

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors:

1 Title. Does the title reflect the main subject/hypothesis of the manuscript? A: Yes

Answer: As request by the company editor-in-chief, I modified the title to meet the requirement of the journal.

Original title, Title page, 1.1.: Simultaneous ipsilateral nephrectomy during kidney transplantation for autosomal dominant polycystic kidney disease does not detrimentally impact comorbidity and graft survival after transplantation.

Changed into: Simultaneous nephrectomy during kidney transplant for polycystose does not detrimentally impact comorbidity and graft survival.

2 Abstract. Does the abstract summarize and reflect the work described in the manuscript? A: Yes

3 Key words. Do the key words reflect the focus of the manuscript? A: Yes

4 Background. Does the manuscript adequately describe the background, present status and significance of the study? A: No.

The second paragraph of the Introduction is very sparse and does not contain references to the argument. When mentioning the existing controversies about the indication and time for the pre-transplant nephrectomy, data or references are not provided. Despite being from the author's experience and a situation known in practice, the theoretical reference must be mentioned.

Answer: I agree with this remark. I added the references (already in the manuscript) of Bennett William et al, NDT 2013, Akoh JA et at, World J Nephrol 2015 to the end of this paragraph. I also added the reference of Chrysoula Argyrou et al, in vivo 2017, reporting the results of a pubmed search on the timing of native nephrectomy in polycystic kidney disease.

A detail in the objective is the word "influence". As we are studying a retrospective cohort, there is no way to talk about influence or causality, but only about association.

Answer: I agree with this remark. We made the following changes in the manuscript.

Original text: Page 2, Abstract, Aim: The aim of this study was to evaluate the surgical comorbidity and the influence on graft survival of an associated ipsilateral native nephrectomy during isolated kidney transplantation in patients with autosomal dominant polycystic kidney disease.

Changed into: The aim of this study was to evaluate the surgical comorbidity and the impact on graft survival of an associated ipsilateral native nephrectomy during isolated kidney transplantation in patients with autosomal dominant polycystic kidney disease.

Original text: Page 5, last paragraph: Therefore, the aim of this retrospective study was to evaluate the surgical comorbidity and the influence on early and late graft survival of an associated ipsilateral native nephrectomy during isolated kidney transplantation in ADPKD patients.

Changed into: Therefore, the aim of this retrospective study was to evaluate the surgical comorbidity and the impact on early and late graft survival of an associated ipsilateral native nephrectomy during isolated kidney transplantation in ADPKD patients.

5 Methods. Does the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail? A: Yes.

However, there are some considerations to be made:

a) How did a retrospective cohort manage to select exactly 77 patients for each group, over 12 years? Was it coincidence or was there any degree of patient selection?

Answer: This was really a coincidence.

b) the inclusion and exclusion criteria were not mentioned, nor were there any losses from follow-up and how many were excluded.

Answer: We agree with this remark and added to the manuscript the inclusion and exclusion criteria. Based on these inclusion and exclusion criteria no patients were excluded. As request in 5.c, I also added a selection flowchart to the manuscript. No patients were lost from follow-up. We added all this info to the manuscript.

Added to the manuscript, page 6, Patients and methods, donor and recipient demographics: This selection was obtained using the following inclusion criteria: isolated kidney transplant recipient, ADPKD as primary cause of renal failure, age above 18 years old. The exclusion criteria were the following: multi-organ recipients, ADPKD not as primary kidney disease, paediatric recipients. No patients were lost from follow-up.

c) a selection flowchart is required as recommended by the Strobe Guidelines.

Answer: Because of the simplicity of this retrospective study, I did not include this in the original manuscript. It was not clear for me that this was obligatory according to the Strobe Guidelines. I added a selection flowchart to the manuscript (Figure 1 in the revised manuscript). I renumbered the other figures in the manuscript.

Text added to the manuscript, page 6, Patients and Methods, Donor and recipient demographics: Figure 1 illustrates the selection flowchart of this retrospective study.

Text added to the manuscript, page 16, figure legends:

Figure 1: Selection flowchart of this retrospective study.

Abbreviations: ADPKD, autosomal dominant polycystic kidney disease; KT, kidney transplantation; KTA, kidney transplantation alone group; KTIN, kidney transplantation with associated ipsilateral nephrectomy.

d) since the sample is non-probabilistic and convenient, I suggest the authors perform a post hoc calculation of the power of the test for the presumed global primary outcome.

