



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: 26863

Title: Tacrolimus confers lower acute rejection rates and better renal allograft survival compared to cyclosporine

Reviewer's code: 00503185

Reviewer's country: Egypt

Science editor: Fang-Fang Ji

Date sent for review: 2016-04-28 21:02

Date reviewed: 2016-06-05 17:44

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"/> 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 checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	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

please verify in the results and discussion that the difference in survival explaining tacrolimus superiority is not related to the use of depleting antibodies in induction therapy



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

ESPS manuscript NO: 26863

Title: Tacrolimus confers lower acute rejection rates and better renal allograft survival compared to cyclosporine

Reviewer’s code: 00505672

Reviewer’s country: Saudi Arabia

Science editor: Fang-Fang Ji

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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"/> 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 checked="" 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 Authors are presenting their experience in the use of Calcineurin inhibitors in the immunosuppression post renal transplantation. The paper had a valid question and good patients’ number. Major comments 1- The discussion is deficient and not discussing the results adequately. Most of the discussion was about the difference between FK and CYA as related to the risk of infection and malignancy; data that were unreported in the results. 2- The authors, also in the discussion, reported that “In our study, we found that FK may be associated with slightly higher prevalence of cardiovascular disease compared to CYA” This is contradictory to the clinical trials that were quoted by the authors themselves saying that “the risk of hypertension and hyperlipidemia is slightly higher with CYA than FK.” What is the explanation of the authors to this contradiction? Furthermore, these findings were not shown in the results. The results show only a higher incidence of cardiovascular disease in FK (18%) as a cause of death with functioning graft compared to 15% in CYA group which also was not statistically significant (P=0.850). 3- Although the authors mentioned in the methods that “Multivariate survival analysis, using Cox regression was used to



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assess the association between CNI choice and acute rejection, graft survival, and patient mortality, while controlling for all other transplant variables.”, only the results of Multivariate analysis of factors associated with graft loss were presented (Table 3 in the manuscript). 4- Univariate analysis showed significant difference between the 2 groups regarding the induction therapy (Table 1). Was this factor included in the multivariate analysis? Was it of independent significance or not? 5- The following statement in the conclusions section: “However, FK-based regimen is also associated with higher prevalence of infections and cardiovascular disease following kidney transplantation.” should be omitted as it is not concluded from the results. Minor comments 1- The abbreviations should only be used after the whole word/s when first mentioned in the text. Examples: a- AIM: To compare the impact of tacrolimus (FK) and cyclosporine (CYA) on graft survival and to assess the predominant causes of graft loss between patients receiving these two CNIs b- MEHODS: Retrospective review of 1,835 patients who received a KTX c- Patients on FK had higher PRA compared to 2- Samewise, the abbreviations should not be mentioned in used in the tables or should be explained in a footnote.



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

ESPS manuscript NO: 26863

Title: Tacrolimus confers lower acute rejection rates and better renal allograft survival compared to cyclosporine

Reviewer's code: 00503180

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
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<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"/> 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 checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	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

I have some comments to the authors: 1-I think better to use tacrolimus -common generic Name- rather than FK in the whole manuscript. 2-The methods section need more data to be added like details of KDRI, immunological details as DSA, MFI levels; characteristics of follow up of their patients; original kidney disease; and I think it will be better to add methods of assessment of non-adherence; which Banff classification did the authors follow in their revision of the biopsies; and also the prevalence of CNI toxicities as the CsA trough levels were relatively high. 3-More details are needed regarding the types of rejection episodes and type of antirejection used and the response. 4- Authors did not mention clearly -in the discussion-the difference in the 2 groups concerning infections (CMV, BK) and malignancies (ESPECIALLY PTLD). 5- Authors did not mention clearly -in the discussion- the difference regarding NODAT, and hypertension in addition to metabolic parameters as hyperuricemia... 6- Tables need to be revised as some abbreviations need to be clarified (KDRI,DM...) ; some variables need to be added as original disease...; and titles need to be more descriptive.