

Response to comments

This manuscript is a review article on new immunosuppressants in kidney transplantation

Comments: Page 3, INTRODUCTION: After the first paragraph, a second one should be added with regard to induction drugs and regimens, as in conclusions they only mention it for the first time in the manuscript. **These changes have been made**

ATG is a relatively new drug, with differences with respect to thymoglobulin. **Horse ATG and Rabbit ATG are included. These are the only available preparations in the US (the authors country).**

In the third paragraph, rituximab should be mentioned. **Rituximab is now mentioned.**

Page 4, In PREVENTATIVE AGENTS section, first paragraph, line 8, sentence: "The hope is....recipients" is not clear. **The wording has been revised.**

Page 5: About ASKP1240, it would be interesting to know the rationale and usefulness of blocking the CD40 molecule. **This has been included.**

Page 6: I believe Belatacept is a novel drug, that is available in certain European and American countries. Data about belatacept should be provided, plus the details of the new on-going protocols. **Several paragraphs have been added.**

Page 7: At the end of the first paragraph, please comment outcomes and the drugs to be used together with bortezomib. Second paragraph, an average number of plasmapheresis sessions is lacking; intravenous immunoglobulin dose should be written in terms of mg-g/kg of body weight and time. **The additional drugs, number of plasmapheresis sessions and doses of IVIG in each of the trials mentioned is beyond the scope of this article. If the editor wishes, we can include one major trial or a summary table of all of the trials [references 30-53].**

Eculizumab: Please comment on the contraindications of it, particularly sepsis. **This has been included.**

Page 8: When referring to "flow cross-match", please write: "flow cytometry cross-match" instead. **This has been included.**

Page 9, first paragraph. Add an explanation why bortezomib and ecilizumab would be useful in humoral rejection: The role antibodies and complement play in this complication. Authors correctly mention that humoral rejection can be acute or chronic. Please refer to which scenario these drugs are to be used (acute) **This has been clarified throughout the manuscript.**

About Agents no longer being investigated, I suggest to summarize it to its minimum, as they are not the main message to address in this review. **These paragraphs have been edited.**

In Table 1, no mention is given to SIROLIMUS/RAPAMYCIN, which I think cannot be absent. ATG should also be included. **Horse ATG and Sirolimus were added.**

Pages 19 and thereafter: REFERENCES. Please remove volume numbers (in brackets) and polish this section. Remove underlinings, etc. If a reference is complete, the electronic referral is unnecessary. **These have been edited.**