

Reviewer comment 1:

1. Under the “Laboratory Examinations” section, I guess it should be Feb 2, 2016, instead of 2006.

2. Under the “Treatment” section- HLA mismatch of 2, was that out of 6 (-A, -B, and -DR) or of 12, please clarify.

3. Not sure what is complement-dependent cytotoxicity was 2%- was crossmatch performed based on CDC instead of flow? – please clarify

4. More importantly- under follow-up it was mentioned that until his recent follow-up, his graft function was stable- instead of graft function, I guess radiological imaging will be more important- please explain more about the monitoring plan, is it CT or ultrasound, and how often, any modification on the immunosuppressive medications, from the protocol- eg. lower tacro goal, lower myfortic dose, switching to mTOR inhibitors, etc.

5. Re-introduction of immunos after graft nephrectomy is new to me- as these patients will be on dialysis, and their risk of infections are too high- what was the targeted goal of tacro during dialysis.

Reply

Thank you very much for your comment!

1. Under the “Laboratory Examinations” section, Feb 2, 2016 is right, we corrected this mistake in manuscript file.

2. Under the “Treatment” section, HLA mismatch of 2, was that out of 6 (-A, -B, and -DR), we clarified this issue in the manuscript revision.

3. Crossmatch performed in our center was based on CDC, not Flow cytometry . We clarified this issue in the manuscript revision.

4. For monitoring tumor recurrence, ultrasonography of the abdomen, pelvis, and urinary system was performed every 3 months; CT scan of the chest, abdomen, and pelvis was performed one and two years post-re-transplantation. this issue was clarified in the manuscript revision also.

5. Some author had advised maintain low trough levels of tacrolimus (≥ 3 ng/ml) to prevent the occurrence of DSA and nondonor-specific HLA antibodies in patients without allograft nephrectomy after the failure of the first graft (reference 19 in manuscript) , so we adopted this scheme. The targeted trough level of tacrolimus during dialysis in our patient was around 3 mg/mL. We clarified this issue in the manuscript revision.

Reviewer comment 2:

1. Concerning references for the R.E.N.A.L nephrometry score, reference No 10 has no information. The authors should provide a sufficient reference for this issue.

2. In addition, concerning references for the TNM classification, reference No 11 has no information.

The authors should provide a sufficient reference for this issue.

Reply

Thank you very much for your comment!

No 10 and No 11 references were added in the manuscript revision. We carefully examined the order of references.

Editorial Office's comments and suggestions:

Issues raised:

(1) The authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s);

(2) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor;

(3) Authors should always cite references that are relevant to their study. Please check and remove any references that not relevant to this study.

Reply

Thank you very much for your kind comments. We are also very thankful to the reviewers for their carefully reviewing the manuscript and stimulating comments which are very helpful for us .

1. We will upload funding agency copy of any approval documents.

2. We will provide the original figure documents using PowerPoint.

3. We had carefully examined "REFERENCES" section. The mistakes in this section had been amended.

Sincerely yours

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