

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Transplantation

**ESPS manuscript NO:** 31989

**Title:** Prediction of delayed graft function using different scoring algorithms: A single-center experience

**Reviewer's code:** 00503185

**Reviewer's country:** Egypt

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2016-12-25

**Date reviewed:** 2016-12-26

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 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 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

well written and the topic is important. I agree with the conclusion that external validation is still an obstacle

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Transplantation

**ESPS manuscript NO:** 31989

**Title:** Prediction of delayed graft function using different scoring algorithms: A single-center experience

**Reviewer's code:** 00503228

**Reviewer's country:** Iran

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2016-12-25

**Date reviewed:** 2017-01-12

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"/> 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

Good work, but you would confirm that it is not of practical use, and you may help to improve the criteria by better representation of your data in detail for systematic reviews or future efforts. I propose in each of the variables, you give the number and percentages of your patients who represented the variable as positives and negative, and also how many in each represented DGF, finally.

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Transplantation

**ESPS manuscript NO:** 31989

**Title:** Prediction of delayed graft function using different scoring algorithms: A single-center experience

**Reviewer's code:** 00054120

**Reviewer's country:** United States

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2016-12-25

**Date reviewed:** 2017-01-15

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

**Title:** Prediction of delayed graft function using different scoring algorithms: a single-center experience This is a retrospective study that included 247 renal transplant recipients from deceased donors. The authors used 3 different known calculators to predict the development of delayed graft function in the study cohort. The DGF was defined as requirement for RRT within the 1st postoperative week and the duration of DGF was defined by the number of days between the transplantation and the last RRT. They concluded that the Irish nomogram performed much better than the other two. Although, the three predictive models are useful in the population in which they were derived, however, the three of them lose their predictive value in external validations. It is very well-conducted study with some interesting findings, mostly pointed out that we still cannot predict with accuracy the development of DGF. The study design & method, and statistical analysis were all well-thought and accurately followed throughout the paper. I have few comments and suggestions to the authors: I wonder if they have the



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data, can they check on the graft outcomes beyond the 1st post-transplant week, possibly for 30 days or even the outcome at the end of the 1st year. Since we know that the possibility of (at least one dialysis) within the 1st week after transplant is very high and there multiple factors can affect the requirement for RRT. Some of these factors can be related to the recipients as they may come to the surgery with fluid overload or electrolyte disturbances due to missing their dialysis! I think if the authors can check on the graft function beyond the 1st week using the same three systems to predict the DFG, we may be able to see an overall better performance.