

Point-by-Point Response to the Reviewers Comments on Manuscript NO.:**86894, Retrospective Cohort Study****Reasons and Effects of the Decline of Willing Related Potential Living Kidney****Donors: A Retrospective Cohort Study**

Firstly, we would like to thank the Editors and Reviewers for their great efforts and time spent in reviewing this work to improve its quality.

Secondly, the responses to the instructions from the Editors are considered during preparation and submission of the revision files as per recommendations outlined in the first decision letter.

Thirdly, the responses to the reviewers' comments are presented as point-by-point report as following (Changes or corrections are performed in the text and they are highlighted in yellow in the revised manuscript text).

Responses to Reviewers Comments:**Responses to Comments of Reviewer #1:**

Comment: "Scientific Quality: Grade C (Good), Language Quality: Grade C (A great deal of language polishing), Conclusion: Minor revision"

Response: Ok. Language revision has been performed by the authors and via an online check program.

Comment: "Specific Comments to Authors: The article is within the scope of the journal and deals with an interesting topic. It is well written and organized. The

reading is fluent. This is original and innovative research, and a contribution to the area of knowledge.

Comment: "However, some aspects should be improved to be accepted: a) The state of the art of the article should be expanded."

Response: Yes. A paragraph has been added at the start of the Discussion section. In this paragraph, the state of the art of the article has been detailed and made as a platform for the remaining of the Discussion, in context to the current status of the literature.

Comment: "b) The discussion of the results is fine, but it should be improved by including a discussion about the advantages and limitations of the results presented in comparison with other similar works."

Response: Yes. Paragraphs about the advantages and limitations of this study are now added or revised at the end of the Discussion section.

Comment: "c) The conclusions should show the scientific contribution of the article."

Response: Yes. The expected scientific and practical contribution of the article are now added to the ends of Conclusions and Discussion sections.

Responses to Comments of Reviewer #2:

Comment: "Scientific Quality: Grade E (Do not publish), Language Quality: Grade D (Rejection), Conclusion: Rejection"

Response: Kindly and if we can provide a polite response, we may draw the attention that these evaluations seem to be not relevant to our manuscript.

Comment: "Specific Comments to Authors: well written study however this manuscript is not eligible for the World Journal of Transplantation. The content of the manuscript requires submission to a different journal."

Response: Kindly and again, we have argued against this evaluation that it seems to be not logic to the quality of our manuscript, especially that the reviewer gave unsuitable and non-logic comment by considering the article well-written but it is not suitable to the World Journal of Transplantation!! We sent a letter to the Editor about this issue and he responded by considering this issue on decision-making.

Comments of the Science editor:

Comment: " The manuscript has been peer-reviewed, and it' s ready for the first decision. Language Quality: Grade C (A great deal of language polishing), Scientific Quality: Grade D (Fair) "

Response: Ok. Revision for language polishing has been performed. Now, many corrections are highlighted in yellow all over the text.

Response to comments of Company editor-in-chief:

Comment: "I have reviewed the Peer-Review Report, 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. 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. In order to respect and protect the author's intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author needs to be authorized by the previous publisher or the copyright holder and/or indicate the reference source and copyrights. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2023. Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content."

Response:

Yes. All required corrections and instructions have been addressed and corrected as per your recommendations.

Second Round Revision

Point-by-Point Response to the Reviewers Comments on Manuscript NO.:

86894, Retrospective Cohort Study

Reasons and Effects of the Decline of Willing Related Potential Living Kidney

Donors: A Retrospective Cohort Study

Firstly, we would like to thank the Editors and Reviewers for their great efforts and time spent in reviewing this work to improve its quality.

Secondly, the responses to the reviewers' comments are presented as point-by-point report as following (Changes or corrections are performed in the text and they are highlighted in blue in the revised manuscript text to distinguish the 2nd round corrections from those of the first-round revision). Number of pages in which corrections are located are given at the end of each response.

Responses to Reviewers Comments of Second Round of Review:

I find it very interesting to read. My comments are as follows:

Comment: "1. Is there any psychological assessment of potential donors?"

Response: Yes. It is one of the medical workups in phases 3 and 4. Now, we included it in the Materials and Methods, referring to this workup. (Page 6; 2nd Paragraph)

Comment: "2. There is mention of 3rd and 4th-degree relatives. It is very challenging to identify any financial agreements in genetically unrelated

donations. What processes are in place to pick these issues to ensure that the whole process is transparent?"

Response: Yes. This issue is very critical in our policy, based on the Egyptian law of organ transplantation. This issue is allowed in our center and we omit any process refers to any financial issues for donation. It is due to: First, the number of genetically unrelated PLDs is limited to husbands and wives, because we mostly accept genetically related PLDs, unless there was a cause indicate the use of genetically unrelated PLDs. Second, 3rd and 4th degree relatives are also genetically related PLDs and the familial bonds are still strong in our community (Upper Egypt) and extends with this strength to the third and fourth degrees.

