

Dear Editor,

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated, the grammar and wordings of the manuscript have been edited by native- English experts.

2 Revision has been made according to the suggestions of the reviewer

(1) Description of Methods used need some specifications. It is not sufficiently clear how was performed the immunofluorescence staining on human mucosa specimens, which antibodies the authors used in case of human mucosa. Did the authors compared the staining for IL-17 before and after transplantation?

Answer: The paraffin embedded human intestine mucosa specimens were sectioned at 4 μ m thickness. Immunofluorescence was performed by standard procedures, with rabbit-anti-human IL-17 polyclonal antibody (1:50 dilution; Santa Cruz Biotechnology) and mouse-anti-human CD4 mAb (1:100 dilution; Santa Cruz Biotechnology) as the primary antibody. Secondary antibodies The goat-anti-rabbit IgG-TR (1:50 dilution; Santa Cruz Biotechnology) and goat-anti-mouse IgG-FITC (1:50 dilution; Santa Cruz Biotechnology) were used as second antibody. We did not compare the staining for IL-17 before and after transplantation, we only selected the paraffin embedded human intestine mucosa specimens at different transplantation rejection degrees to detect the expressions of Th17 cells.

(2) It is not clear if the analysis of total proteins of intestine graft were done also in case of human mucosa?

Answer: It is very important that the IL-17 protein of intestine graft should be detected in case of human mucosa. Regretfully, the expressions of Th17 of intestine graft of human mucosa were analyzed using paraffin embedded specimens stored in department of pathology, we could not analyze the proteins of intestine graft of human mucosa.

(3) Was the human serum analyzed by ELISA? By description of ELISA method is not clear which results was indicated as a positive results?

Answer: The cytokines detected by ELISA were only performed in the serum of rat. As stated in the second questions, the Th17 expressions of human intestine graft were only analyzed retrospectively. We could not obtain the serum of human recipients. It is a great defect in our

present study. Thus, we could only use rat intestine transplantation model to mimic the transplant rejection process of humans.

(4) Was the Quantitative real time PCR done only in case of rat intestine graft?

Answer: Yes, the Quantitative real time PCR done only in case of rat intestine graft.

(5) By description of Immunofluorescence method it is not clear how the intensity of positive staining was scored?

Answer: For quantification, the pictures were captured by confocal laser scanning microscopy and then the intensity were determined by Image-Pro-Plus 5.1 software (MediaCybernetics Inc., Bethesda, MD).

(6) It would be necessary to mention what kind of negative and positive control sections have been used by description of immunofluorescence method.

Answer: Yes, the negative control sections have been used in our immunofluorescence method. We used PBS instead of the primary antibodies as negative control and used rat cardiac allograft specimen sections as positive control (data not shown). The methods of immunofluorescence stain of Th17 in our present study were according to the previous report. (Yuan X, Paez-Cortez J, Schmitt-Knosalla I, D'Addio F, Mfarrej B, Donnarumma M, Habicht A, Clarkson MR, Iacomini J, Glimcher LH, Sayegh MH, Ansari MJ. A novel role of CD4 Th17 cells in mediating cardiac allograft rejection and vasculopathy. J Exp Med. 2008 Dec 22;205(13):3133-44.)

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the World Journal of Gastroenterology.

Sincerely yours,

Hongwei Zhang,

Department of Digestive Surgery,

Xijing Hospital of Digestive Diseases,

Fourth Military Medical University,

Xi'an 710032, Shaanxi Province, China,

Fax: +86-029-82539041

Email: hongwzh@126.com