, "Figure 1 Histopathological examination by hematoxylin-eosin staining (200 ×). A: Control group; B: Model group; C: Pioglitazone hydrochloride group; D: Chinese herbal medicine group. Citation: Yang JM, Sun Y, Wang M, Zhang XL, Zhang SJ, Gao YS, Chen L, Wu MY, Zhou L, Zhou YM, Wang Y, Zheng FJ, Li YH. Regulatory effect of a Chinese herbal medicine formula on non-alcoholic fatty liver disease. *World J Gastroenterol* 2019; 25(34): 5105-5119. Copyright ©The Author(s) 2019. Published by Baishideng Publishing Group Inc[6]". And please cite the reference source in the references list. If the author fails to properly cite the published or copyrighted picture(s) or table(s) as described above, he/she will be subject to withdrawal of the article from BPG publications and may even be held liable.