

Format for ANSWERING REVIEWERS

27th November 2014



Dear Editor,

Please find enclosed the edited manuscript in Word format (ESPS Manuscript NO: 14882).

Title: SUCCESSFUL ENDOVASCULAR TREATMENT OF TRANSPLANT INTRARENAL ARTERY STENOSIS IN RENAL TRANSPLANT RECIPIENTS: TWO CASE REPORTS

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Name of Journal: *World Journal of Transplantation*

ESPS Manuscript NO: 14882

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

1 Format has been updated

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

Question: Many important information is missing from the paper: e.g., the “best” baseline creatinine after transplant; results of chronic creatinine during 1 year of follow-up; also may be worthy to report on eGFR. It may be best for the Authors, to build a small Table to feature these issues for easy demonstration, along w/ other issues: e.g.: donor features (age/co-morbidities); number of BP meds/blood pressures during 1 year f/up, etc.

-the relatively early occurrence of the RAS after transplant, along w/ the anatomical location, would strongly suggest donor–derived features. Do the authors have information on the transplant donor(s)? [see also comment about building a Table, above]

A table and a graft plotting sequential serum creatinine are added to the manuscript.

-for Case #1: described induction therapy; also would rec’ to show at least the pre-intervention angiogram pictures

-Case#2; data on immuno-modulating Rx is missing, as well

Suggested data and pictures were added to the manuscript as suggested.

Question: Is there any indication or example in the literature for stent implantation in the intrarenal region besides balloon dilatation? If there is, than why did the authors not implant stent?

Answer: Positioning a stent at this site of renal transplant artery or its branches is susceptible to migration and balloon dilatation was sufficient in maintaining patency of the vessel.

Question: Is there any general recommendation after TRAS PTA in changing medication and did the authors add any new drug or increase the dose, which could have additional benefit for the long-time outcome?

Answer: No sufficient evidence and data is available in the literature or the renal transplant guidelines to suggest recommendations in medications. Theoretically an mtor inhibitor like sirolimus or everolimus could be beneficial in the long-term however given the suboptimal renal function a change of treatment protocol was not considered.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Transplantation*

Sincerely yours,

Maria Koukoulaki