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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

ESPS manuscript NO: 29132

Title: Cardiovascular disease: Risk factors and applicability of a risk model in a Greek cohort of renal transplant recipients

Reviewer's code: 00503339

Reviewer's country: United States

Science editor: Xue-Mei Gong

Date sent for review: 2016-08-26 17:30

Date reviewed: 2016-09-26 21:23

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 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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

Well written analysis of the value of relying on a prior MACE to help define the present risk of undergoing transplant surgery in terms of subsequent related cardiac disease. Overall, lucid and important picture of what to expect in terms of post-transplant heart disease.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

ESPS manuscript NO: 29132

Title: Cardiovascular disease: Risk factors and applicability of a risk model in a Greek cohort of renal transplant recipients

Reviewer's code: 02638028

Reviewer's country: Japan

Science editor: Xue-Mei Gong

Date sent for review: 2016-08-26 17:30

Date reviewed: 2016-09-28 13:27

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"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		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

It is a well-written study about the event of cardiovascular disease after renal transplantation. Several points should be added. The most intriguing point is an association between renal graft survival and cardiovascular events. More description about it should be added in discussion. How about the medications about the cardiovascular disease such as blood pressure lowering agents of anti-platelet agents?



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

ESPS manuscript NO: 29132

Title: Cardiovascular disease: Risk factors and applicability of a risk model in a Greek cohort of renal transplant recipients

Reviewer's code: 00503254

Reviewer's country: Japan

Science editor: Xue-Mei Gong

Date sent for review: 2016-08-26 17:30

Date reviewed: 2016-10-03 08:46

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 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"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		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

In this manuscript, the authors describe the incidence and risk factors for major adverse cardiac events (MACE) in renal transplant recipients (RTRs). They found that older age and pre-existing cardiovascular disease were risk factors for MACE. They also validated a MACE risk model in a Greek RTR cohort. This paper is clinically interesting, but there are some points that need to be addressed. Minor comments: 1. They report that 36 patients (15%) had MACE, but 15% should be changed to 14.9%. 2. In the Tables, Group A and Group B are defined as patients with and without MACE, respectively. Conversely, I think that Group A should be patients without MACE and Group B should be patients with MACE. 3. In Table 1, the percentage of male patients in Group B is shown as 78.8%, but this should be changed to 77.8%. 4. They should ensure that the number of decimals of each variable correspond in the Tables. 5. Regarding the results of multivariate analysis, the HR and 95%CI for previous CVD in Table 3 do not match those in the text. 6. The MACE scores in Figure 1 do not match those in the text.



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

ESPS manuscript NO: 29132

Title: Cardiovascular disease: Risk factors and applicability of a risk model in a Greek cohort of renal transplant recipients

Reviewer's code: 00503334

Reviewer's country: United States

Science editor: Xue-Mei Gong

Date sent for review: 2016-08-26 17:30

Date reviewed: 2016-10-09 11:15

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 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"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		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

In the retrospective study, Evangelia Dounousi and his colleagues investigated the risk factors of major adverse cardiac event (MACE) in a Greek renal transplant recipient (RTR) cohort, and reported that age and per-existing CVDs were two main risk factors for MACE. It is a well-written manuscript. Minor comments: 1. In the titles of Table 1 and 2, Group A and Group B are defined as patients with and without MACE, respectively. Actually, Groups A should be RTRs without MACE, and group should be RTRs with MACE. 2. How about the use of CVD drugs, such as ACE-I, β -blocker etc, between MACE and non-MACE group? 3. Please provide more detailed legend for both Fig 1 and Fig 2. It is hard to understand the title of Fig 2. 4. The HR and 95% CI for previous CVD in Table 3 do not match those in the text.