

Title: Blessing and a curse of outpatient management of delayed graft function

Dear Editor and reviewer,

Thank you for the careful review of our editorial. As a result of your thoughtful comments and critique, the quality of the paper has improved significantly. Please find our point-by-point response below.

Thank you for submitting your editorial on this interesting topic. Three simple comments/suggestions:

1.It seems you created your DGF clinic because you observed some issues when discharging patients with DGF back to their dialysis centre, then observing more complications. Although alluded, you could more explicitly recommend for centres with high DGF rates to consider the creation of a DGF clinic so they can discharge their patients early (saving costs to all the stakeholders), and then following properly through such clinic...people who has the opposite problem, keep the patients with DGF admitted until everything sorts or takes one way.

--Thank you so much, we have added two sentences at our summary section about establishing a DGF clinic among center with a high volume of DGF.

2.Shall you include (if not a research biomarker), donor-specific antibodies analysis or any other immune biomarker as part of your DGF clinic monitoring package, as indeed immune causes are some of the perpetuating causes of DGF. We have published a recommendation on that -table 1G

(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5743865/>). You could add your comments on that, if you concur or not.

--Thank you so much, we totally concur with your recommendation. We have been monitoring and performing biopsy based on the DSA and in the near future, we are also planning to use various biomarkers. This has been added in the second last paragraph.

3.If recent transplanted patients with DGF are discharged into the community dialysis centre, should they be isolated from other patients (because of the immunosuppression) or be just subjected to contact/airborne precautions or gone through same standard precautions as other dialysis patients? If something especial, what I are your recommendations for staff training? It happens that some transplant physicians seem very overzealous about isolation of transplant patients on dialysis while others not; now that you talk about this, your practical advice would be highly appreciated. Once you comment on these matters (minor changes), your editorial shall be publishable. Best of lucks.

--At our center, we do not recommend any special precaution/isolation only based on immunosuppression. These patients go through the same standard precautions as other dialysis patients. This has been added in the second last paragraph.