



### PEER-REVIEW REPORT

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

**Manuscript NO:** 50596

**Title:** Unspecified live kidney donation by urological patients

**Reviewer's code:** 00054120

**Position:** Peer Reviewer

**Academic degree:** FRCA, MD

**Professional title:** Professor

**Reviewer's Country/Territory:** United States

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

**Manuscript submission date:** 2020-02-05

**Reviewer chosen by:** Le Zhang

**Reviewer accepted review:** 2020-02-14 13:01

**Reviewer performed review:** 2020-02-28 18:00

**Review time:** 14 Days and 4 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" 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 type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection
<b>Re-review</b>	<input 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



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Dear authors, thank you for submitting your paper to the World Journal of Transplantation. I understand that the study was a retrospective data review and analysis, but you used some language that implying you performed certain tests on the donors which in not the nature of retrospective study, it can be a misuse of terminology. Such as; (We conducted a mercaptoacetytriglycerine-3 scan), can you verify what you meant?. Although, you did conducted a sound review of the cases, I believe your final conclusion is over-reach, because it was such small sample size (9 cases) it is very hard to draw a positive or negative conclusion. It may be a good idea to consider in very special group of patients that can be used as a potential donor. Also, there is no propensity-matched analysis done to document what you mentioned in your conclusion due to small sample size. Regards



### PEER-REVIEW REPORT

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

**Manuscript NO:** 50596

**Title:** Unspecified live kidney donation by urological patients

**Reviewer's code:** 03655859

**Position:** Editorial Board

**Academic degree:** MBBS, MD

**Professional title:** Assistant Professor, Doctor

**Reviewer's Country/Territory:** United States

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

**Manuscript submission date:** 2020-02-05

**Reviewer chosen by:** Jie Wang (Quit in 2020)

**Reviewer accepted review:** 2020-03-17 15:45

**Reviewer performed review:** 2020-03-18 15:42

**Review time:** 23 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input checked="" type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input checked="" type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection
<b>Re-review</b>	<input 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

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Ceuppens et al presented 9 case series of patients with urological complications who donated kidney and had good outcomes in the recipient and also in the donor. I am not sure how with this small sample size we could make some definite recommendations or conclusion. I have some other concern too. 1. I see 3 of the patients had nephrectomy for kidney stones, Nephrectomy for kidney stones are not common practice. Was these nephrectomy done only for the donation or was it planned for nephrectomy already ( regardless of donatation) 2. In current era, I believe none of the transplant center will allow patient to donate kidney with multiple/recurrent or symptomatic kidney stones 3. Were donor given options for 3 other methods as explained by the authors- including auto transplant, discard, kidney donation 4. Were recipients made aware of these type of kidney? 5. Which year were this transplant performed? 6. Does patient with renal infarction need nephrectomy? And if they need, is it good idea to transplant this kidney to someone. ?



### PEER-REVIEW REPORT

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

**Manuscript NO:** 50596

**Title:** Unspecified live kidney donation by urological patients

**Reviewer's code:** 05117991

**Position:** Associate Editor

**Academic degree:** MD, MSc

**Professional title:** Associate Professor, Director, Surgeon

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

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

**Manuscript submission date:** 2020-02-05

**Reviewer chosen by:** Jie Wang (Quit in 2020)

**Reviewer accepted review:** 2020-03-19 06:05

**Reviewer performed review:** 2020-03-19 07:49

**Review time:** 1 Hour

<b>Scientific quality</b>	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input 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 checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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Dear Editor, As a reviewer, I read the article carefully and also the comments of the other reviewers. It surprised me to see other reviewers' quick judgment on rejecting the manuscript. One reviewer wrote: "I believe your final conclusion is over-reach because it was such a small sample size (9 cases) it is very hard to draw a positive or negative conclusion." This comment is irrelevant. I would like to assure you that this is a very important concept. The huge supply and demand gap in organs prevents many patients from receiving life-saving organs. Any source to close this gap is of utmost importance, no matter how big or small. This case series is presenting successful transplants of 9 kidneys. Since this is a novel concept, I can say that this is enough to make a smart conclusion. My profession is general surgery and as a part of our multidisciplinary transplant team, I perform kidney transplant surgeries under the department of urology with my husband who is an academic urologist. It has been more than a few times now, we have found ourselves removing a kidney from a urological patient and asking immediately, would there be anyone in our kidney transplant waitlist who would have benefitted receiving this kidney? This retrospective research article gives us, the transplant community, the answer for just that, without getting into too much detail. You see, there is a risk-benefit ratio for every individual in every unique clinical scenario. Rarely, but surely there are cases where we do choose not to autotransplant the kidney we removed, or regret doing it afterward. There is a whole series of kidney transplants reported from Australia, where kidneys with tumors have been removed from urology patients. These kidneys were taken to the bench and their tumors were removed followed by successful transplants to patients on the waitlist. (Outcomes of transplants from patients with small renal tumors live unrelated donors and dialysis wait-listed patients, Nicholas R. Brook, Norma Gibbons, David W. Johnson, David L. Nicol. First published:06 April 2010. <https://doi.org/10.1111/j.1432-2277.2009.01002.x>. Citations: 19) In routine urology practice, many kidneys are being removed due to innumerable



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disorders. In this scarcity of transplantable organs, we should investigate every kidney that has been removed with the eye of a transplant surgeon. The transplant surgeons truly know and are aware of the declining quality of current donor resources. They also know how patients suffer from dialysis and die with an expect to receive an organ. I hope this study gets published at The World Journal of Transplantation and leaves the readers with more questions in mind. I would kindly ask you to send this article to be reviewed by true experts in the field. Additionally, I would prefer to follow-through this article`s progress, if any changes will be made during evaluation and would be happy to provide my view on it if needed again. Thank you. Kind Regards.