



PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation

Manuscript NO: 47697

Title: Blessing and a curse of outpatient management of delayed graft function

Reviewer's code: 03509231

Reviewer's country: Singapore

Science editor: Ying Dou

Reviewer accepted review: 2019-03-25 00:29

Reviewer performed review: 2019-03-25 07:34

Review time: 7 Hours

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 type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input checked="" 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 checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Thank you for submitting your editorial on this interesting topic. Three simple comments/suggestions: 1.It seems you created your DGF clinic because you observed some issues when discharging patients with DGF back to their dialysis centre, then observing more complications. Although alluded, you could more explicitly recommend



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for centres with high DGF rates to consider the creation of a DGF clinic so they can discharge their patients early (saving costs to all the stakeholders), and then following properly through such clinic...people who has the opposite problem, keep the patients with DGF admitted until everything sorts or takes one way. 2.Shall you include (if not a research biomarker), donor-specific antibodies analysis or any other immune biomarker as part of your DGF clinic monitoring package, as indeed immune causes are some of the perpetuating causes of DGF. We have published a recommendation on that -table 1G(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5743865/>). You could add your comments on that, if you concur or not. 3.If recent transplanted patients with DGF are discharged into the community dialysis centre, should they be isolated from other patients (because of the immunosuppression) or be just subjected to contact/airborne precautions or gone through same standard precautions as other dialysis patients? If something especial, what I are your recommendations for staff training? It happens that some transplant physicians seem very overzealous about isolation of transplant patients on dialysis while others not; now that you talk about this, your practical advice would be highly appreciated. Once you comment on these matters (minor changes), your editorial shall be publishable. Best of lucks.

INITIAL REVIEW OF THE MANUSCRIPT

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