

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

ESPS manuscript NO: 28850

Title: "Contrast Nephropathy" in Renal Transplantation; is it real?

Reviewer's code: 00503257

Reviewer's country: Japan

Science editor: Fang-Fang Ji

Date sent for review: 2016-07-21 11:53

Date reviewed: 2016-07-28 14:22

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 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"/> Plagiarism	<input checked="" 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

The MS is an interesting enough for readers of the journal. However, minor revision should be required. It is nice to use some tables which summarized literature review of in this topic. Such tables will be helpful for readers' understanding.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

ESPS manuscript NO: 28850

Title: "Contrast Nephropathy" in Renal Transplantation; is it real?

Reviewer's code: 00503185

Reviewer's country: Egypt

Science editor: Fang-Fang Ji

Date sent for review: 2016-07-21 11:53

Date reviewed: 2016-08-02 00:15

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

Regarding the review article entitled: "Contrast Nephropathy" in Renal Transplantation; is it real? It is an interesting review. I'd like that the authors declare that Gadolinium is not safe if there is significant graft dysfunction with eGFR less than 15/ml/min (CKDT-5) because of both possible nephrotoxicity and the risk of nephrogenic systemic fibrosis It is better to refer to the most recent study by Fananapazir G, et al. who studied the incidences of acute kidney injury, dialysis, and graft loss following intravenous administration of low-osmolality iodinated contrast in patients with kidney transplants (Abdom Radiol (NY). 2016 Jul 5.). They found that In patients with pre- and post-CT SCr values, the incidence of AKI was 7% (7/104) based on a rise of ≥ 0.3 mg/dL and 3% (3/104) based on a rise of ≥ 0.5 mg/dL. All three patients with the more strict definition (≥ 0.5 mg/dL) had a pre-CT eGFR < 60 mL/min/1.73 m². No patient required dialysis or had renal graft loss 30 days after contrast administration.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

ESPS manuscript NO: 28850

Title: "Contrast Nephropathy" in Renal Transplantation; is it real?

Reviewer's code: 02979953

Reviewer's country: China

Science editor: Fang-Fang Ji

Date sent for review: 2016-07-21 11:53

Date reviewed: 2016-08-03 23:30

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 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 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"/> Plagiarism	<input checked="" 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

This article mainly illustrates the Contrast Nephropathy in Renal Transplantation, explained the causes and mechanisms of contrast nephropathy. In this paper, a number of randomized controlled studies on renal allograft contrast nephropathy were summarized, and the factors that may be related to the contrast nephropathy were analyzed, eventually reached the conclusion that some factors including diabetes, age, etc are related to CIN and optimizing the hydration status, using a safe contrast medium may have the maximize safety of the renal allograft. In my point of view, there are still some deficiencies in this article. It may be better if the following tips has been added in this paper: 1. The definition of CIN should be mentioned. 2. In general, only when a patient appears certain symptoms or disease will they receive the injection of contrast medium, in some extent, it may be the primary disease caused by damage to the kidney function rather than the contrast medium. This issue should be clear. 3. The contrast-ultrasound exam using ultrasound contrast medium has gradually become a new methods of the structure and function of kidney transplantation. It is generally believed that the ultrasound contrast medium may not damage the allograft function. This can be alternative to the use of contrast examination in some cases to improve safety of the renal



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allograft. 4. Increase the level of evidence for each recommendation in 'following precautions' if possible. Here are some of the areas of this article is not accurate enough: 1、 It is not always necessary to use contrast medium in MRA scan. 2、 Acronym for the first time appear to provide full name. (page5 'KTRs') The conclusion I want to give is that considered after MINOR Changes.