

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

ESPS manuscript NO: 31522

Title: Systemic meta-analysis assessing the short term applicability of early conversion to mammalian target of rapamycin inhibitors in kidney transplant

Reviewer's code: 03655936

Reviewer's country: Denmark

Science editor: Fang-Fang Ji

Date sent for review: 2016-11-24 16:12

Date reviewed: 2016-11-30 22:54

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

COMMENTS TO AUTHORS

Kumar J et al have made a meta-analysis on renal graft function following early conversion from calcineurin inhibitor (CNI) to mTOR inhibitor after renal transplantation. CNI-based regimens are regarded as most effective worldwide in the field of renal transplantation. They have dramatically improved short-term outcomes reducing acute rejection, but CNI associated nephrotoxicity remains a risk factor for long-term graft dysfunction. Thus focus on non-nephrotoxic immunosuppressive regimens that can reduce exposure to CNIs while maintaining low rates of acute rejection, is crucial. I believe that Kumar J et al have included the most important clinical trials in the field, and I find the data reliable, but I find the discussion section to poor. Please tighten the structure of the manuscript as well. The introduction is far too long. In the section Material and Methods it is written that the search covered the period 2001 to 2016, but in the inclusion criteria it is written that original studies from 1990 to 2016 is included. Which is it? Still in the Material and Methods section the authors end up with six papers, but this is part of the results and should not be mention in this section. Under the headline "Inclusion Criteria" the authors also mention exclusion criteria. Please change the headline

for example to Study Selection and please introduce table 1 in this section. Again, that the author ends up with six articles does not belong in the Data Extraction or in the Data Analysis section either, but is part of the Result Section. Publication bias should not be in this section, but in the discussion. Results section: The authors need a section about the included and excluded studies. Please introduce fig. 1 and table 2 in this section. Why are the excluded studies excluded, please specify the 106 studies? In the section Renal Function which should be named Graft Function, the authors write: "The measured renal function (eGFR)", but eGFR is estimated glomerular filtration rate. The authors need to present the data on death and graft loss. Please make a new section regarding this important view. Table 3 should be part of the Results section as well. In table 3 adverse events and infections are mentioned, but this is not commented on anywhere in the text, please do so. Discussion section: Please summarize your results and discuss them. Do not go through the studies in your meta-analysis in this section, just discuss them. Do any of them differ in any way from the others and does this change your results and so on. This section needs a lot of tightening. I do believe that this manuscript is important and have value for publication, but it needs revision.

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Name of journal: World Journal of Transplantation

ESPS manuscript NO: 31522

Title: Systemic meta-analysis assessing the short term applicability of early conversion to mammalian target of rapamycin inhibitors in kidney transplant

Reviewer's code: 00506252

Reviewer's country: Japan

Science editor: Fang-Fang Ji

Date sent for review: 2016-11-24 16:12

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[Y] Grade A: Excellent	[Y] Grade A: Priority publishing	Google Search:	[Y] Accept
[] Grade B: Very good	[] Grade B: Minor language polishing	[] The same title	[] High priority for publication
[] Grade C: Good	[] Grade C: A great deal of language polishing	[] Duplicate publication	[] Rejection
[] Grade D: Fair	[] Grade D: Rejected	[Y] No	[] Minor revision
[] Grade E: Poor		BPG Search:	[] Major revision
		[] The same title	
		[] Duplicate publication	
		[] Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This study is a systemic review and meta-analysis of the effect on renal function and graft survival following early conversion of CNI to mTOR inhibitors with or without CNI after kidney transplantation. The authors initially selected 112 manuscripts, and of them, only 6 papers were useful for meta-analysis. They conclude that introduction of mTOR-inhibitors allows early and substantial CNI minimization. However, the higher rate rejection was observed at 12 months although there was no significant difference in rejection at 36 months. The methods and materials are sound, and Figures and Tables are shown very well and easily understood.