

23/05/2020

Editor in chief

World Journal of transplantation

Re: Revision letter, Title" Practical Recommendations for Kidney Transplantation in the COVID
-19 Pandemic " .

Dear Editor,

We thank you and the reviewers for taking the time to re-review the manuscript.

- The changes in text is in red.
- Responses are typed in italics.

The Reviewer and editor comment:

Reviewer #1: In this study the authors analyze Practical Recommendations for Kidney Transplantation in the COVID -19 Pandemic. Without a doubt, this is a highly relevant problem, profusely updated in multiple publications in the literature. The authors basically investigate into the subject of immunosuppression and the different pre and post-operative behaviors; in these patients. By the way, this subject is intensely and deeply treated in several publications. However, regarding the potential risk of mortality of the transplanted patient in general, and basically in the cases of the transplant in its immediate and postoperative period, was only mentioned considering a single bibliography referring to two cases (Gandolfini I, et al; COVID-19 in Kidney Transplant Recipients. American Journal of Transplantation 2020;n/a. : "There are only limited data on COVID-19 in transplant recipients.2 Herein, we report the outcomes of two deceased-donor kidney transplant recipients with COVID-19 pneumonia admitted to the Hospital of Parma (Parma, Italy), between March 2 and 12, 2020" On the other hand, and surely of main interest, the basic conception regarding the follow up of transplants and organs in these moments of Pandemic, are clearly

evidenced in the works of Enver Akalin, M.D. et al Covid-19 and Kidney Transplantation. (s letter was published on April 24, 2020 at NEJM.org <https://www.nejm.org/doi/full/10.1056/NEJMc2011117>: (Kidney-transplant recipients appear to be at particularly high risk for critical Covid-19 illness due to chronic immunosuppression and coexisting conditions. At Montefiore Medical Center, we identified 36 consecutive adult kidney-transplant recipients who tested positive for Covid-19 between March 16 and April 1, 2020. Results show a very high early mortality among kidney-transplant recipients with Covid-19 — 28% at 3 weeks as compared with the reported 1% to 5% mortality among patients with Covid-19 in the general population who have undergone testing in the United States and the reported 8 to 15% mortality among patients with Covid-19 who are older than 70 years of age), where a basic behavior of abstaining from kidney transplantation in this period of pandemic. Concerning this paper Pam Harrison in, COVID-19 Mortality Hits Almost 30% in Kidney Transplant Patient April 28, 2020. News > Medscape Medical News <https://www.medscape.com/viewarticle/929585> ; comments:" (Akalin told that 80% of patients in the Montefiore hospital are COVID-19 patients, and if more than 80% of your hospital is full of COVID-positive patients, how can you find a safe place to do transplantation?" and a Harrison added the Akalin statement, "So we stopped our kidney transplantation program 5 weeks ago because we have dialysis, so to delay transplantation a few months until the pandemic is cleared is not going to hurt the patient). As well, Debasish Banerjee et al COVID-19 infection in kidney transplant recipients April 2020 Kidney International DOI: 10.1016/j.kint.2020.03.0. Suggested to stopping kidney transplant programs. Consequently, should be important that in papers concerning indication of organ transplantation in the Covid19 pandemic time, to underline the high significant morbid mortality risks of the procedure. Nevertheless, the indication of the transplant face of risk of death (heart, liver, lung), with deceased organs should be suggested as the basically indication in force at the moment.

The reviewer added a lot of literature without any recommendation for improving our manuscript. At the end, this paper is an opinion review and not a literature and systematic review.

Reviewer #2:

The authors highlighted their local measures and guidelines that were adopted by the kidney

transplantation unit at Hadassah – Hebrew University Medical Center in Jerusalem, Israel. As there has been no accurate guideline in this field, it is difficult to evaluate this kind of articles, but their idea might be acceptable from general consideration.

Thank you very much. This is exactly the idea of this manuscript to share our guidelines.

Reviewer #3:

Interesting job, but why don't speak also about medical staff condition. Please add a subsection in the discussion. Please look at these references: Montemurro N. The emotional impact of COVID-19: From medical staff to common people. *Brain Behav Immun.* 2020 Mar 30. pii: S0889-1591(20)30411-6. doi: 10.1016/j.bbi.2020.03.032. [Epub ahead of print] Chen Y et al. Prevalence of self-reported depression and anxiety among pediatric medical staff members during the COVID-19 outbreak in Guiyang, China. *Psychiatry Res.* 2020 Apr 16;288:113005. doi: 10.1016/j.psychres.2020.113005. [Epub ahead of print] Chen Q et al. Mental health care for medical staff in China during the COVID-19 outbreak. *Lancet Psychiatry.* 2020 Apr;7(4):e15-e16.

Thank you again, we added in the text a paragraph that addressed medical staff safety (it is typed in red color).

Science Editor: 1 Scientific quality: The manuscript is an opinion review of practical recommendations for kidney transplantation in the covid -19 pandemic The topic is in the scope of WJT. (1) Classification: Grade C and C, and D. (2) Summary of the peer-review report: The authors highlighted their local measures and guidelines that were adopted by the kidney transplantation unit at Hadassah – Hebrew University Medical Center in Jerusalem, Israel. As there has been no accurate guideline in this field, it is difficult to evaluate this kind of articles, but their idea might be acceptable from general consideration. (3) Format: Without tables and figures. 31 references were cited, including 17 references published in the last three years. No self-citation. 2 Language evaluation: Grade B, B and C. Language editing certificate was not properly provided. Please provide language certificate by language editing company. 3 Academic norms and rules: The conflict-of-interest disclosure form and Copyright License Agreement were provided. No academic misconduct was found in the Bing search and CrossCheck search. 4 Supplementary comments: (1) Unsolicited manuscript. (2) Without financial support. (3) Corresponding author has not published articles in BPG. 5 Issues raised: (1) The PMID and DOI numbers of references are missing. Please add PMID and DOI numbers. (2) The "author contributions" section is missing. Please add this section ahead of the section "Abstract". (3) The number of references is too small for an opinion review, please add some more references. 6 Re-Review: Required. 7 Recommendation: Conditional acceptance.

- *Regarding the language editing we uploaded a certificate of one of our colleagues who is a native English speaker. I am a young researcher and I do not have enough budget to re-edit it in a language company. (I can re edit it with one of my colleagues again).*
- *We added the PMID and DOI to the references.*
- *We added the author contribution to the text.*
- *We added some references to the text as you asked.*

We hope that with these clarifications, the manuscript will be deemed worthy of publication in world journal of transplantation.

Sincerely,

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