

Dear editor,

Thank you for considering our manuscript (ESP Manuscript number 25136) for publication in World Journal of Nephrology. We have now revised the manuscript as per the recommendations from the reviewers. Responses to individual reviewers are detailed below.

Reviewer 503254:

In this review article, the authors report on the key points of kidney transplantation in HIV-infected patients. This review is clinically interesting, but there are some points that need to be addressed. Minor comments: 1. On page 12 (line 9), they have unintentionally duplicated the words "in the".

Response:

Duplicated words are now deleted (Page 13, first paragraph, last but one sentence)

2. On page 12 (line 14), antilymphocyte globulin does not make sense. I think that they meant anti-lymphocyte globulin or anti-thymocyte globulin. Which is correct?

Now corrected to anti-thymocyte globulin (Page 14, line 4, under immunosuppressant drugs)

Reviewer: 503179

Comment:

The topic of the paper has been to review kidney transplantation in HIV-infected patients. The structure of the paper is clear and easy to follow. Relevant papers from the literature are cited and discussed. A balanced point of view is given regarding some of the more controversial aspect. In addition, the historical development in treatment is discussed. An excellent review

Response:

No changes

Reviewer 503228

Comment:

Since your study is directed at a very limited subcategory of kidney transplantation, I propose you more deeply go through the issue. For example, there could be a brief subcategory reviewing data of pathogenesis of HIV infection either in a normal kidney or an allograft and the reason why the infection was causing accelerated rejection in the past. Molecular description of the relationship is very recommended.

Response

We now added a subcategory on the pathogenesis of HIV infection in the kidney (Last paragraph page 13, first paragraph page 14).

Comment:

There are some inconsistencies in your paper. For example you specified a subcategory for simultaneous HCV and HIV infection, but you have described the same issue under another subcategory "Outcomes of kidney transplantation in HIV infected patients"

Response:

It is true that HCV and HIV co-infection are mentioned in 2 places as mentioned. Different aspects of the problem are discussed in these 2 sections. The available studies in the area are discussed under "outcomes of kidney transplantation in HIV infected recipient". The possible reasons for the inferior outcomes of kidney transplantation in HCV/HIV co-infected recipients are discussed under the section "patients co-infected with HIV and HCV (page18). Also the new horizons in the treatment of HCV are discussed under this section. In summary these 2 sections are not repetitive but complement each other.

Comment:

Some of very important quotations need to be referenced: e.g. " MMF inhibits inosine monophosphate dehydrogenase which blocks purine synthesis. It is metabolized mainly by glucuronidation in the liver. Atazanavir, an inhibitor of UDP-glucuronosyl transferase may lead to increased mycophenolic acid (MPA) levels. Ritonavir on the other hand, may reduce MPA

levels by inducing glucuronidation. " There are several more of this type. The subcategory of Drug-drug interaction should be expanded in more details. Very important issue

Response:

The quotation is now referenced (reference 14, page 17)

Section of drug-drug interaction is now expanded.

Sincerely

K Nashar

KK Sureshkumar