

Format for ANSWERING REVIEWERS



January 23, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 20757-Review.doc).

Title: Imaging-based diagnosis of acute renal allograft rejection

Author: Gerold Thölking, Katharina Schuette-Nuetgen, Dominik Kentrup, Helga Pawelski, Stefan Reuter

Name of Journal: *World Journal of Transplantation*

ESPS Manuscript NO: 20757

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

Responses to Reviewer 00504647:

This paper reviews imaging-based techniques for diagnosis of acute renal rejection. My recommendation is to accept this paper with a revision. Major criticism is as follows: - page 4 lines 3-4 “However, it is controversially discussed” is unclear.

- Now, the controversial facts about RI values are discussed in more detail in the “Ultrasound” section.

- page 4 lines 4-5 “A RI increase coincides with elevated blood pressure in the kidney” is not correct as RRI is an indicator of renal vascular resistance (not equivalent to pressure) is also determined by other factors such as vascular compliance, systemic pulse pressure, and heart rate and rhythm.

- Other factors that influence the RI are discussed in a more detailed way in the text now.

- page 4 line 6 “longterm” should be “long term”.

➤ “longterm” was changed to “long term”.

- page 4 line 9 “detected” I would prefer “described”.

➤ “detected” was changed to “described”.

Authors should provide information about accuracy of these indexes.

- page 4 line 23 “Magnet” should be “Magnetic”.

➤ “Magnet” was changed to “Magnetic”.

- page 5 line 26 I would like to see reference for gadolinium contrast-induced nephrogenic systemic fibrosis.

➤ A reference for “gadolinium contrast-induced nephrogenic systemic fibrosis” is provided now.

Responses to Reviewer 00054210:

The manuscript is a review article addressing the imaging based methods for the diagnosis of acute renal transplant rejection. It is a detailed to the point review which could be helpful in such a diagnosis. The authors have used up to date materials in this respect and the article can serve as a good reliable reference for the addressed issue.

➤ Thank you for you kind evaluation.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Transplantation*

Sincerely yours,

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Dear Dr. Song

Thank you for your interest in our review and for carefully considering our manuscript ID 20757 entitled "Imaging-based diagnosis of acute renal allograft rejection" which has been submitted to *World Journal of Transplantation*. We revised our paper taking response to your constructive suggestions and we herein would like to answer by point-to-point reply. We have implemented or discussed all requested changes.

We agree that sensibility and specificity are of high clinical interest and sometimes a problem of non-invasive methods. However, even the gold standard renal biopsy shares these limitations because allograft pathologies can be focal or patchy. Moreover, depending on the method we and others have shown excellent sensibility and specificity for FDG-PET (Reuter et al. PloS One 2009). Nevertheless, we discuss limitations within the paper. In addition, we have now included some remarks on biomarkers within the discussion section as requested. We now state that it is important to discriminate between cell-mediated and antibody-mediated rejection. Moreover, we refer to Bertoni et al. as suggested.