



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

ESPS manuscript NO: 21222

Title: Combining cytochrome CYP3A4 modulators and cyclosporine or everolimus in transplantation is successful

Reviewer's code: 00646241

Reviewer's country: Germany

Science editor: Fang-Fang Ji

Date sent for review: 2015-07-06 15:34

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Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, SCIENTIFIC MISCONDUCT, CONCLUSION. It contains checkboxes for various evaluation criteria like 'Grade A: Excellent', 'Duplicate publication', 'Plagiarism', etc.

COMMENTS TO AUTHORS

In the paper 'Cytochrome CYP3A4 modulators in Kidney Transplantation: 6 years results of two ketoconazole and calcineurin inhibitor based immunosuppressive regimens, one with an m-TOR inhibitor and the other with an anti-proliferative agent.', the authors González and Valjalo present an interesting and important single-center analysis of their strategy of post-kidney-transplant immunosuppression. The work, although comparing to possible procedures, is a single-center, non-randomised study, as the authors state themselves, so there are some limitations to its relevance, however their observations are extremely interesting, and the paper should thus be published. However there are some major and minor points that have to be acknowledged. Major points: There is no information about the number of patients the authors intended to include in their prospective study, and no information about an ethical committee vote. Thus the work is rather organised like a retrospective study analysing the results of a new standard operating procedure initiated in 2005. I believe that it should better not be called a 'prospective' study. Further, the text does not contain any information about toxicity - neither immunosuppressant- oder



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ketokonazole-induced or unspecific toxicity; these data can only (in part) be seen in the tables. A summary of these findings should be given in the results section. Minor points p 1: instead of treatment consistent in a calcineurin inhibitor better write treatment consisting in a calcineurin inhibitor p. 1 instead of dose and were receiving better write dose and who were receiving p. 2 instead of cohort, comparative clinical trial better write cohort comparative clinical trial In the figures, there is no labeling of the Kaplan-Meyer curves explaining what the green or blue lines stand for.



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

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Title: Combining cytochrome CYP3A4 modulators and cyclosporine or everolimus in transplantation is successful

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" 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"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

It is an interesting manuscript evaluating the association of cyclosporine and ketoconazole in transplantation. This therapy reduces calcineurin inhibitors dosage causing thus fewer side effects and also saving money. Some suggestions were made to improve it for publication. In introduction I believe that a short information about the mechanism of interference when ketoconazole is used at the same time as CsA is missing. Few authors have already shown that for other clinical conditions than transplantation the proposed combination has no adverse effects and saves money. Please insert that on introduction. Please insert the adverse effects expected by the administration of ketoconazole. Please describe the dose of mycophenolate mofetyl used as IS. In materials and methods it is described that "No induction therapy was allowed" but in Table 1 there is a description of 1 induction therapy which was not specified. Please clarify. I believe a graph with the correlation between cyclosporine trough levels and serum creatinine should be included. There is no indication of IS groups in Figures 4 and 5. There are two figures numbered as 7.