Dear **Editorial Board**,

Thank you very much for considering our invited manuscript **ID 47860** entitled "**Systematic review of ablative therapy for the treatment of renal allograft neoplasms**" for publication in **World Journal of Clinical Cases** after revision.

We are also grateful to the reviewers for their valuable time and comments.

The manuscript has been revised according to your suggestions (editing and content). As requested, all changes have been made in "track changes", highlighted (yellow marker), and explained using a comment box.

Please find below point-by-point answers to reviewers' comments and suggestions:

Reviewer #1

Q1: Why did you only search PubMed, other databases such as EMBase or SCOPUS will provide some studies that were not included in PubMed. Please clarify this point.

A1: We decided to limit our literature search to PubMed because the number of articles preliminary retrieved using this resource exceeded 130000. Even a sceptical reviewer should admit that such a result represents a satisfactory pool of papers for a systematic review. Nevertheless, following your suggestions, we also tested Embase using one of the key word combinations mentioned in Materials and Methods to rule out if this database could provide more articles to be included. The number of items identified was actually higher. However, extra reports were all abstracts from meetings or congresses. As such, they were not suitable for inclusion in the systematic review.

Q2: The inclusion/exclusion criteria should be explicitly described.

A2: As requested, Material and Methods (Study selection and data extraction) and Results (Included studies) were expanded to better explain how the articles were excluded or included in the systematic review.

Q3: How did you handle skewed data? This should be tested using non-parametric analysis, rather than t test.

A3: After reading reviewers' comments, in the revised manuscript we decided not to meta-analyze data from selected studies since results heterogeneity was too large thus preventing any meaningful summary measure. On the contrary, we opted for a descriptive summary. As such, no statistical tests were used. Material and Methods, Results, and Tables have been changed accordingly.

Reviewer #2

Q1: Figure 1 - PRISMA flow-chart misses one "box" depicting the reasons for which 82/110 full-text assessed articles were excluded.

A1: As requested, Figure 1 was modified so as to include the missing box.

Q2: I suggest that the authors should read: Murad MH et al. Methodological quality and synthesis of case series and case reports. BMJ Evidence-Based Medicine 2018; 23:60-63.

A2: As suggested, we read the manuscript by Murad et al. We also assessed included studies for methodological quality using a modification of the Newcastle Ottawa scale. Accordingly, a whole paragraph dealing with this issue has been added in Material and Methods (Study quality assessment). Table 1 was modified in order to include quality assessment.

Q3: Data from case series providing summary data (e.g., proportions) and individual cases CANNOT be POOLED together. Data from several case series can be pooled BUT NOT "naively" as summing up events/total number, but using meta-analytical methods for pooling proportions (e.g., Freeman-Turkey double-arcsine transformation-based or logit-transformation-based methods) and using the random-effects approach. The same for continuous variables. b) individual cases CANNOT be pooled to provide "summary data". They can only provide descriptive/narrative insight. c) data from case-series providing individual subject info and individual cases can be pooled for the purpose of e.g., detecting associations between some subject-level characteristics and the outcome by including individual data into simple regression models. In my opinion, this work, which is no doubt worthwhile considering the topic - should also be done in a methodologically fully correct way (particularly because of the importance of the topic!) – to provide estimates about, e.g, risks of complications etc. Hence – (i) if there are more than 2 case-series reporting some proportions, they should be pooled meta-analytically (using the adequate method); (ii) if there is a reasonable number of individual cases, either from individual case-reports or with extractable data from case-series, they can be put into a regression model and, e.g., compare RFA vs. "other methods" for e.g., complication rate etc. If this is not possible – than simple summing up should be done. But – take care! – proportions based on individual cases as n (summed) / N (summed) may not be a reliable estimate of the "real world".

A3: We thank the reviewer for these important observations. In the revised manuscript, we decided not to meta-analyze the retrieved studies as, even for the small cases series, patient heterogeneity was too large making any summary measure meaningless. In order to describe compactly the literature, we reported the range for the continuous measurements (such as the age) and the number for the categorical ones. Material and Methods (Statistical analysis), Results, Discussion, and Tables were modified accordingly. Furthermore, in the revised tables we have inserted a cautionary note: "Summaries based on individual cases should not be considered as an estimate of the "real world".

Q4: The Methods section states that Fisher exact, chi2 or t-test were used to compare "data". I could see anywhere in the text that this was actually done.

A4: No statistical tests were reported in the revised version of the manuscript.

Editor:

Q1: Please write the article highlight section according to the guidelines listed below. Please don't copy from the main text.

A1: done.

Kindest regards,

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