

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Nephrology

ESPS manuscript NO: 27812

Title: Laparoscopic vs open donor nephrectomy: Lessons learnt from single academic center experience

Reviewer's code: 00503339

Reviewer's country: United States

Science editor: Xue-Mei Gong

Date sent for review: 2016-06-17 16:47

Date reviewed: 2016-06-17 22:38

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" 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 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 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

Message clear and truly worthy of wide dissemination. One point that might have been made is whether contemporary skills in decision making during laparoscopic donor nephrectomy are uniformly present in surgeons and urologists who will collect donor kidneys or prepratory training is needed to allow broad acceptance of the technique as the new "standard" for collecting live donor kidneys. A plasure to read!

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Nephrology

ESPS manuscript NO: 27812

Title: Laparoscopic vs open donor nephrectomy: Lessons learnt from single academic center experience

Reviewer's code: 00502999

Reviewer's country: Argentina

Science editor: Xue-Mei Gong

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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

This paper is about nephrectomies in living donors in Kidney transplantation comparing Laparoscopic vs traditional approach. It is retrospective, and this issue must be more highlighted, as the period included in the study is from 1998 to 2009, and many technical and technologic changes have gone by. It is mentioned by the authors, but could be better addressed. Page 3, Conclusions: THE WAY OF THE FUTURE. please, delete this phrase. It does not belong to scientific language. The authors employ "you" as the subject of sentences in many parts of the paper. This colloquial way of writing is unacceptable. One interesting point to discuss, considering the fact that the learning curve is part of the laparoscopic disadvantages in the first surgeries performed by a single surgeon, is: What if laparoscopic nephrectomies were included in General Surgery Training programs?. Are the same techniques and cares performed in nephrectomies in disposable kidneys (say, due to cancer) vs in living donors? It appears not to be so. Please include these aspects in the discussion. Introduction. Please employ paragraphs!!!. By the end of page 6, authors state the living donor is the most important patient in the hospital... This is unacceptable. All patients are equally important to



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physicians. Please delete this unfortunate sentence. Page 8, Surgical technique. NSAIDS (ketorolac) are discouraged to be employed in donors. If authors employ them in postsurgical nephrectomies, must defend their pain protocol with their experience and results. Again, paragraphs are scant all over the manuscript. Discussion: Line 2, page 10: Revelas? reveals. The grammar of pages 10 and 11 is disorganized and not well-structured. Please redo. In my opinion, the first to lines of page 11 are unfortunate. Page 11, line 11: What is the meaning of the word INSEPCT?. Again, in line 8 they use the colloquial "you can". Have the authors ever found this way of writing in a serious paper? First lines of last paragraph of page 11 are confusing. Page 12: Please delete "These elements of.....donor". Address the limitations of the study, in which the period observed (more than a decade) and the fact of being retrospective must be underscored. Too many figures. Please reduce the number to 3. Figures 1 and 2 are not Figures the way the appear in the file.They look as Tables.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Nephrology

ESPS manuscript NO: 27812

Title: Laparoscopic vs open donor nephrectomy: Lessons learnt from single academic center experience

Reviewer's code: 00503228

Reviewer's country: Iran

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

- Methods: Surgical Technique: Were all of your LLDNs purely laparoscopic or the hand-assisted technique was also used in some of them? If yes, what were the differences? - Results: Early (acute) and late complications are needed to be given - Results: "...presence of cysts, size, presence of stones and a tortuous ureter..." Please compare them between the two groups - Results: "This serves to show the importance of the learning curve, as the continued experience with the laparoscopic procedure led to increased intraoperative efficiency, resulting in decreased surgical time." Remove from the results section and relocate it in the discussion section. - "Another example of this is the number of conversions, which were a total of 18/279 (6.45%)." You may summarize the data in a table. - "Reasons for conversion included anatomy (5 patients), bleeding (8 patients), and adhesions (5 patients)." You should give description of each of the five; including If any of the donors needed a reoperation after the nephrectomy; due to post-op complications? Any readmission? Any DVT, INFECTION, EARLY GRAFT LOSS ...? - There are several data presentations of the two groups without p value or OR95%CI presentation. - "both the preoperative creatinine values (LLDN=0.96 ±

0.4 mg/dL versus OLDN= 0.88 ± 0.4 mg/dL) and the postoperative ones at 1 month (LLDN= 1.43 ± 0.9 mg/dL versus OLDN= 1.39 ± 0.8 mg/dL) were similar between the two groups (Table 1)" The first "preoperative creat" is far less than the postop creat. It is a disaster! Unless the postop creats are the recipients' creat! If it is true, you should say it: whose creat you mean, either in giving the preop, and the postop values. - "The one area where there was a statistically significant difference between the two groups was the length of stay" Please give values to the time "days, weeks, ...) and also give p value for it. - "something which is not unexpected considering the larger incision " In the result section, in several occasions you discuss the issue; in the Results section you may only give the pure facts and analyses, and leave the discusses to the discussion section. - DISCUSSION: DISCUSS LIMITATIONS: 1. Your report is not randomized. It is a major limitation mudding all your findings. In fact, with this limitation, you might better to give just your series without much insists on comparing outcomes - The discussion is not started properly; the first two quotations should be presented in the methods section. - Figure 3 is vague (at least to me) - Figure 5: The figure shows some worse conditions for the LLDN vs. OLDN. In calculating the mean \pm -SD have you included those who represented delayed graft function? Moreover, the number of patients in the OLDN seems to be less than what you proclaim. - Figure 6: Figure 6 is not necessary; better to get removed - Table 1: last row "major complications" it Needs elucidation - table 1: a column of P value needed - Table 1: These data are needed to be added: Age; gender; BMI; relation to the patient (related vs. unrelated); HLA-(and/or other) matching; warm ischemia time, vessel length (artery, vein), analgesic requirement, pain intensity (if evaluated), major complications (bleeding, infections, , bowel obstructions, perforations ureteral stricture, thrombosis, early graft loss, ...)