



# BAISHIDENG PUBLISHING GROUP INC

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## ESPS Peer-review Report

**Name of Journal:** World Journal of Nephrology

**ESPS Manuscript NO:** 11966

**Title:** Management of patients with a failed kidney transplant: Immunosuppression weaning, dialysis re-initiation, and transplantectomy

**Reviewer code:** 00503175

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2014-06-15 18:41

**Date reviewed:** 2014-06-23 05:09

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

Article "Management of patients with a failed kidney transplant: Immunosuppression weaning, dialysis re-initiation, and transplantectomy" by Phuong-Thu Pham et al. is according to my opinion, acceptable for publication but after revision. The article is very interesting for persons involved in area of renal transplantation. It brings new insight in the management of patients with failed kidney transplant. REVISIONS 1. In section Impact of allograft nephrectomy on future retransplantation authors probably "forget" commentary ("why did you include this USRDS study? there is no repeat..."). It will be good that authors discussed this first between them. 2. There is some minor errors in the text: as single instead of single in the section: Infectious, metabolic complications and cardiovascular risks.



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## ESPS Peer-review Report

**Name of Journal:** World Journal of Nephrology

**ESPS Manuscript NO:** 11966

**Title:** Management of patients with a failed kidney transplant: Immunosuppression weaning, dialysis re-initiation, and transplantectomy

**Reviewer code:** 00503284

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2014-06-15 18:41

**Date reviewed:** 2014-06-26 02:14

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

This is an excellent review on “dealing with a patient with a failed kidney graft”. When and in what patients to recommend transplantectomy, and its risks. On contrary, the authors addressed the question when to leave it in place, and how to deal with immunosuppression (IS). Literature data are seriously controversial about the benefits / risks with maintained IS: to preserve residual renal function; to minimize allosensitization and graft intolerance syndrome, or reactivation of underlying autoimmune diseases; to prevent adrenal insufficiency; on the other side, there are the costs and side-effects of continued IS. Author's point of view and proposed strategies - how to handle in several types of patients - are cautious and very rationale. For all of the above mentioned, I strongly recommend this manuscript for publication on WJN.



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## ESPS Peer-review Report

**Name of Journal:** World Journal of Nephrology

**ESPS Manuscript NO:** 11966

**Title:** Management of patients with a failed kidney transplant: Immunosuppression weaning, dialysis re-initiation, and transplantectomy

**Reviewer code:** 00054648

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2014-06-15 18:41

**Date reviewed:** 2014-07-05 21:28

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

The present review focus on the management of patients with a failed kidney transplant and how to manage Immunosuppression weaning, dialysis re-initiation, and transplantectomy. The topic is very interesting and many aspect need to be improved from the scientific literature. The review is properly written, but there are two important aspects which may be improved: - I would suggest to organize the manuscript with the following order: dialysis re-initiation, manage Immunosuppression weaning and transplantectomy. I think that many concepts were repeated during the paper and a better synthesis mat be applied. The suggested division of the sections may help to reduce the number of pages of the paper and it may improve the clarity of the manuscript to the reader. - I would cancel table 2, and I would improve table 4, where the benefit and the adverse effects of transplantectomy may be added.