The processes to identify financial agreements in these cases transparency of the process included: 1) direct confrontation of the PLD with this issue during counseling and warning the recipients that the process of KT would not be done if there was any violation to this principle; 2) According to the legislations in our country, there is a tripartite ethical committee responsible for investigation and revision of these issues; 3) Each patient with a PLD relatedness more than the 2nd degree must have the proofs (official papers or documents) of the relatedness to his PLD from the Civil Registry Office; 4) Each donor signs and consents that his donation is for free without any financial or non-financial rewards from the potential recipients. This consent is documented by the Real estate publicity district and Documentation.; 5) The Egyptian High Committee of Organ

Transplantation revise the file and the documents that prove the family tree and degree of relatedness between PLD and his potential recipient. Now, a statement has been added to the Materials and Methods to clarify this step in the article.

(Page 7; Last 2 paragraphs)

Comment: "3. Table 2 is very long and very complicated. It should be divided into tables where it is easy to understand outcomes."

Response: Yes. Now, this table has been divided into three smaller tables (Tables 2-4 now); Table 2 for the relevant demographic and clinical characteristics of the patients and their PLDs; Table 3 for patients' distribution per extent and outcome of evaluation of PLDs; and Table 4 for patients' distribution per decline forms (exclusion, release and regression from donation) and fate of those patients.

(Tables 2-4). Table number consequence has been updated.

Comment: "4. should be a clear mention of genetically related and genetically unrelated"

Response: Yes. The PLD relatedness is defined in **Table 1** as genetic relatedness between the PLD and the intended recipient. The number of genetically related husbands and wives have been mentioned in footnotes of **Table 1**. Also, a clear mention of genetically related and unrelated PLDs in the Materials and Methods and linked to the words related or relatedness. (Pages 7 and 8)

Comment: "5. The usual first step in donor evaluation is taking donor history, particularly about DM, HTN, renal issues etc. This initial step is not mentioned in this study. Does this mean that at initial screening all potential donors were healthy candidates?"

Response: No. Not all the potential donors were healthy candidates in this study. The initial screening for previously diagnosed systemic and chronic diseases is usually done at the contact and counselling sessions. Then, the systemic evaluation is completed through the other phases, including detailed history taking and physical examination. This is mentioned in Materials and Methods section (Page 6; first paragraph). In Figure 2, the excluded number of those patients are illustrated (8 PLDs were excluded due to already diagnosed systemic diseases) in the counseling phase. Those PLDs who did not report this during the initial steps were evaluated during the medical workups, including physical and other evaluations. Hence, many of them were excluded for medical causes, such as newly discovered hypertension, DM, proteinuria, urolithiasis, etc.

Comment: "6. "In the 144 excluded PLDs, the causes of exclusion were immunological mismatches in 54" Does this mean immunological incompatibility rather than mismatch? Add kidney-sharing related issues in the discussion which can help with better transplant rates in ABOi and HLAi cases."

Response: Yes, this means immunological incompatibility. In this sentence, the word (mismatches) has been replaced by the word incompatibilities (Page 10).

Also, the forms of incompatibility are demonstrated in [Table 4 and Figure 2](#). Regarding kidney-sharing issues, they are discussed in Discussion section as paired kidney donation programs, showing their significance. Now, the term kidney-sharing is added [\(Page 13\)](#).

Comment: "7. Table 2 and its related work do not make any correlation with the current study. Please justify its significance."

Response: Kindly, Table 2 demonstrates the relevant characteristics of the intended recipients of the studied PLDs, such as age, primary disease, duration of dialysis, and number for donors for each recipient. This is important, because of two issues: Firstly, the decline of PLDs can be due to exclusion which, in turn, may be due to causes in the PLDs themselves or combined with cause in the recipients. In addition, release of many PLDs was due to causes in their recipients, and these causes can be drawn from the characteristics of the recipients and their distribution relative to the PLDs. For example, regression of a patient with preemptive access when starts dialysis leads to release of the PLD. Secondly, the effects of declined PLDs on the intended recipients is a part of our aim. Hence, presenting the relevant characteristics of those patients seems to be significant. This justification is added to the Materials and Methods now. [\(Page 6; first paragraph\)](#)

Comment: "8. What methods of GFR calculations were used? What were GFR cut-offs for various age groups?"

Response: Renal isotope scanning was used to measure GFR, using the Technetium 99 Diethylenetriamine pentaacetate (^{99m}Tc DTPA) scan. According to the law, the age of all PLDs was between 21 and 50 years. Hence, no cut-off values per age was used. Now this information is added to Materials and Methods section (Page 6; 2nd paragraph).

Comment: "9. Were any donors declined due to anatomical issues in the donor's kidney? Multiple vessels, cysts, AML etc"

Response: Yes, only three PLDs were excluded due to anatomical issues. They were mentioned under the term (Low GFR); One PLD had an ectopic kidney, one had a solitary kidney, and the third one had a hypoplastic kidney with normal total GFR. However, no exclusion for multiple vessels or cysts. These details are now added to the footnotes of Table 4.

Comment: "10. Also needs English polishing"

Response: Yes. Revision of the whole text for English is done now. All the complex sentences have been rephrased or divided into simple phrases. Also, the text has been revised for the grammar and punctuation marks use.
