



# BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

http://www.wjgnet.com

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 21839

**Title:** Donor to recipient sizing in thoracic organ transplantation

**Reviewer's code:** 00506199

**Reviewer's country:** United States

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2015-08-19 08:27

**Date reviewed:** 2015-08-20 22:12

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

### COMMENTS TO AUTHORS

very good paper - no problems identified



**ESPS PEER-REVIEW REPORT**

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

**ESPS manuscript NO:** 21839

**Title:** Donor to recipient sizing in thoracic organ transplantation

**Reviewer’s code:** 03318497

**Reviewer’s country:** United States

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2015-08-19 08:27

**Date reviewed:** 2015-08-29 02:43

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input checked="" type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		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**

Today, organ transplantation presents a treatment modality that has the potential to save lives in complex or dire situations where all explored medical and surgical options either fail or are contraindicated. However, a transplant patient is continually battling between infection and rejection. Thus, optimizing transplant success is paramount if the patient is to be given a fighting chance at survival. This would start most obviously and initially with appropriate organ selection. Thus, the authors present an appropriate, relevant, and important review to improve the current clinical practices. That said, availability of organs is the rate-limiting step in offering this modality of treatment. And this study suggests more stringent rules be applied to the selection process, which may lead to preclusion of patients from transplantation. Therefore, the risk of organ mismatch transplantation must be weighed against the risk of non-transplantation and a clear link with transplant failure must be established to favor a change in practice favoring more stringent selection. It is important to state in the introduction that height and weight surrogates as estimates to organ size do not take gender-related differences into consideration AND that the refined pTLCratio accounts for these differences. It is found in the abstract but not stated again until the middle of the



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<http://www.wjgnet.com>

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paper. It is also important to give the reader/reviewer an idea (published or theoretical) of how restrictive (or not) using the pTLCratio can be. Page 10: "Our data suggest that the secular trend to favor undersized donor lungs is ill advised. The advantage of using oversized donor lungs is supported by the pathophysiological consideration that link undersizing and oversizing to allograft function and injury patterns." - Are the authors suggesting that lung size mismatch transplantation is still warranted if oversized lungs are used? How does this relate to using the pTLCratio which argues for greater accuracy in donor-reipient selection. The first concept is more inclusive and widens the pool of donor-reipient matches; the second concept is more exclusive. Please clarify your thought process with regards to oversized organs and pTLCratios. The examples given make a good illustration of the authors' arguments, to a certain degree. One of their primary arguments in the review pertains to sex-mismatching. The reviewer is led to believe leading up to the examples that age-matched, gender-related organ mismatching will lead to an approximate 20% organ size mismatch. However, the cases illustrate a missed transplant opportunity from a female recipient (of a younger age). Clarification (earlier in the paper) is recommended on how gender-related mismatching is mitigated by using the pTLCratio and when gender mismatching does not pose a problem to LTx. The review seems to more heavily addresses lung transplantation than heart transplantation and the recommendations at the conclusion are geared towards lung transplantation. Can the authors make a stronger case for using pHM as they have done for the pTLC? If not, the authors might consider keeping the section on heart transplantation after their conclusions, i.e. as a "future directions" section.