

Peer Review File

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General

Comment 1: Very interesting subject – thanks to propose it. It is important to publish data about hospital pharmacists works. Even if medication strategy is a basic to improve care of kidney pediatric transplanted patients, I have been disappointed because regarding the title I thought it was more talking about pharmaceutical care.

Reply 1: Thank you for your advice. Modifications have been made accordingly.
Changes in the text: We have modified our title as advised.

Abstract:

Comment 2: Explications of the three-steps protocol are missing.

Reply 2: Thank you for your advice. We have added explications of the three-steps protocol in the abstract.

Changes in the text: (kindly see Page 3, line1-4)

Comment 3: Maybe it will be interesting to use the word « therapeutic care pathway », to describe which are done in different delays from the transplantation.

Reply 3: Thank you for your advice. We have modified our description in the manuscript.

Changes in the text: (kindly see Page 2, line 10, 14, Page 4, line 13-19,22, Page 21, line 15, Page 22, line 2)

Introduction:

Comment 4: It is interesting to see that the US term « medication therapy management » (Reference 5) is the word to talk about European term « pharmaceutical care ». To gain in international clarity, could you use the MeSH word « pharmaceutical services » and/or more describe your term « medication therapy management »? This would let readers know what the article is about right away.

Reply 4: Thank you for your advice. We revised the expression of this point as follows.

Changes in the text: (see Page 2, line 10,13,19,21, Page 3, line 8, 12, 16, Page 4, line 13,17, 20, Page 5, line16, Page 6, line 2, Page 9, line11, 15,21,22, Page10, line 3,6, Page 11, line 12, 15, Page 15, line 7, Page 28, line5, Page 21, line 13, 20, 21, Page 22, line 2, 11, 17)

Comment 5: Why is studying period between 2011 to 2013? It is extremely old

Reply5: Thank you for your question. The main reason is that those kids (10 out of 12) are in a stable situation ten years after the renal transplantation. Besides, to make these data could be analyzed and published after our research program being approved by Ethics Committee of the Changzheng Hospital at 2019.

Comment 6: Which is the rational to selection only the less than 3 years old patients?

Reply6: Thank you for your question. We select patients only less than 3 years old because these children are defined as “infants and young children” clinically. They were special physiologically and worth to be studied.

Comment 7: Some sentences are to be reviewed (« carefully collected »).

Reply7: Thank you for your advice. We are sorry for our mistake. We have revised our expression accordingly.

Changes in the text: (see Page 6, line 3)

Methodology:

Comment 8: Some data are missing to understand the MTM in its globality:

Would be important to know when the patient is at home and when hospitalized (Figure 1 & l.107)

Reply8: Thank you for your advice. We have added explications on when the patient is at home and when hospitalized.

Changes in the text: (see Page7, line 7-10 and Figure 1)

Comment 9: I though MTM is only realized by hospital pharmacist, but could you please precise it. How many pharmacists work on it?

Reply9: Thank you for your question. In our study, MTM (now have been changed to pharmaceutical services in the text) means pharmaceutical services for both in-patients and out-patients. Because in China, the clinical pharmacist could provide pharmacy services to promote the rational use of medicines and close communication with the patients, no matter they are hospitalized or not. We have added explications on how many pharmacists work on it and the importance of clinical pharmacists recently in China.

Changes in the text: (see Page 9, line 15-22, Page 10, line 1-3)

Comment 10: l.123: Until when the piperacilline/tazobactam is used? could you please precise.

Reply 10: Thank you for your advice. Piperacillin/tazobactam was administered as a prophylactic medication pre-transplantation and was used until the 7th day of post-operative period. We have added it in our manuscript.

Changes in the text: (see Page 8, line3-7)

Comment 11: l.102: It will gain in clarity if the title is « Medico-chirurgical procedure »

Reply 11: Thank you for your advice. We are sorry that we cannot find the meaning of « Medico-chirurgical procedure » in the papers. So, we changed the title to «Therapeutic care pathway ».

Changes in the text: (see Page 6, line 22)

Comment 12: l.170 (2.3): In the idea of « pharmaceutical care » it would be interesting to develop this step (and the link to prescription).

Reply12: Thank you for your advice. We have added details in this step.

Changes in the text: (see Page 10, line 4-7, 15,16, Page 11, line 2-17)

Results:

Comment 13: Some sentences should be place in the discussion, as l.201: « the results...large sample study », or introduction: l.271-285 & l.259-265.

Reply13: Thank you for your advice. We have moved these sentences to the discussion or introduction, and added some sentences in the Methods.

Changes in the text: (see Page 5, line 2-20, Page 7, line 11-13,17-19)

Comment 14: Why undesirable effects are described in quantity? No understanding in the Methodology section at which MTM step the toxicity is collected.

Reply14: Thank you for your question. We described undesirable effects in quantity because our sample size is relatively small, description in rate may not be precise. The occurrence of undesirable effects was one of the secondary outcomes in our method. We have added it in the « outcome measures».

Changes in the text: (see Page 8, line 12, Figure 1)

Discussion:

Comment 15: l.265-268: Instances should be added, regarding the results.

Reply 15: Thank you for your advice. Instances have been added in the results.

Changes in the text: (see Page16, line 13-15, Page17, line 21,22, Page 18, line 1-6, Page 19, line 11-16)

Comment 16: Table 1: If the discussion doesn't include age and genre, please delete those data, because in this rare disease and transplantation patient can be find from those data. The patient anonymous is extremely important.

Reply16: Thank you for your advice. We have deleted these data.

Changes in the text: (see Table 1)

Comment 17: Add a table of therapeutics recommendations is essential, to give a quick approach to readers.

Reply17: Thank you for your advice. We have added it in our tables (table 7).

Changes in the text: (see Page15, line 13-16, Table 7)

Comment 18: Some sentences should be place in the discussion, as l.362-364: « As regards the follow-up of the successful patients, we designed a series of questionnaires (Table 5, 6) to gain more insight into the growth and development, postoperative recovery, and medication adherence of the patients ... »

Reply18: Thank you for your advice. These sentences were moved to the discussion section.

Changes in the text: (see Page20, line 9-11)

Comment 19: l.368 « The establishment of this system could improve patient adherence, and promote the accumulation of clinical data. »: it would be interesting to let us know the results here, as results of questionnaires.

Reply 19: Thank you for your advice. Parts of the results, such as the growth and development of the patient and the TAC blood concentration and were already shown in the result (table 4, figure 2). We didn't add the other results of questionnaires because most of the patients showed good medication adherence. As the parent or legal guardian of the child patient performed well in the follow-up, their information was not collected in this research.

Comment 20: Some elements of discussion about figures CD4, WBC et APTT would be interesting.

Reply20: Thank you for your advice. We have added discussion of the figures in our manuscript.

Changes in the text: (see Page see Page18, line 1-6, 21,22, Page19, line 16-19)

Conclusion:

Comment 21: The first sentence of the conclusion section is a limit. Please add it in discussion section.

Reply21: Thank you for your advice. We have added it in the discussion section.

Changes in the text: (see Page15, line 5-6)