Answer: We agree with your remark. A post hoc calculation of the power of the test for the primary outcome could be useful to set up a new prospective study but seems less useful to our statistician and myself to add to this current manuscript.

e) the imaging follow-up protocol for screening for graft dysfunction is not described.

Answer: I agree with this remark and added a paragraph about the follow-up to the method section.

Blood and urine samples are worldwide routinely taken after transplantation.

Blood and urine samples in our center are frequently taken after transplantation: 2x/week during the first 2-3 months, 1x/w after 3-6 months, 1x/2 weeks between 6-12 months after transplantation and gradually to 1x/1-2 months during more less 2-5 years after transplantation. His schema is quite variable in function of the evolution of the graft after transplant and also depends on the patient and previous rejection episodes. No protocol biopsies are taken in our center. In case of abnormal creatinine values, an ultrasound is performed, followed, if indicated by an indication-biopsie. A yearly ultrasound of the kidney transplant and the native kidneys is also routinely performed in our center, if suspicion for malignancy an IRM is added to the work-up.

Text added to the method section, Page 8:

Follow-up

During the transplant hospitalization, the patients were daily followed to evaluate comorbidity and kidney function was evaluated by serum creatinine and urine analysis. If PNF, DGF or vascular problems of the kidney graft were suspect an urgent ultrasound was performed. Otherwise, a baseline ultrasound was performed at the end of the transplant hospitalization. Ambulatory follow-up of the kidney graft function (measured by serum creatinine and urine analysis) and surgical comorbidity was performed according to local center practice. No protocol, only indication biopsies of the kidney graft were performed after preceding ultrasound. Every year after transplantation, an ultrasound of the kidney graft and the native kidneys was performed. If suspicion for malignancy of the native kidneys, a nuclear magnetic resonance was realized.

6 Results. Are the research objectives achieved by the experiments used in this study? What are the contributions that the study has made for research progress in this field? A: Yes. The results are straightforward, but we must be aware of the limitations in patient selection, as noted earlier.

Figure 1 should include the number of patients at risk over time, in the form of a table below the "X" axis.

Answer: We added to figure 1 the number of patients at risk over time.

The need for blood transfusion was different between groups, although it did not indicate a statistical difference. As the sample number was not calculated for this type of analysis, it is likely that there is an important difference between transfusion rates. Still, it was not specified what the volume of blood transfused, but only transfused or not. It is thought that the morbidity of a combined surgery requires greater exposure and more significant blood loss.

Answer: we agree with this remark. The exact volume of blood transfused after transplantation was difficult to verify, especially in the beginning of the study period because of lack of standardization. For the more recent medical records this is clearly registered in their medical files. For that reason, we decided just to indicate the need of blood transfusion and not the exact volume of transfused blood.

7 Discussion. Does the manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly and logically? Are the findings and their applicability/relevance to the literature stated in a clear and definite manner? Is the discussion accurate and does it discuss the paper's scientific significance and/or relevance to clinical practice sufficiently? A: Yes. The discussion is simple and straightforward, but it covers the most important points. The comparative analysis between the studies in the literature on the subject and the proposed algorithm for the clinical decision to perform nephrectomy or not is very interesting.

Answer: Thanks for the nice feedback.

8 Illustrations and tables. Are the figures, diagrams and tables sufficient, good quality and appropriately illustrative of the paper contents? Do figures require labeling with arrows, asterisks etc., better legends? A: The illustrations and tables are OK.

Minor adjustments in Figure 1, regarding the number of patients at risk.

Answer: We added to figure 1 the number of patients at risk over time.

9 Biostatistics. Does the manuscript meet the requirements of biostatistics? A: Yes

10 Units. Does the manuscript meet the requirements of use of SI units? A: Yes

11 References. Does the manuscript cite appropriately the latest, important and authoritative references in the introduction and discussion sections? Does the author self-cite, omit, incorrectly cite and/or over-cite references? A: The References are OK.

12 Quality of manuscript organization and presentation. Is the manuscript well, concisely and coherently organized and presented? Is the style, language and grammar accurate and appropriate? A: The manuscript is well written.

13 Research methods and reporting. Authors should have prepared their manuscripts according to manuscript type and the appropriate categories, as follows: (1) CARE Checklist (2013) - Case report; (2) CONSORT 2010 Statement - Clinical Trials study, Prospective study, Randomized Controlled trial, Randomized Clinical trial; (3) PRISMA 2009 Checklist - Evidence-Based Medicine, Systematic review, Meta-Analysis; (4) STROBE Statement - Case Control study, Observational study, Retrospective Cohort study; and (5) The ARRIVE Guidelines - Basic study. Did the author prepare the manuscript according to the appropriate research methods and reporting? A: There are some missing points regarding Strobe Guidelines, specially the inclusion and exclusion criteria, endpoint definitions, and selection flowchart.

