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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Transplantation
ESPS manuscript NO: 28129
Title: IMPACT OF PREFORMED DONOR-SPECIFIC ANTIBODIES AGAINST HLA CLASS I ON KIDNEY GRAFT OUTCOMES: COMPARATIVE ANALYSIS OF EXCLUSIVELY ANTI-Cw VERSUS ANTI-A AND/OR -B ANTIBODIES
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Reviewer's country: Croatia
Science editor: Fang-Fang Ji
Date sent for review: 2016-06-29 09:21
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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[Y] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
[ ] Grade D: Fair	[ ] Grade D: Rejected	[ ] Plagiarism	[ ] Minor revision
[ ] Grade E: Poor		[ ] No	[ ] Major revision
		BPG Search:	
		[ ] The same title	
		[ ] Duplicate publication	
		[ ] Plagiarism	
		[ ] No	

COMMENTS TO AUTHORS

Article ?IMPACT OF PREFORMED DONOR-SPECIFIC ANTIBODIES AGAINST HLA CLASS I ON KIDNEY GRAFT OUTCOMES: COMPARATIVE ANALYSIS OF EXCLUSIVELY ANTI-Cw VERSUS ANTI-A AND/OR -B ANTIBODIES" by Sofia Santos et al. is according to my opinion, acceptable for publication. The topic is very interesting. The authors investigated the possible role of preformed donor-specific antibodies against HLA antigens, specially anti-Cw antibodies compared to standard anti A/B antibodies. The importance of Cw antibodies is still under investigation and this study is valuable about this topic. This article is worthwile for publication.

THANK YOU FOR YOUR COMMENTS. THE TEXT WAS READ AND CORRECTED BY A NATIVE SPEAKER.

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[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Duplicate publication	[ ] Rejection
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		[ ] Duplicate publication	
		[ ] Plagiarism	
		[ ] No	

COMMENTS TO AUTHORS

The manuscript is a retrospective study, comparing 12 patients transplanted with donor-specific-antibodies (DSA) exclusively anti-HLA-Cw with 23 patients with preformed DSA anti-HLA-A and/or B. Its aim is to analyze the clinical impact of preformed anti-HLA-Cw versus anti-HLA-A and/or –B DSA in kidney transplantation. The Authors conclude that 1 year after transplant there are no differences in terms of acute rejection between the two groups. Also, kidney 5-year graft survival is similar between the two groups. The only independent predictor of antibody mediated rejection (AMR) incidence seems to be DSA strength. AMR was associated with shortened graft survival at 5-years. Therefore, according to the Authors, data indicate that DSA-Cw are associated with an identical risk of AMR and impact on graft function in comparison with "classical" class I DSA. There is no significant difference between groups concerning gender, history of previous transplant or previous pregnancies. Concerning donor characteristics and pre-transplant immunological data, donor age, gender, type of donor transplant (living vs. cadaveric), peak PRA,

and DSA number. Several tables are featured to better illustrate outcomes. The Authors acknowledge that their data reach similar results when compared to previous studies (quoted and briefly described), confirming that DSA-Cw is associated with a similar incidence of AMR and impact on graft survival in comparison with "classical" DSA against class I. Therefore, they are aware that the manuscript does not bring much new, being a confirmatory study. Also, they list its limitations: the small number of patients in the cohort, the follow-up time difference that may have limited the comparative analysis of graft survival, and the lack of protocol biopsies performed in their cohort. However, because the paper is very well-written and researched, it can be published to add confirmatory data to an already shared theory. In short, it shows that preformed DSA anti-HLA-Cw exerts a negative effect in pre-sensitized kidney transplant recipients that is similar when compared to anti-HLA antibodies against other class I locus (anti-HLA-A or –B). Also, the association between AMR occurrence and reduced graft survival seems to be clear, with DSA strength being predictive of rejection. Therefore, the Authors conclude that HLA-C typing and respective antibody identification will benefit sensitized patients during organ allocation. The paper should simply be quickly re-read to check very minor typos. As far as the content and the message goes, it can be useful and should be published.

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[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] The same title	[ ] High priority for publication
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		[ ] No	

COMMENTS TO AUTHORS

Because their clinical relevance is still uncertain, donor-specific antibodies (DSA) against anti-HLA-Cw, has not been considered to be of major Importance in renal transplant rejection and has not being assessed in organ allocation policies The recent development of solid-phase immunoassays, in particular, the single-antigen bead flow (SAFB) assays, allow to detect and identify identity properly anti-HLA-Cw antibodies. However, the clinical relevance of anti-HLA-C antibodies remains unclear. This retrospective study, made by S Santos et al, assessing the impact, of anti-HLA-Cw and anti-HLA-DP DSA versus anti-HLA A / B / DR / DQ DSA, in an acceptable two groups of renal-transplanted patients, confirm recent reports suggesting that preformed anti-HLA-Cow and anti-HLA-DP DSA are similarly deleterious for renal transplant outcome. The methodology of the study is adequate, as well as the statistics analysis and tables and figures. This retrospective study showing that patients with DSA solely preformed anti-HLA-Cw had a similarly impact on post-transplant outcomes, in comparison to those with preformed anti-HLA-A / B / Dr /

DQ/ DSA and suggesting their inclusion in kidney allocation programs and in immunological risk stratification algorithms is of interest for the readers.

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