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ESPS Peer-review Report

Name of Journal: World Journal of Transplantation

ESPS Manuscript NO: 7756

Title: Kidney Transplantation in patients with Systemic Lupus Erythematosus

Reviewer code: 00503284

Science editor: Ling-Ling Wen

Date sent for review: 2013-12-02 15:36

Date reviewed: 2014-02-13 00:39

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

Very good revision article about Lupus Nephritis, affecting either the native kidneys and transplanted kidneys. Only a few orthographical errors to be corrected: (immunocompromised instead of immunecompromised; Immunosuppression instead of immunosuppression; Immunofluorescence instead of immunefluorescence or immunefluoresce - these 2 wrong words used)



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ESPS Peer-review Report

Name of Journal: World Journal of Transplantation

ESPS Manuscript NO: 7756

Title: Kidney Transplantation in patients with Systemic Lupus Erythematosus

Reviewer code: 00503257

Science editor: Ling-Ling Wen

Date sent for review: 2013-12-02 15:36

Date reviewed: 2014-02-20 15:17

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 checked="" type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Unfortunately, this review article remains somewhat vague and cloudy in its description. Thus, this MS in its current form is not so relevant for readers. I think that this MS should be rewritten in the form of clear description with mainly focusing "recent advances" in kidney transplantation in patients with SLE. 1. More depth discussion regarding immunological aspects in patients undergone kidney transplantation should be needed. 2. It is nice to describe predictive factors of renal flare in SLE patients undergone kidney transplantation. 3. Please use some tables or figures to help easily understanding authors' description.



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ESPS Peer-review Report

Name of Journal: World Journal of Transplantation

ESPS Manuscript NO: 7756

Title: Kidney Transplantation in patients with Systemic Lupus Erythematosus

Reviewer code: mail

Science editor: Ling-Ling Wen

Date sent for review: 2013-12-02 15:36

Date reviewed: 2014-02-28 15:19

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 checked="" 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 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

This is an interesting manuscript considering that literature has not many reviews in SLE and kidney transplantation. It should be considered for publication after few alterations:

“However, the current practice for those with ESRD related to lupus nephritis is to start with hemodialysis (HD). The rationale is to suppress any residual lupus activity, to permit the disease to become quiescent, mostly in these patients who experienced a rapid decline of renal function due to aggressive lupus. Remission of lupus overall is particularly important to be achieved before proceeding to transplantation, and thus, all patients with recent significant renal or extra-renal activity and ESRD begin with HD”.

Authors should discuss further this phrase in the manuscript since analysis of the United Network for Organ Sharing data set from 1987 to 2009 revealed that LN patients who received a kidney transplant preemptively, before the need for dialysis, presented better graft survival and a lower risk of recipient death.



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It should be mentioned that PD may be preferable in patients with a history of antiphospholipid antibodies syndrome because of the possibility of access failure with HD.

Authors should discuss that serological markers are not accurate measurement of disease activity during the posttransplantation period.

In several phrases it appears “immunecompromised” and “immunefluoresce” instead of immunocompromised and immunofluorescence. Please, correct it.