

PEER-REVIEW REPORT

Name of journal: *World Journal of Transplantation*

Manuscript NO: 74413

Title: Robot-assisted kidney transplantation: Is it getting ready for prime time?

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00844053

Position: Peer Reviewer

Academic degree: FACS, MD

Professional title: Chief Doctor, Full Professor, Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: Italy

Manuscript submission date: 2021-12-23

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-29 16:40

Reviewer performed review: 2021-12-30 16:19

Review time: 23 Hours

Scientific quality	<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 Grade E: Do not publish
Language quality	<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
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors did a very nice review. I have few question for the authors Any information about the length of stay between both groups Could the authors specify what part of the world is getting ready for prime time? In the US, we have United Network for organ Sharing (UNOS) that manages the organ transplant system. The transplant programs are under a very strict monitoring of their compliance and performance. The programs could be penalized if their performance is below the National Standard. Which government institution or private will review the transplant program performance in the rest of the world? We have one of the largest kidney program in the US and our median for both vascular anastomosis is 30 minutes. Could they explain why median of 62 minutes for both vascular anastomosis in the open procedure? Best surgical approach to treat urological complications Could the authors describe, in their review, recommendations to avoid vascular recommendations? Who should be performing the RAKT, a trained transplant surgeon or urologist or general surgeon doing robotic? Could the authors describe the indications for RAKT and contraindications? Which is the recommended BMI to perform RAKT? Any complications after kidney biopsy in the RAKT group. The authors are concern about the fragility of KT recipients, maybe all the obese future transplant patients should have robotic bariatric surgery and then the transplant to improve the quality of life and decrease morbidity after the RAKT. Could the authors describe the complications seen in the morbid transplant recipient after RAKT?

PEER-REVIEW REPORT

Name of journal: *World Journal of Transplantation*

Manuscript NO: 74413

Title: Robot-assisted kidney transplantation: Is it getting ready for prime time?

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03757404

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Additional Professor, Associate Professor, Associate Research Scientist, Senior Researcher

Reviewer's Country/Territory: Turkey

Author's Country/Territory: Italy

Manuscript submission date: 2021-12-23

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-14 05:06

Reviewer performed review: 2022-01-21 11:56

Review time: 7 Days and 6 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<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
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input type="checkbox"/>] Anonymous [<input checked="" type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
-------------------------------------	---

SPECIFIC COMMENTS TO AUTHORS

This is an article written to promote robot-assisted kidney transplantation in the deceased donation setting. The main idea behind this was presented as the ability to include marginal otherwise high-risk surgical patients to the recipient list by minimizing the surgical trauma. My criticisms are as follows: 1- This purpose can only be justified by truly including marginal recipients in the studies. On the contrary, the patients included in the studies are comparatively better, with higher preemptive status in the robotic arm and lower ASA scores. 2-The literature is filled with evidence regarding the negative effects of prolonged cold and warm ischemia times. Some articles provide range and increased graft failure risk with every minute of added warm ischemia. How do authors explain that despite prolonged CIT and WIT, the graft outcomes are similar? 3- at the results section, this sentence is controversial. -"The proportion of patients experiencing Clavien-Dindo grade ≥ 3 surgical complications as well as the transfusion rate was lower in the RAKT group (15.0% vs 20.6% and 10.0% vs 15.7%, $p=0.5$ respectively). " Because a p-value of 0.5 does not signify a difference. 4- The following sentence is not understandable and unclear. -"At a median follow-up of 18 months (IQR 8-36), there were no significant differences in functional outcomes between RAKT and OKT." What is meant by the functional outcome? Graft survival? eGFR? Patient survival? 5- As you know, in the deceased donor setting the coordinating role between the donor hospital and recipient hospital is important. the donor coordinator perspective should be given. Even the requirement of a prior CT scan of the recipients is a burden for the coordinator's work. 6- How about the cost of these robotic kidney transplant surgeries? I would like to receive more in-depth insights about this. Who pays the extra expenses



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

regarding these additional costs? 7- The discussion section lacks a novel conclusion.