

## **Response to Reviewers**

Reviewer #1:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** The authors aimed at comparing psychosocial concerns and psychological difficulties of kidney transplant recipients and haemodialysis patients during and related to the pandemic. The subject is of interest. However, the overall quality of the article needs to be improved. The specific comments are as follows:

1. In the abstract of the article, the full name of ESRD should be provided when it was used for the first time.

-This was added and the full definition of the ESRD upon the first appearance was provided.

2. The analysis of the basic characteristics and clinical data revealed significant disparities between the two groups in some factors. What effect would this have on the outcomes? did it have an impact on the credibility of the results? The authors should explain in the article's discussion section.

- A paragraph has been added to the discussion section, elaborating on the characteristic disparities between the two groups and the possible effects of it on the outcomes in the discussion section in light of the literature. Please see the paragraph below:

Sociodemographic data in both study groups were consistent with Turkish national data showing that KT recipients were younger and had a higher level of education than HD patients. Higher education levels, may make it easier to navigate the health care system, and consequently obtain better health care services. Additionally, individuals with higher education could have higher levels of self-efficacy and internal control which may lead to improved compliance. Individuals with higher educational levels may have better health literacy which could result in better treatment adherence. The relationship between education level and psycho-social stress, coping skills, and compliance are likely multi-factorial and

complex. Thus this educational difference in study groups may explain the differences observed in this study. Until the mechanisms underlying the differences are elucidated, medical professionals should be cognizant of the detrimental effects of lower education on the stress and anxiety levels of patients, as well as their coping skills.

3. The absence of a control group is a shortcoming of the article. The article would have been more interesting if the psychosocial status of KT and HD patients during the period prior to the COVID-19 epidemic had been included as a control group to obtain information about the psychosocial changes in the patients due to COVID-19 epidemic.

- We agree with the reviewer on this criticism. It is essential to have a control group that evaluated the physiological parameters of these patients prior to COVID-19. However, COVID-19 was an unexpected, ever-expanding, life-threatening epidemic that no one was prepared for or saw coming. This study was conducted amid the World trying to figure out a treatment and focusing on the physical/medical care of patients rather than their psychological needs. We added this in the limitation section to notify the reader of the lack of a control group in the study.

Reviewer #2:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade C (A great deal of language polishing)

**Conclusion:** Rejection

**Specific Comments to Authors:** Even this is a well written study. I do not find this as the study has insufficient priority at the current moment.

We agree with the reviewer that the priority of this study has decreased as the immediate effect of the pandemic has passed. However, lessons learned would remain valid in case of other pandemics or unforeseen traumatic events. In this regard, the results of this study will be beneficial for professionals dealing with end-stage renal disease and kidney transplantation.