Answer: As answered under 5.b and 5.c I agree with this remark and included the inclusion/exclusion criteria and a selection flowchart to the manuscript. In my opinion the endpoints are clearly described in the method section and do not need more detailed definition in the context of this manuscript.

Added to the manuscript, page 6, Patients and methods, donor and recipient demographics: This selection was obtained using the following inclusion criteria: isolated kidney transplant recipient, ADPKD as primary cause of renal failure, age above 18 years old. The exclusion criteria were the following: multi-organ recipients, ADPKD not as primary kidney disease, paediatric recipients. No patients were lost from follow-up.

Text added to the manuscript, page 6, Patients and Methods, Donor and recipient demographics: Figure 1 illustrates the selection flowchart of this retrospective study.

Text added to the manuscript, page 16, figure legends:

Figure 1: Selection flowchart of this retrospective study.
Abbreviations: ADPKD, autosomal dominant polycystic kidney disease; KT, kidney transplantation; KTA, kidney transplantation alone group; KTIN, kidney transplantation with associated ipsilateral nephrectomy.

14 Ethics statements. For all manuscripts involving human studies and/or animal experiments, author(s) must submit the related formal ethics documents that were reviewed and approved by their local ethical review committee. Did the manuscript meet the requirements of ethics? A: Yes

(1) Science editor:

1 Scientific quality: The manuscript describes an observational study of the simultaneous ipsilateral nephrectomy during kidney transplantation for autosomal dominant polycystic kidney disease does not detrimentally impact comorbidity and graft survival. The topic is within the scope of the WJT. (1) Classification: Grade B; (2) Summary of the Peer-Review Report: The manuscript is well written. The results are straight forward, but the authors must be aware of the limitations in patient selection. The questions raised by the reviewers should be answered; (3) Format: There are 4 tables and 2 figures; (4) References: A total of 24 references are cited, including 3 references published in the last 3 years; (5) Self-cited references: There is no self-

cited reference; and (6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately.

2 Language evaluation: Classification: Grade B.

3 Academic norms and rules: The authors provided the Biostatistics Review Certificate, the Institutional Review Board Approval Form, and the informed consent. No academic misconduct was found in the Bing search.

4 Supplementary comments: This is an invited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJT.

5 Issues raised:

(1) The title is too long, and it should be no more than 18 words;

Answer: I modified the title to meet the requirement of the journal.

Original title, Title page, 1.1.: Simultaneous ipsilateral nephrectomy during kidney transplantation for autosomal dominant polycystic kidney disease does not detrimentally impact comorbidity and graft survival after transplantation.

Changed into: Simultaneous nephrectomy during kidney transplant for polycystose does not detrimentally impact comorbidity and graft survival.

(2) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor;

Answer: The PowerPoint files of figures 1 , 2 and 3 are added to the manuscript.

(3) DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout; and

Answer: I added the DOI numbers and pubmed numbers to the reference list and also listed all authors in the reference section.

(4) The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text. 6 Re-Review: Not required. 7 Recommendation: Conditional acceptance.

Answer: We add the article highlights section at the end of the main text.

Text added at page 15:

The lack of space, as indication for a native unilateral nephrectomy for positioning a future kidney graft in the absence of other Autosomal Dominant Polycystic Kidney Disease-related symptoms, remains controversial. This retrospective single center study (n=154) observed that simultaneous ipsilateral native nephrectomy to create space for graft positioning during kidney transplantation in patients with autosomal dominant polycystic kidney disease does not negatively impact surgical comorbidity and short and long-term graft survival.

(2) *Company editor-in-chief:*

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Transplantation, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. The title of the manuscript is too long and must be shortened to meet the requirement of the journal (Title: The title should be no more than 18 words).

Answer: I modified the title to meet the requirement of the journal.

Original title, Title page, 1.1.: Simultaneous ipsilateral nephrectomy during kidney transplantation for autosomal dominant polycystic kidney disease does not detrimentally impact comorbidity and graft survival after transplantation.

Changed into: Simultaneous nephrectomy during kidney transplant for polycystose does not detrimentally impact comorbidity and graft survival.