



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

ESPS manuscript NO: 27649

Title: Older candidates for kidney transplantation: Who to refer and what to expect?

Reviewer’s code: 00005191

Reviewer’s country: United States

Science editor: Shui Qiu

Date sent for review: 2016-06-14 13:57

Date reviewed: 2016-06-15 22:01

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" 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 checked="" 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

Patients ≥65 years constitute over 40% of the end-stage renal disease population and their number will likely continue to increase. Therefore, transplant physicians must be well versed in their evaluation. An appropriate candidate is a patient whose survival and quality of life are expected to improve with transplantation as compared to remaining on dialysis. Unfortunately, there are no clinical criteria that accurately predict this. Older age alone is not a contraindication to transplantation. Transplant centers, however, may arbitrarily set their own age cut-offs. For candidates who do not have a living donor, this may be influenced by the expected waiting time in an individual center. There may be an inherent bias to exclude older patients due to perceived poor outcomes. Transplant centers may have variable selection criteria especially in older patients. Using risk prediction models may help. In general, however, individual organ systems are evaluated by means of history taking, physical examination and ancillary testing. Particular focus is given to the cardiovascular work-up. It must be noted, however, that there are no studies that specifically compare the survival of these “very high risk” patients with transplantation as opposed to remaining on dialysis. Therefore, the decision to exclude these patients from transplantation remains rather



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subjective. Measures of global health are also increasingly recognized as important predictors of outcome in kidney transplantation and they include comorbidity indices and measures of functional status, physical performance, and frailty. A common theme to all the global measures of health is that it is not clear as to who is “too sick”, “too debilitated”, “too weak” or “too frail” to undergo kidney transplantation. Although these tools may help risk stratify patients, each candidate should be assessed on an individual basis. Older recipients have decreased patient and graft survival compared to younger patients, due to patient death mainly for cardiovascular disease, infection and malignancy. However, there is less acute rejection in older patients. Despite inferior patient survival, kidney transplantation in older patients is pursued due to the survival benefit that it confers when compared to remaining on the deceased donor waiting list. Previous studies calculated this survival advantage to translate into a 4-year increase in life expectancy. Also, transplant patients have superior QOL compared to dialysis patients. Living donor transplantation confers the best outcomes in terms of patient and graft survival. However, older patients have more limited living donor options. An alternative would be to pursue living donor transplantation from older donors, which has shown reasonable outcomes. Another option, according to the Authors, should be using kidneys that are thought to be of lesser quality and that have shorter waiting times. The mortality rate has shown to be not statistically significantly different. Kidney allocation in the United States was changed in December 2014. One of the goals is to increase unrealized graft years by matching high quality kidneys with recipients who have longer life expectancy. As a result, among recipients aged 65 years or older, transplant rates significantly decreased despite an increase in the number of waitlisted patients aged ≥ 65 years. With these changes in mind, the Authors believe that older recipients should be motivated further to look for living donors including older living donors, but appropriate counseling of older recipients regarding their options is of paramount importance. The manuscript is very well-written. Only one or two stylistic imprecisions can be spotted but could quickly and easily be edited (e.g. a singular verb in the abstract should be changed into the plural form: “is”-“are”). The message it conveys is increasingly relevant to transplant clinicians who are more and more faced by the



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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
<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 checked="" 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

The manuscript covers a very important topic in transplant medicine: how to deal with the increasing number of older patients with ESRD who are potential kidney transplant candidates. The manuscript is well written and covers challenges with the medical evaluation, comorbidity, physical performance and quality of life as well as a description of what outcomes that can be expected.. The authors also discuss the choice between living and deceased donor and standard criteria donor versus expanded criteria donor. In the end the most important issue is whether transplantation will improve the patients quantity and quality of life. Unfortunately, studies describing the effect of kidney transplantation in older recipients is virtually lacking. They conclude that the best choice is a kidney from a living donor, but if a living donor does not exist, most older patients will likely benefit from accepting marginal kidneys. I fully agree with these conclusions I do have some (minor) comments: 1. There is no method section in the manuscript. This should be included and should cover the search strategy (keywords, databases, time etc). Have the authors performed a systematic search? How did they chose references? 2. Comorbidity: The authors state that ?The applicability of the CCI, however, has been questioned in kidney transplant recipients? (Laging et al,



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Transplantation). This publication evaluates all recipients and not the older ones. It must however be noted that this in fact has been questioned for older recipients (>70) in a previous publication from the Norwegian Renal Registry (Heldal et al, Transplantation 2009). In this publication the association between CCI score and outcome was evident in younger patients, but not in those older than 70.



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		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This retrospective study looked at the incidence of BK viremia , BK nephropathy and graft outcomes among kidney transplant recipients in Auckland region. Study is well conducted and written clearly.