

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 24643

**Title:** Deceased donor procurement in the United States

**Reviewer's code:** 00504754

**Reviewer's country:** Turkey

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2016-02-01 14:00

**Date reviewed:** 2016-02-01 16:29

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

Nicely done study.

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 24643

**Title:** Deceased donor procurement in the United States

**Reviewer's code:** 00005191

**Reviewer's country:** United States

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2016-02-01 14:00

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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 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"/> 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

This study is a large scale multi-organizational report looking into the incidence of surgical injuries during deceased donor organ procurement, collecting data prospectively over a period of a year. Organ damage was classified into three tiers, with the latter rendering the organ non-transplantable. Throughout 2014, data regarding organ damage (as reported by the transplanting surgeon and confirmed by the Organ Procurement Organizations medical director) seen on the procured organ were collected from 36 of the 58 US OPOs. A total of 19,043 organs procured were analyzed. Of this total, 59 organs sustained damage making them non-transplantable. The class 3 damage was spread over 22 of 36 reporting OPOs. The Authors conclude that surgical damage is a rare event with the loss of allograft seen in only 0.3% of procured organs. The majority of the surgical damage seen relates to vascular injuries. Incidence of class 3 injury appears to be higher in OPOs with smaller donor volumes. Because of the ever-growing demand for organs, it is essential to ensure that any organ procured is uninjured during the harvesting procedure. Little data exists in the literature on the topic. Therefore, the aim of the study is important and worth sharing. This study can help define the problem and contribute to the development of OPO basic standards. The Authors are well



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aware of the limitations of their study. Nonetheless, the manuscript should be published as it is.

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 24643

**Title:** Deceased donor procurement in the United States

**Reviewer's code:** 00504150

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
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<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 type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input checked="" 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

This report presents data collected by a number of OPOs that tallies and categorizes surgical damage to organs. There is no validation that the data collection and categorization methods and techniques are accurate and clinically relevant. My own experience is that anatomic descriptions are frequently incorrect and that injuries are frequently missed, only discovered by the center to which the organ is allocated, and frequently not reported and/or corrected in DonorNet. The level of analysis in this report is superficial and does not provide additional details that would be critical to understand how and why technical misadventures occur and what can be done to anticipate, prevent, or ameliorate them. Does the type of donor (DBD, DCD, obese, old), the level of training of the surgeon (attending, fellow), or the hospital setting (day, night, community, academic) influence outcomes?

## ESPS PEER-REVIEW REPORT

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

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**Title:** Deceased donor procurement in the United States

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<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input 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
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		[Y] No	

## COMMENTS TO AUTHORS

This manuscript describes organ damage incidence occurred in the United States during 2014. I think one of the scopes of this study is to raise the awareness of organ damage incidence occurring upon organ transplantation. As the authors emphasized, it is essential to make sure that all organ procurement goes seamlessly, with minimum damage and loss of precious organs. Although it is sort of common subject among physicians, the topic discussed in this manuscript is very important public health issue that should be assured all the time. Introduction is short but well-written so that even non-experts can easily grab the history and problems in current organ transplantation. Major comment N/A Minor comments 1. I may describe a bit more details of statistical analysis part (What software used etc.). I would also clearly state prospective/retrospective and IRB issues in the method section. For those who are not familiar with clinical studies, it may be a bit confusing why this study is "prospective" (I did, because I guess that probably the organ damage incidence is not predictable.). 2. It is great to see the statistics summarized in this manuscript. Although further details of incidents may not be available, especially if the study is IRB-exempt, I think it is still important to briefly discuss the potential cause of organ damages (during surgery, or something else etc.).