

REBUTTAL LETTER ANSWER to reviewer

Many thanks for kind review and giving us opportunity to resubmit our manuscript

Reviewer #1:
Scientific Quality: Grade B (Very good)
Language Quality: Grade A (Priority publishing)
Conclusion: Minor revision
Specific Comments to Authors: what are limitations of the analysis

Ans: Many thanks we have included limitation of meta-analysis in the discussion section of manuscript.

Reviewer #2:
Scientific Quality: Grade C (Good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Rejection

Specific Comments to Authors: In his manuscript "A systematic review and meta-analysis of belatacept in renal transplantation in comparison to tacrolimus and molecular understanding of resistance pattern." Kumar et al. after an instructive introduction, defined the intention of their work: A systematic review and meta-analysis of belatacept in renal transplantation, in comparison to tacrolimus on the clinical effectiveness of de novo belatacept as an alternative to Tac in patients undergoing renal transplantation. To their knowledge this is the first meta-analysis on the subject. Nevertheless, the author mentioned in their references that Muduma et al. simultaneously conducted two consecutive meta-analyses comparing Tac to cyclosporine and cyclosporine to belatacept. However, the authors considered that this review failed to find any conclusive evidence of difference towards the beneficence of belatacept as primary maintenance immunosuppressive agent in place of Tac. On the other hand, the Authors' do not make direct mention of the work of Cohen, et al; ("Belatasept compared to tacrolimus for kidney transplantation": A propensity score matched cohort study..." Transplantation. 2017 Oct; 101 (10): 2582–2589). These authors performed a retrospective cohort analysis, using national registry data collected by the United Network for Organ Sharing (UNOS); this study is based on Organ Procurement and Transplantation Network (OPTN) data as of March 4, 2016. This study, also evidence a similar longitudinal risk of mortality and allograft failure compared to tacrolimus-based regimens to the work of Kumar et al. As a complementary comment to this analysis, it is interesting to mention that in the studies of risks and advantages of both schemes, it is of interest to evaluate the incidence of lymphoma in both therapeutic schemes. The potential financial limits of long-term therapy with Belatasep have also been mentioned. Therefore, this well-conducted study, in conclusion complements well-defined previous information on this important topic.

Ans- We have all four study which were prospectively done, inclusion of Cohen et al. study has included data from UNOS. Considering this fact there are very high chances duplication of pt details