

PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

Manuscript NO: 38575

Title: Hepatitis C and renal transplantation in era of new antiviral agents

Reviewer's code: 03475636

Reviewer's country: United States

Science editor: Li-Jun Cui

Date sent for review: 2018-03-01

Date reviewed: 2018-03-01

Review time: 19 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input checked="" type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This is very excellent and well written review paper on hepatitis C in kidney transplant patients. I have only 2 additional suggestions: 1. Please consider adding allocation system for those with hep C to hep C transplantation. In U.S., currently, those with untreated hep C who accept +hep C organ, may have shorter time on transplant waiting



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list. How about in Europe? Could you please briefly discuss on this? 2. Would suggest potential serious interaction between Sofosbuvir amiodarone that has been reported in kidney transplant patients as well in RCTs. e.g., Treatment With Ledipasvir-Sofosbuvir for 12 or 24 Weeks in Kidney Transplant Recipients With Chronic Hepatitis C Virus Genotype 1 or 4 Infection: A Randomized Trial. PMID: 27842383 Otherwise, I believe this is an excellent review article.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ [Y] No

BPG Search:

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PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

Manuscript NO: 38575

Title: Hepatitis C and renal transplantation in era of new antiviral agents

Reviewer's code: 00012216

Reviewer's country: Spain

Science editor: Li-Jun Cui

Date sent for review: 2018-03-01

Date reviewed: 2018-03-03

Review time: 2 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Salvatori et al review the state of the art in HCV patients with chronic kidney disease (CKD) and renal transplant in the direct acting anti-virals. The review is correctly structured, and the information is up-dated. This work will be of interest for Nephrologists and Hepatologists dealing with CKD HCV positive patients. Only some



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minor comments: authors do not discuss about sofosbuvir plus velapatasvir, for instance they do not show these pangenotypic treatment in table I, moreover when it is very useful to rescue patients with treatment failure due to resistant associated variants. They do not show either in table-I glecaprevir/pibrentasvir. In this table they should also show the drug name Paritaprevir instead of the company code ABT450. In my opinion, authors should discuss more deeply about the sofosbuvir risks in patients with impaired renal function. In fact, according to drug data sheet, sofosbuvir is not indicated in cases with glomerular filtration rate lower than 30 ml/min. Finally, the authors should use latest WHO estimations of HCV infection.

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PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

Manuscript NO: 38575

Title: Hepatitis C and renal transplantation in era of new antiviral agents

Reviewer's code: 02441161

Reviewer's country: China

Science editor: Li-Jun Cui

Date sent for review: 2018-03-01

Date reviewed: 2018-03-12

Review time: 11 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
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			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

An in-depth review highlighted the most recent studies and clinical trial with direct acting antiviral drugs in renal patients including patients waiting for transplantation and already transplanted. In their study all-oral direct acting antiviral therapy appears to be safe and effective for such patients with HCV-positive.



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PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

Manuscript NO: 38575

Title: Hepatitis C and renal transplantation in era of new antiviral agents

Reviewer's code: 00761439

Reviewer's country: Greece

Science editor: Li-Jun Cui

Date sent for review: 2018-03-01

Date reviewed: 2018-03-13

Review time: 12 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
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publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
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			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This is an interesting and well written review regarding HCV infection and antiviral therapy in patients with renal dysfunction. However, there are some issues which should be addressed by the authors 1) Tables should be added in the review presenting the main literature studies with DAA therapy in patients with CHC and renal



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dysfunction 2) In the abstract and text, the prevalence of HCV needs update 3) Under the paragraph "DAA-BASED THERAPIES: the new DAAs should be presented 4) The authors should emphasize that SOF is contraindicated officially in pts with GFR<30ml/min 5) More literature studies regarding SOF in pts with renal dysfunction should be included 6) Any data regarding velpatasvir? 7) Figures 2 and 4 might be deleted 8) Current guidelines by EASL and AASLD in pts with renal dysfunction should be presented in a Table

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