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October 30, 2015

The Editor

World Journal of Transplantation

Dear Editor,

**Sub: Submission of Revised Manuscript 21134 to World Journal of Transplantation**

Thank you for your letter dated September 30, 2015 indicating the invitation to submit a revised manuscript for consideration of publication in the World Journal of Transplantation. We are grateful for the opportunity to do so. We have made ALL of the changes suggested by the learned reviewer, which we hope will now make the manuscript suitable for publication. The changes are indicated below, and are highlighted in bold font in the text of the manuscript. We have also taken the opportunity to tighten the language in various parts of the manuscript.

**Reviewer 02446717**

Thank you for considering the manuscript well written and significant.

1. We agree that the manuscript will benefit from adding something about frontier progress or innovation. In our view, cardiac magnetic resonance imaging represents this frontier. We have added a new reference 61 published in 2015 on non-contrast coronary wall and plaque imaging using inversion recovery prepared steady-state precession, and have briefly described this procedure in page 18, paragraph 2. The literature for the rest of the sections is up-to-date.

2. We have added a reference to brain natriuretic peptide at the top of page 17, and have also made reference to blood glucose control, lipid profiles, electrolyte and acid-base balance in page 17, paragraph 1. These may be helpful to individual transplant centres (page 17). For blood pressure, we

have made a reference to hypertension in addition to hypotension (page 8, paragraph 2) and have also added central venous pressure (page 8, paragraph 2 and page 15, paragraph 3).

3. With regards to contraindications for kidney transplantation as a result of cardiac screening, we have included two new paragraphs to the section on screening of patients while on the waitlist (pages 19 and 20). Suggested parameters for refusing transplantation or delaying transplantation such as a severely depressed left ventricular ejection fraction or severe aortic stenosis are now included. A strategy for including patients back on the waitlist is also added.

We trust that you will find these changes to be satisfactory. We look forward to an early favorable response.

Sincerely,

G. V. Ramesh Prasad

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