Response to Reviewer Form

Manuscript ID: 88967

Reviewer Comment	Author Comments	Manuscript Revisions
Reviewer 1:		
The opinion review reveals the importance of improving the non-compliance wording in the electronic medical record, research, and clinical settings shapes of the enterprise of transplantation. It is a good suggestion for the clinical practice. However, there are no specific measures involved in the manuscript.	The authors thank Reviewer 1 for their insightful feedback and recommendations on how to improve our perspective. Changes have been made to the conclusion to reflect the author's specific measures. Lines: 171-175	"We urge institutional transplant committees, regardless of specialty, to report patient information in granular detail to ensure the entirety of the patient's circumstance is captured. We recognize the burden these actions place on clinicians. However, the convenience of using nondescriptive labeling grossly mischaracterizes patients' behavior, limiting their access to life-saving transplantation."
We suggest using some subheadings to make the article easier to read	Headings have been added throughout Lines 45, 64, 84, 98, 127, 151, 163	1. ***LANGUAGE TRENDS TODAY*** 2. ***HOW DID WE GET HERE?*** 3. ***LIMITATIONS WITHIN KIDNEY TRANSPLANTATION*** 4. ***THE PROBLEM*** 5. ***INSUFICIENT INSURANCE COVERAGE*** 6. ***STIGMATIZING LANGUAGE AND RACIAL BIAS***

		7. CREATING CHANGE
Minor language polishing is required in order to meet the publication requirement (Grade A)	Language polishing has been added throughout the manuscript in attempts to improve language grading.	1. Lines 34-36; "Furthermore, insufficient Medicare coverage has forced patients to ration or stop taking medication, leading to allograft failure and their subsequent diagnosis of *noncompliant*." 2. Lines 39-41; "Transplant committees must ensure thorough documentation to correctly encapsulate the entirety of a patient's position and give voice to an already vulnerable population." 3. Line 50; "empathy" 4. Line 51; End-Stage Renal Disease (ESRD) 5. Line 52; "critical" 6. Lines 54-58; "Transplantation poses a distinct challenge, requiring a difficult balance between patient equity and utility when deciding how to ration a limited number of organs to an ever-growing list of candidates. When making these decisions, it is vital to understand each patient's circumstance completely rather than

		rely on the convenient labels that have been perpetuated through decades of an evolving care system. The United Network” 7. Lines 95-97; A culture change in patient documentation could expand the involvement of other care team members in addressing the needs of each patient. 8. Lines 139; 2020 has made 9. Lines 166-167; “Labels such as *noncompliance*, *nonadherence*, and *work-up incomplete* fail to accurately portray ESRD patients awaiting transplantation” 10. Line 170-178; Minority populations and those who rely on Medicare already experience existing challenges and deserve comprehensive language the most. National organ sharing networks should incorporate strict delisting criteria for prospective transplant recipients, eliminate non-descriptive terminology such as *noncompliance*, and work to limit bias and subjectivity throughout the allocation process. We urge providers,

		regardless of specialty, to report patient information in granular detail to ensure the entirety of the patient's circumstance is captured. We recognize the burden these actions place on clinicians. However, the convenience of using non-descriptive labeling grossly mischaracterizes patients' behavior, limiting their access to life-saving transplantation.
Please add abstract in the manuscript.	The abstract was also added in the main manuscript document prior to the main body.	See documents.
Please add PMID and DOI numbers to your references.	PMID numbers were added to each of the references.	See References Tab Lines 183-219.
Please upload the document of figure or table referred in your manuscript. Please provide the decomposable figure of figures, whose parts are all movable and editable, organize them into a PowerPoint file, and submit as "Manuscript No. - Figures.ppt" on the system. The figure legends should be	A table representing the ICD-10 codes for medical noncompliance has been added to this submission in accordance to the publication requirements.	"Manuscript ID 88967 Table 1" and "Manuscript ID 88967 Table 1.pptx" have been added to the submission portal. Line 109 references Table 1.

involved in the manuscript		
Reviewer 2:		
Before final acceptance, the author(s) must add a table/figure to the manuscript. There are no restrictions on the figures (color, B/W) and tables.	The Authors thank Reviewer 2 for their insightful feedback and suggestions on how to improve our perspective peace. A table representing the ICD-10 codes for medical noncompliance has been added to this submission in accordance with the publication requirements.	"Manuscript ID 88967 Table 1" and "Manuscript ID 88967 Table 1.pptx" have been added to the submission portal. Line 109 references Table 1.
Authors are advised to apply a new tool, the RCA. RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database.	One of the authors, S.G.R. (RCA ID: 00039417), utilized the RCA database to identify any missing references. However, due to the limited amount of published literature on patient noncompliance, no new articles were identified during the RCA search queries. The authors do appreciate reviewer #2 suggesting the RCA as it will serve as a useful tool in future studies.	No changes were made.