Name of Journal: *World Journal of Transplantation*

ESPS Manuscript NO: 29572

Manuscript Type: Retrospective Study

Title: Acute Antibody-Mediated Rejection after Intestinal Transplantation

Dear Editor Fang-Fang Ji,

We carefully reviewed the comments raised by two reviewers and addressed all the critiques point-by-point in the modified version. We thank you and the reviewers for carefully evaluating my manuscript.

Reviewer 1

We attached PDF files for your use to improve the quality of our figures.

Reviewer 2

1) In this report, we focused on 18 recipients with strong evidence of acute ABMR with immunological parameters including PRA, DSA, and crossmatching. In our experience, the liver-free and the liver-contained transplants were immunologically quite different and should be separately analyzed (Abu-Elmagd KM, Wu G, et al. Am J Transplant 2012; 12: 3054 Figures 4A and 4B). Indeed, a positive crossmatching can be successfully performed in the liver-contained multivisceral transplantation. However, a cross-matching positive must be prevented and a positive DSA should be avoided in isolated small bowel transplantation to reduce the incidence of graft

rejection and loss whenever possible.

2) For a long time, the impact of HLA antibodies has received less attention in the evaluation of acute intestinal allograft rejection. Currently I routinely treat my recipients with Rituximab (anti-CD20) prior to transplant to prevent HLA antibody. Plasmapheresis has routinely been used to prevent acute ABMR in the setting of a positive DSA. Our preliminary results were very encouraging with zero rejection episode and 100% of graft and patient survival within a year. We are working on long-term results now.

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