

TRANSLATIONAL ANDROLOGY AND UROLOGY

Peer Review File

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Review Comments

I reviewed the paper titled « Effect of donor kidney morphology parameters on the prognosis in living kidney transplantation recipients ». This is a single-center retrospective study that included 290 live-kidney transplant pairs. They were transplanted between 2013 and 2015.

Comment 1: We need a flowchart describing the entire kidney transplant population that benefited from a de novo transplant during that period in order to visualize the potential selection biases.

Reply 1: We added a flowchart which indicated our data selection process.

Changes in the text: We added a figure 1 (see a separate file) and have modified our text as advised (see Page 9, line 7).

Comment 2: The abstract is not very clear : it needs to be modified according to the main study results.

Reply2: We have added more details to the abstract.

Changes in the text: We have modified our text as advised (see Page 2-3).

Comment 3: It is stated in Table 2 that kidney volume and kidney weight were assessed after perfusion : I think this was done after explantation ?

Reply3: We think that the kidney volume and kidney weight after perfusion were closer to renal physiological volume and weight under blood perfusion in the body, which might increase the accuracy of our study.

Changes in the text: None

Comment 4: Table 3 can be omitted .

Reply 4: We omitted Table 3.

Changes in the text: We have modified our text as advised (see Page 9, line17-19; Page 10, line 2, 5, 19; Page 11, line 7;Page 12, line 11)

Comment 5: 45 patients (15.5%) did not receive any induction therapy : why ?

Reply 5: Renal transplant recipients with low immunological risk did not receive any induction therapy, including those who had no or low PRA level, and no mismatch.

Changes in the text: None

Comment 6: It is not mentioned what were the overall BPAR and clinical rejection rates. It is also not mentioned what were the mean tacrolimus trough levels for every timepoint when eGFR was assessed.

Reply 6: In our study, the overall rejection rate was 17.93% (52/290) and the overall BPAR rate

TRANSLATIONAL ANDROLOGY AND UROLOGY

was 3.45% (10/290). The mean tacrolimus trough levels for 1, 3, 6, 12, 18 and 24 month was 7.48 ± 2.84 , 6.36 ± 1.64 , 6.06 ± 1.88 , 5.77 ± 2.23 , 5.37 ± 1.47 and 5.28 ± 1.39 ng/mL, respectively. In the young and old groups, there was no significant difference on the tacrolimus trough level during the follow-up period among three groups.

Changes in the text: We have modified our text as advised (see Page 10, line 5-7; Page 11, line 19-21; Page 12, line 2-4).

Comment 7: For some variables SD is greater than mean : please use instead median (ranges).

Reply 7: We have revised these values as advised in table 2 and original table 7 (corrected to table 6).

Changes in the text: We have modified our text as advised (see Page 8, line 11-12; Table 2 and Table 6).

Comment 8: In Tables for every number put only 1 figure after decimal.

Reply 8: We have revised these values as advised in table 1-6.

Changes in the text: We have modified our text as advised (see Table 1-6).

Comment 9: We need to have a multivariate analysis where the variable to explain is eGFR at 1 and 2 years for example in order to know which are the independent contributing factors.

Reply 9: We have conducted a adjusted and unadjusted multivariate linear regression analysis, which showed that DKW/RBW and donor age were the independent contributing factors for eGFR at 12, 18 and 24 months after transplantation.

Changes in the text: We have modified our text as advised (see Page 10, line 7-13)

Comment 10: The english has to be extensively edited.

Reply 10: We have revised our text to enhance the formality of the language used.

Changes in the text: We have modified our text as advised (see the red words).