

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Nephrology*

**Manuscript NO:** 100092

**Title:** Radial artery deviation and reimplantation technique vs classical technique in arterio-venous fistula: A randomised control trial

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 03468197

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Chief Physician, Professor

**Reviewer's Country/Territory:** Türkiye

**Author's Country/Territory:** India

**Manuscript submission date:** 2024-08-07

**Reviewer chosen by:** Jia-Lin Zhang

**Reviewer accepted review:** 2024-12-16 05:09

**Reviewer performed review:** 2024-12-16 08:29

**Review time:** 3 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

The paper titled "Radial Artery Deviation and Reimplantation Technique Vs Classical Technique in Arterio-Venous Fistula: A Randomised Control Trial" is carefully read and reviewed. Authors compared the efficacy, safety, and outcomes of the RADAR technique versus the classical method for arteriovenous fistula (AVF) creation in patients with end-stage renal disease, focusing on primary success rates, complications, surgery duration, and time to maturation. The RADAR technique showed a significantly higher primary success rate than the classical method. Complications were significantly lower in the RADAR group compared to the classical group. Surgeries performed using the RADAR method were completed in a shorter time. Patients in the RADAR group achieved faster maturation of their fistulas. The RADAR technique, which involves minimal mobilization of the vein, likely reduces neointimal hyperplasia, a known cause of stenosis in traditional methods, contributed to improved outcomes. The RADAR method was found to be both safe and efficient, with fewer complications and better overall performance compared to the classical method. Given the importance of AVF patency for haemodialysis, the study addresses a critical issue in the management of

end-stage renal disease. Moreover, authors assessed not only primary success rates but also complications, surgery duration, and time to maturation, providing a comprehensive evaluation of the two techniques. Randomization also strengthens the study by reducing selection bias, increasing the reliability of the findings. However, several issues are present and must be revised appropriately. 1- The abstract should be followed by relevant keywords. 2- The study lacks long-term follow-up, which is essential to assess the durability and patency of the fistulas over time. 3- Authors included only 94 patients, which may limit the generalizability of the findings. Larger, multicenter studies are needed for broader validation. Acknowledge please. 4- Although randomized, the outcomes could be influenced by the surgeon's familiarity or experience with either technique. Explain please. 5- Patient-specific variables, such as comorbidities, vein quality, or arterial condition, were not extensively analyzed, which might influence the outcomes. Discuss please.