Dear editor,

First of all we would really like to thank the reviewers for their accurate work and their precious suggestions.

We took into serious consideration all the remarks made by the reviewers and after discussion among the authors we modified the parts which needed to be clarified.

Reviewer 1

1. **Authors performed a systemic review to address on the research question whether reduction in immunosuppressants is beneficial for kidney transplant recipients who developed secondary malignancies indicated for radiotherapy. While authors claimed that PRISMA guidelines had been adhered to, flow diagram on identification, screening and inclusion of studies via databases and registries had not been provided.**

   We thanks the reviewer for this consideration and we attached the flow diagram

2. **The usage of immunosuppressants post-renal transplantation is to avoid graft rejection or failure, at the expense of increased risk of immunosuppression which may lead to development of secondary malignancies. Authors failed to provide details on the characteristics of the study population included, such as living vs cadaveric renal transplant, degree of matching and presence/absence of anti-HLA antibodies, previous infection history, pre-morbid status prior to transplant etc, which may confound physicians' decision on whether immunosuppressants could be weaned down or not. As for the cancer type, majority of the papers included were about prostate cancer, which is a common disease in male only but not female with increased incidence with age even in normal population, regardless of history of renal transplant or use of immunosuppressants, such selection bias had to be addressed in the paper**

   We completely agree with the reviewer's comment. Unfortunately, data about living vs cadaveric renal transplant is reported in only two studies and comorbidities in one study. Degree of matching and presence/absence of anti-HLA antibodies, previous infection history, pre-morbid status prior to transplant aren't reported. We added the few data obtained from the studies and the risk of bias

3. **With suboptimal methodology in this study, inclusion of heterogeneous group of study population and selection bias, it is not surprised that no valid conclusion could be drawn. It is advised that authors should rewrite the paper following all points suggested in the PRISMA guideline with more clearly defined objectives set and more meticulous methodology employed**

   We thanks the reviewer for his suggestions. We rewrited the paper following all points suggested in the PRISMA guideline with more clearly defined objectives set and more meticulous methodology employed.

   Reviewer 2.

   1. **Remove double line spacing before "due to PCa treatment" in Table 3 (Pettenati et al 2016)**

      As requested we removed double line

Best regards

Bruno Fionda