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## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Transplantation*

**Manuscript NO:** 87553

**Title:** Predictors of Graft Function and Survival in Second Kidney Transplantation: A Single Center Experience

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 02524651

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Professor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Egypt

**Manuscript submission date:** 2023-08-16

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-08-16 23:37

**Reviewer performed review:** 2023-08-17 07:39

**Review time:** 8 Hours

|   |  |
|---|--|
| Scientific quality                          | <input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good<br><input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish |
| Novelty of this manuscript                  | <input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair<br><input type="checkbox"/> Grade D: No novelty   |
| Creativity or innovation of this manuscript | <input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair<br><input type="checkbox"/> Grade D: No creativity or innovation                                |



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|---|--|
| <b>Scientific significance of the conclusion in this manuscript</b> | <input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair<br><input type="checkbox"/> Grade D: No scientific significance   |
| <b>Language quality</b>   | <input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection |
| <b>Conclusion</b>   | <input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority)<br><input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection          |
| <b>Re-review</b>  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>Peer-reviewer statements</b>                                     | Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous  |
|   | Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |

## SPECIFIC COMMENTS TO AUTHORS

In the manuscript "Predictors of Graft Function and Survival in Second Kidney Transplantation: A Single Center Experience", the authors worked to identify the risk factors affecting primary graft function and graft survival rates after second kidney transplantation (SKT). Out of 1861 cases of kidney transplantation, 48 cases with SKT were eligible. The authors found that high BMI and first graft loss due to acute rejection were the only significant predictors of PNF graft; the second graft survival was reduced by DGF in the first and second grafts; censored graft/patient survival rates at 1, 3, 5 and 10 years were 90.5%/97.9%, 79.9%/95.6%, 73.7%/91.9%, and 51.6%/83.0%, respectively. In conclusion, non-immediate recovery modes of the first and second graft functions were significantly associated with unfavorable second graft survival rates. Patient and graft survival rates of SKT were similar to those of the first KT. The topic on SKT is interesting. The authors identified some parameters to impact on the outcomes of SKT, which is beneficial to form appropriate strategy to SKT. 1. The authors give the information of SKT PRA level and HLA mismatches. Actually, more details is needed. I suggest to show more data such as donor-specific antibodies (DSA level), especially

against the HLA alleles of the first graft. 2. I also suggest the authors give pathological evaluation on kidney donors.