Reviewer #1.

Thank you very much for your kind comments and congratulations about our article.

Specific comments: Comments The authors must be congratulated because their good job summarizing ell Banff classifications and also their conceptual evolution. Despite the difficulties of understanding the ever changing nomenclature of the classifications, the authors explain very well the main concepts. Figures and tables are very clear, but figures 7 and 8 cam be improved increasing letter fonts. What is left behind to "neophytes and practicing nephropathologists, nephrologists, and other stakeholders to better understand this classification" but that can easily be added are: 1. What requirements do a proper graft biopsy must have: two cylinders, n glomeruli, vessels, cortex, medulla, etc. How to divide the sample (LM, IF, IHQ and EM) to maximize their utility. 2. How much credibility do a biopsy have considering the classical inter-observer variability of nephropathologists. When is it necessary to perform a re-biopsy because the former considerations. 3. Are all pathological patterns subjected to the same inter-observer variability? Which diagnosis are more credible at first glance? Which ones require more time? 3. Approximately, how long a pathology lab (techniques and nephropathologist job) must achieve to give their results to the clinician. 4. How to make a clinical decision based on a graft biopsy? Just with LM? IF or IHQ? Wait for EM? 5. Other "silly" analogous questions.

Reply: 1. Figures 7 and 8 have been improved. They are re-designed especially the years' row and font size has been increased from 12 to 16 font size.

2. Your very good suggestions to What is left behind for clinicians---- has been added under a subheading of "**IMPLICATIONS OF ALLOGRAFT BIOPSY FOR CLINICIANS AND OTHER TRANSPLANT CARE TEAM MEMBERS"** along with relevant references in the revised manuscript before "FUTURE DIRECTIONS" subheading. A new table (Table 1) has been added on adequacy criteria of renal allograft biopsy. We hope that these will be very helpful for clinicians and other non-pathologist team members in the transplant team.

Reviewer #2.

Thank you for your kind comments on our paper.

Specific comments: although the authors have conducted a very nice study, two points have to be revised: 1- table 1: the title of the table is too long, please make it shorter. 2. figure 5: the description needs to be reritten otherwise, everything is exeellent.

Reply: 1. The title of Table 1 (which has now become Table 2 with the addition of one more table as Table 1) has been made short.

2. Figure 5 legend has been rewritten and the figure re-labelled for a better understanding of the lesions.

Science Editor.

Thank you so much for your positive comments.

Company Editor-in-Chief:

Thank you very much for your kind gesture of provisionally accepting this article for WJT. We have added one entire subsection on clinical implications of renal allograft biopsy as suggested by learned reviewer #1, figures have been improved and some new references have been added. All additions and changes have been highlighted in yellow colour.